

Refugees
Joint Strategic Needs Assessment
(JSNA)

April 2017

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1 Key issues and gaps

Language is a key enabler to preventing barriers for various elements of health and wellbeing for refugees. There is a need to ensure accessibility to appropriate level language classes for refugees and accessibility to all including females and carers. Language classes should be at a suitable location in close proximity to residency.

There is a possibility of mental health issues including severe conditions for refugees. As well as service provision there is a need to ensure access is facilitated for those refugees who may not discuss mental health issues easily or have less contact with other services.

Informing and preparing local communities for the arrival of refugees is an essential part of the resettlement and integration process.

2 Recommendations for consideration by commissioners

This JSNA chapter identifies several factors that will affect the health and wellbeing of refugees. It is recommended that commissioners consider the following elements in relation to the needs of refugees when developing services:

- With any service provision/support consider the importance of language skills; the impact cannot be underestimated;
- Consider cultural differences when providing services;
- Encourage active engagement between refugees and local communities to develop mutual understanding and promote social integration;
- Encourage local employers and Third Sector organisations to offer work experience placements to resettled refugees.

3 Introduction

Over the next three years, commencing in April 2017, around 23,000 refugees will be resettled in the United Kingdom (UK). Around 20,000 refugees will be resettled under the UK government's Syrian Vulnerable Person Resettlement programme and around 3,000 under a government initiative to resettle vulnerable refugee children and adults from the Middle East and North Africa (MENA) region. As the aim of the resettlement programme is to resettle refugees that are among the most vulnerable, it is to be expected that new arrivals are likely to have a range of particular and individual needs.

Cumbria's commitment to supporting the Syrian Vulnerable Person Resettlement Programme is to house a number of families over 3 years, totalling 285 individuals including children. Each of these families will have their individual needs assessed prior to arrival in the UK, and families will only be settled in places that are able to meet these needs; in addition national resources are being made available to contribute to meeting these needs. Consequently this section of the Joint Strategic Needs Assessment (JSNA) does not attempt to quantify gaps in service provision; instead it aims to identify issues relevant to wider service planning that can support the needs of a refugee population. The JSNA aims to provide an insight into a range of relevant elements following research.

Research and evidence have been gathered from local, regional and national sources and analysed to understand the needs of a refugee population.

3.1 Policy background

Refugees are protected under the "Convention Relating to the Status of Refugees", a treaty that is generally referred to as "The 1951 Refugee Convention". The treaty, signed up to by 145 State parties, defines who is a refugee, sets out the rights of individuals who are granted asylum and the obligations of the States that grant asylum.

Refugees are also protected under a number of other Acts and treaties:

- The Human Rights Act 1998: incorporates many of the rights contained in the European Convention on Human Rights 1950;
- The Children Act 1989: duty to safeguard and promote the welfare of children in need; duty to provide accommodation for any child in need who requires accommodation as a result of there being no one with parental responsibility, or the child being lost or abandoned;
- Borders Citizenship and Immigration Act 2009: duties regarding the welfare of Children in the UK, Section 55;

- The European Convention of Human Rights: an international treaty to protect human rights and fundamental freedoms in Europe.

In the UK, support is being offered to refugees through the following government schemes:

- Syrian Vulnerable Person Resettlement scheme: run in partnership with the United Nations High Commission for Refugees, the UK will resettle up to 20,000 Syrian refugees in the UK by the end of the current parliament in 2020;
- An initiative to resettle around 3,000 vulnerable child and adult refugees from the MENA region by the end of the current parliament in 2020.

3.2 Definition: who is a refugee?

The 1951 Refugee Convention defines a refugee as a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country'.

The situation refugees find themselves in is often so dangerous and unbearable that they leave their home country and cross national borders to seek safety in nearby countries. They are recognised as refugees because it is too dangerous for them to return to their home country, and as such have access to help from other countries, the United Nations High Commissioner for Refugees (UNHCR) and other organisations.

