


JOSEPH ROWNTREE CHARITABLE TRUST INQUIRY INTO  
DESTITUTION AMONG REFUSED ASYLUM SEEKERS

# Destitution in Leeds



Destitution in Leeds: the experiences of people seeking asylum  
and supporting agencies

by Hannah Lewis

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The experiences of people seeking asylum and supporting agencies

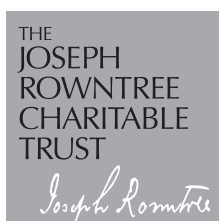
By Hannah Lewis

This research was commissioned for the Joseph Rowntree Charitable Trust Inquiry into Destitution among Refused Asylum Seekers.

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Joseph Rowntree Charitable Trust

The Garden House

Water End

York

YO30 6WQ

Tel: 01904 627810

[www.jrct.org.uk](http://www.jrct.org.uk)

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## Foreword

In 2001 the Joseph Rowntree Charitable Trust commissioned a study into the impact of the government's decision to disperse asylum seekers to various regions of Britain. Our report 'Dispersed' (2001) focused on West Yorkshire, and highlighted the challenges that faced agencies and statutory bodies in responding to this new situation.

Six years later, as successive research and publications by agencies across the UK have clearly shown, there is growing concern at the increase in numbers of destitute asylum seekers whose cases have been refused, and who are deprived of support and access to key public services.

Disturbed by these findings, and focusing this time on Leeds, the Trust has set up both a Commission of Inquiry into Destitution among Refused Asylum Seekers, and a programme of research drawing on the experience of individuals and agencies. The conclusions are sombre and thought-provoking, and should challenge all of us who are concerned to foster a society that is compassionate, just and humane.

Trustees share with the Commissioners a desire to sit alongside decision-makers and offer reasonable and practical solutions to a problem which is, in various ways, intolerable to society as a whole.

We hope that this research and the report of the Inquiry Commissioners will contribute to a growing understanding of the scale of this problem, the levels of deprivation being endured by vulnerable individuals, and the urgency with which this situation needs to be addressed by politicians and policy makers.

**Marion McNaughton**

Chair, Joseph Rowntree Charitable Trust

*"I lost all my dreams in this country."*

Refused asylum seeker

## Acknowledgements

We are immensely grateful to the eight refused asylum seekers who agreed to take part in interviews for the research. It was a difficult decision, as one person expressed:

“I told my story so many times, and it doesn’t do me any good. It doesn’t make any difference – it just makes me very sad. I decided a couple of months ago that I would talk only to God.”

They wanted their stories to be heard. We hope