Refugees arriving under a resettlement scheme have refugee status under humanitarian protection and have social rights equivalent to citizens on arrival (*The Association of Directors of Children's Services Ltd, 2016*).

The status of a refugee is fundamentally different to that of an asylum seeker or migrant. An asylum seeker is someone who has asked the Government for refugee status and is waiting to hear the outcome of their application. An asylum seeker has a legal right to stay in the country while awaiting a decision on their asylum application. Migrants are people who choose to move to another country, not because they fear for their safety or face persecution, but in the main to improve their lives. Migrants may choose to come to another country to find work, access education, or join families living there. Migrants, unlike refugees, are able to return to their home country at any point, and continue to receive the protection of the government in their home country (*UNHCR, 2016*).

4 What is the population overview?

At the end of 2014, there were 21.3 million refugees worldwide (*UNHCR, 2016*).

According to the Annual Population Survey in 2015 one in eight (13.3%) of the usually resident population of the UK were born abroad, compared to one in 11 in 2004 (8.9%). The non-UK born population increased significantly between 2014 and 2015, increasing from 8.3 million to 8.6 million (+3.5%). Of these, 5.4 million of the non-UK born residents were born outside of the European Union. London had the highest proportion of non-UK born residents (37%). Cumbria had lower proportions of non-UK born residents in 2015 ranging from 7% in the Carlisle district, to 3% in Barrow-in-Furness and Copeland. Data was not available for Eden (*Office for National Statistics, 2016*).

The UK government has signed up to the Syrian Vulnerable Person Resettlement scheme and an initiative to resettle vulnerable child and adult refugees from the MENA region. Under these initiatives, the UK has volunteered to resettle around 23,000 refugees across the country over the term of the current parliament. The Office for National Statistics estimates the size of the UK's Syrian-born population as some 14,000 persons in 2014, and those holding Syrian nationality as around 12,000. Although the numbers are relatively small, the UK had at that time the fourth largest Syrian population in Europe. Annual Population Survey data indicates that UK's Syrian population is young, with a large proportion under 16 years old, and that males outnumber females. Numbers are too small to be able to produce accurate estimates at local authority or regional level (*Home Office, 2015*).

The resident population of Cumbria was estimated to be 497,900 persons at mid-2014; an increase of 3,000 persons (+0.6%) since mid-2004 (England & Wales +8%). Population increases between mid-2004 and mid-2014 were seen in Carlisle (+3.5%), Eden (+2.4%), Allerdale (+1.7%) and Copeland (+0.1%), and decreases in Barrow-in-Furness (-4.5%) and South Lakeland (-0.4%). When compared to England and Wales, Cumbria has an older age profile, with lower proportions of residents in the 0-14, 15-29 and 30-44 age groups, and higher proportions in the 45-59, 60-74, 75-84 and 85+ age groups.

Just as Cumbria differs from the national picture, demographics vary between Cumbria's districts. Comprehensive information relating to population estimates and projections, socio-economic profiles, equality, migration, housing and households can be accessed via the Cumbria Intelligence Observatory website:

<http://www.cumbriaobservatory.org.uk/Population/peopleandpopulation.asp>

Cumbria has no resident refugee population at the time of writing this JSNA chapter. Qualifying refugees such as those resettled through vulnerable persons' relocation schemes may receive indefinite leave to remain in the UK. After five years, resettled refugees are eligible to apply for UK citizenship (*Local Government Association, 2016*) and if successful are considered as part of the general population over the longer term. This JSNA chapter focuses on the needs of refugees following their initial arrival in the UK.

5 Who is at risk, and why?

Resettled refugees may be particularly vulnerable in society due to the nature of their migration.

- Resettled refugees often have higher than average physical and / or mental health problems;
- Refugee children are at risk of becoming NEET (Not in Education, Employment or Training) in the future without sufficient education, training and employment provision;
- Females and carers within the refugee population are at risk of not accessing services available;
- Refugees with unrecognised professional qualifications and skills find it more difficult to access appropriate employment;
- Refugees with a lack of or inadequate language skills are at higher risk of not finding employment, accessing services, integrating into society and suffering crime and exploitation;
- Refugees are at risk of becoming victims of racially motivated hate crime.

6 What is the level of need and what are the gaps?

Resettlement can have a dramatic impact on refugees. Unlike asylum seekers, resettled refugees do not have to reach the territory of the destination country, but are selected for resettlement by potential host states in their country of first asylum. The transition for settled refugees can be sudden, and given the circumstances under which they have been living previously, possibly dramatic. In the UK, refugees are selected for resettlement specifically on the basis of their vulnerability which can make adaptation to their new country challenging (*University of Sussex, 2017*).

Local authorities will need to carry out pre-arrival preparations and ensure services are informed and ready for the arrival of refugees to ensure that their needs can be met. Experience from other parts of the country has highlighted several main areas that need to be considered when considering the placement of refugees within a local authority area. These elements are included in the areas of need explored in the following sections.

6.1 Initial arrival

Home Office minimum requirements set out the need to put arrangements in place to greet resettled refugees as they arrive at the airport, transfer to allocated accommodation, provide a welcome pack of groceries reflecting their culture and nationality, and put a timetable in place for the first week setting out actions to complete with the new arrival to ensure that basic needs are met and that resettled refugees have access to the resources they require for their relocation (*Local Government Association, 2016*).

6.2 Housing

Refugees require a secure place to live to enable them to settle down into their new country, feel secure and safe. Home Office minimum requirements necessitate suitable accommodation being provided to refugees for at least 12 months, and ideally two years. Accommodation must be affordable, sustainable and furnished appropriately (*Local Government Association, 2016*). A sample housing inventory can be found within Appendix D of the Local Government Association (2016) publication "*Syrian Refugee Resettlement, a guide for local authorities*". More detailed information can be found on the Local Government Association website: <http://www.local.gov.uk/refugees>.

Evidence from a 2007 study of housing pathways for different migrants carried out by Sheffield Hallam University indicated that immigrants valued the security of tenure that is provided by social housing, and felt that this helped them integrate into the local community (*Home Office, 2015*).

6.3 Health needs

In the country a refugee originates from the healthcare may have deteriorated as part of the conditions that have driven a refugee to flee. Conditions in refugee camps and lack of immunisation are contributing to the outbreaks of infectious diseases. Therefore when refugees arrive their health may not be comparable to the rest of the population and they therefore require medical services.

A Home Office survey conducted in 2014, although referring to migrants rather than refugees, suggests that even for migrants who were healthy on arrival their health may deteriorate during a longer stay in the host country. Deteriorating health may partly be attributable to the barriers facing migrant populations as a result of language difficulties, and this may apply to resettled refugees with language difficulties. Being able to communicate effectively was found to be a major determinant of health and wellbeing. Language difficulties, cultural differences, a lack of understanding or awareness of service options, unfamiliar systems and different previous experiences of healthcare can combine to create a barrier that has a detrimental outcome on health (*Public Health England, 2016*).

Therefore the need of language skills is a key element to maintain and improve the health of refugees.

6.4 Mental health needs

A number of studies have indicated that refugees experience higher rates of depression and anxiety than the national population or other migrant categories (*Public Health England, 2016*). As resettlement programmes aim to resettle refugees that are among the most vulnerable, it is possible that new arrivals may have severe mental health issues.

Resettled refugees may be survivors of violence and torture, experience depression or guilt about leaving family and friends behind, or have experienced other traumas on their journey. It is likely that resettled refugees will need access to specialist mental health services, for example in providing support for survivors of violence and torture. However, supporting those with mental health issues may be challenging; in Syrian culture for example, mental health is generally a taboo subject and unlikely to be raised voluntarily with medical professionals (*Local Government Association, 2016*).

Resettled refugees need to have access to specialist mental health services and may require assistance in identification of need.

6.5 Education

The following sections consider the educational needs of refugee children, young people and adults.

6.5.1 Children and young people

All children and young people need access to appropriate education, training and employment opportunities, with appropriate support based on needs.

For refugee children, attending school may be an important step in restoring a sense of normality (*Local Government Association, 2016*).

Refugee children and young people may have limited or no English skills. These refugees will therefore need support to develop and improve their language skills to ensure they are not at higher risk of becoming NEET in the future.

6.5.2 English for Speakers of Other Languages (ESOL)

The Home Office recognises that English language skills are critical to integration, that being able to communicate effectively helps refugees to cope with the demands of everyday life, and supports them in being able to find work or volunteering opportunities (*Home Office, 2015*). Access for resettled refugees to ESOL courses from accredited providers for up to 12 months, and translation services if necessary, is one of a range of Home Office minimum requirements that the local authority will provide (*Local Government Association, 2016*).

However, resettled refugees may face substantial barriers to learning a new language. It is known from a summary of findings from resettlement programmes (*Home Office, 2015*) that resettled refugees who have experienced severe trauma are at risk of developing mental health issues. Findings indicate that mental health issues can impede the learner from acquiring a new language. Severe trauma can affect the confidence and self-esteem of refugees as learners, and impact on motivation and attitudes to learning a new language. An evaluation of the 2012 Gateway Protection Programme carried out in 2014 indicated that at six months after arrival, 34% of refugees could speak English either very well or fluently. After 18 months, this rose to around half of refugee arrivals (49%).

Evidence suggests female refugees may face more barriers to learning English due to less contact with services for referrals and childcare requirements. Findings from the 2012 Gateway Protection Programme identified that at 18 months after arrival, 72% of women had very limited English, compared to just 26% of men (*Home Office, 2015*).

There is a need for refugees to have access to language education close to home otherwise long travel times and prohibitive travel costs can be a barrier.

Refugees will have varying English language skills and there is a need to ensure there is ability to attend ESOL classes at an appropriate level. The importance of ESOL classes is clear, with the University of Sussex reporting that refugees are not able to learn English solely by having contact with British people; language skills are required before meaningful contact can be made (*University of Sussex, 2017*).

6.6 Cultural factors and community safety

Resettled refugees can be ethnically and religiously diverse. For example, whilst the majority of Syrians are Arab, around ten per cent are from ethnic minorities, such as Kurds, Armenians or Turkmen. Islam is the official religion of Syria, but other religions are also present, such as Christianity, Druze and Judaism. The Home Office stresses that it is crucial not to underestimate the cultural impact of resettlement to refugees and that there is likely to be a need for cultural awareness amongst support staff, but also a need to work with refugees to raise their awareness of British culture (*Local Government Association, 2016*).

Public Health England (*2016*) has identified that a lack of language skills may increase the chances of refugees suffering crime and exploitation. Taking this into consideration, care needs to be taken when resettling refugees. Problems may occur if refugees are placed in areas without support networks, or in areas where there are anti-social behaviour issues.

In the 12 months to 31 December 2016, there were 459 recorded hate crimes in Cumbria in total. Racist related hate crime featured in 61.0% of all hate crime incidents in Cumbria, with the largest proportion in the north of the county (67.7%) and the smallest proportion in the west (48.1%) (*Cumbria Constabulary, 2017*).

More detail about all crime, hate crime and anti-social behaviour across wards and districts in 2015-16 can be found within the JSNA Staying Safe chapter available via the Cumbria Intelligence Observatory website in the following location <http://www.cumbriaobservatory.org.uk/health/JSNA/2015/staysafe.asp>

6.7 Translation and interpretation

Translation and interpretation services are likely to be required to help communicate with resettled refugees, as refugees may be unable to either read or speak English.

There may be cultural barriers affecting how refugees relate to interpreters. For example, cultural norms can prevent women from speaking about some issues in the presence of a male, and therefore female interpreters may be required. Political, religious and ethnic differences amongst refugees might limit the options to use community interpreters (*Local Government Association, 2016*).

6.8 Employment

Low employment rates amongst resettled refugees are illustrated by the Home Office evaluation of the 2012 Gateway Protection Programme which found that 18 months after arrival, five out of 75 refugees were in paid employment (*Home Office, 2015*).

An evaluation of the 2012 Gateway Protection Programme carried out in 2014 indicates that the inability to speak English either very well or fluently is a major barrier to employment. However, there were other barriers to employment including work experience, IT skills and Jobcentre Plus practices. Developing adequate IT skills is thought to be crucial, as job applications are often online and IT proficiency is required for many jobs (*Home Office, 2015*).

Recognition of qualifications was another barrier identified, as high-skilled employment opportunities may not be accessible due to difficulties in converting foreign qualifications. Refugees who did find employment were often overqualified for the work they found, a situation that is negative for both refugees and the UK economy as refugees risk becoming deskilled over time, and the UK economy is not taking full advantage of adding skills to the workforce (*Home Office, 2015*).

As has been seen in previous sections, resettled refugees may have experienced severe trauma and be at risk of developing mental health problems. Mental ill-health is known to be a barrier to securing employment (*Home Office, 2015*).

Services provided by the Department for Work and Pensions (DWP) to all UK nationals will also be available to support refugees to find jobs, access appropriate work related training and English language classes (*DWP, 2017*). Further details of support available can be seen within the [Current services and assets including projections](#) section.

6.9 Integration

Integration is taken to mean the extent to which people adapt to their new environment, conform to shared norms and values, and make a home for themselves in the UK.

According to the Home Office (2015), being able to speak English is critical; without the ability to speak English, it is impossible to integrate. This is backed up by evidence from the University of Sussex (2017) which indicates that language barriers prevent people from participating fully in and integrating into society. People with better English skills were seen to be more satisfied with their job and education, had a better understanding of British culture, had more contact with British people and importantly more positive contact experiences with British people, and were more interested in adopting the British culture. Participants in the study remarked that they found English essential for their integration, that it is important in order to find work, and is a crucial part of being able to live independently (University of Sussex, 2016). In contrast, Refugee Action (2016) reports that refugees with low levels of English often feel isolated.

In addition to inadequate language skills, the All Party Parliamentary Group on Social Integration (2016) found that a lack of local knowledge and no recognition of professional qualifications created a barrier to integration. Resettled refugees also require access to advice and guidance to help them to settle into their new communities (*The Association of Directors of Children's Services Ltd, 2016*). However, the local community also has a role to play. The Local Government Association (2016) recognises that informing and preparing the local community for the arrival of refugees is an essential part of the resettlement process. In some areas of the country where immigration has been high, the pace of change has left some people feeling bewildered and distanced from their own communities. A lack of social integration has been shown to prevent the development of a sense of belonging which underpin successful communities, resulting in immigrant and settled populations leading parallel lives (*All Party Parliamentary Group on Social Integration, 2016*). Engaging with local residents, businesses and third sector organisations aims to ensure that the host community has a positive experience of refugees being resettled in their midst and can help new arrivals to integrate (*Local Government Association, 2016*).

Integration is also affected by age, life history and previous levels of education. Children appear to integrate more readily than adults (Home Office, 2015) although those who arrive late in their school career tend to have greater problems learning English and gaining qualifications (*All Party Parliamentary Group on Social Integration, 2016*).

Information from the Home Office (2015) indicates that refugees find it harder to integrate in deprived areas. Refugees resettled in areas of high unemployment enter an extremely competitive labour market which can cause tensions. In areas with high levels of deprivation, job insecurity and cultural anxieties can combine to create a negative attitude towards immigrants.

However, settling refugees in prosperous areas is not necessarily the answer as prosperous areas are more likely to have high proportions of graduates. Refugees may find that high-skilled opportunities may not be attainable as a result of difficulties in converting foreign qualifications (Home Office, 2015).

7 Current services and assets

The following services are currently available and may be relevant for supporting support refugees.

Benefits / help to access employment:

- Department for Work and Pensions (DWP): In line with services available to all claimants, the DWP is able to support refugees with seeking work and benefit applications. All DWP benefit claimants are supported by a Work Coach, assisted by an interpreter where required. There is also tailored support to all claimants dependent on an individual's needs, and claimants are able to take up appropriate training, such as ESOL courses, IT skills, writing a Curriculum Vitae and covering letter, obtaining an e-mail address, registration on job websites including Universal Jobmatch, and soft skills help (DWP, 2017).

Mental health services

- First Step Programme: provides evidence-based talking therapies to adults in Cumbria with mild to moderate depression and anxiety disorders, and also deals with Post Traumatic Stress Disorder in veterans.
- Community Mental Health Services (CMHS): treat severe and enduring mental health problems such as severe depression, anxiety and personality disorders.
- Access and Liaison Services, Home Treatment and Inpatient Mental Health Services: treat people who are having an acute episode with their mental health relating to illnesses such as depression, anxiety or schizophrenia.

- Child and Adolescent Mental Health Services (CAMHS): mental health services for children and young people with emotional, behavioural or mental health difficulties. The service can help with depression, eating difficulties, low self-esteem, anxiety, violent or angry behaviour, obsessions or compulsions, sleep problems, self-harming, the effects of abuse or other traumatic experiences. CAMHS can also diagnose and treat serious mental health conditions.

Advanced mental health services such as forensic psychology or other specialisms (Level 4 services) for the most severe problems would be available outside Cumbria.

Support for refugees

- Refugee Council: The Refugee Council is a national organisation offering support and advice to asylum seekers and refugees.
- Third sector organisations: Details of support offered to refugees by Cumbria's voluntary organisations and community groups will be gathered by Cumbria Council for Voluntary Service (CVS), and made available to the Cumbria Refugee Strategic Partnership.

8 Evidence of what works

Refugees can feel isolated, far from home and separated from friends and family. Large distances between resettled refugees can lead to isolation. Evidence suggests refugee networks, weekly gatherings or the creation of a refugee organisation can help to address the problem. Refugee networks can help maintain the refugees' first language and connections with their country of origin. This is especially important for children, as an inability to speak their parents' language affects their communication and connection with their families in their country of origin (*Home Office, 2015*).

9 Community views

Nationally, a poll conducted by Amnesty International UK (2016) indicated that 70% of British people think that more should be done to help those fleeing war and persecution. A national survey commissioned by the BBC (2016) shows that attitudes toward allowing refugees into Great Britain have changed, with two in five (41%) of 2,204 people interviewed in January 2016 saying that fewer refugees should be accepted into the country, compared to 31% in 2015. However, more than half of those surveyed (56%) supported refugees being placed in their local area once they are brought to the UK. Almost half (46%) of people interviewed in the North West thought that Britain should accept more refugees from Syria and Libya, and 59% supported refugees being placed in their local area.

Within Cumbria, as elsewhere, opinions about refugees are mixed. Whilst many people indicate support and sympathy for the resettlement of refugees, others have concerns which range from housing availability, competition for jobs, costs to local council tax payers, pressure on services and potential culture changes (*The Westmorland Gazette, 2016; The News & Star, 2016; Cumberland News, 2016*).

10 Key contacts

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11 Related documents

JSNA Population chapter:
<http://www.cumbriaobservatory.org.uk/Population/peopleandpopulation.asp>

JSNA Staying Safe chapter:
<http://www.cumbriaobservatory.org.uk/health/JSNA/2015/staysafe.asp>

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13 Acronyms

DWP	Department for Work and Pensions
ESOL	English for Speakers of Other Languages
GP	General Practitioner
IT	Information Technology
JSNA	Joint Strategic Needs Assessment
MENA	Middle East and North Africa
NEET	Not in Education, Employment or Training
UK	United Kingdom
UNHCR	United Nations High Commissioner for Refugees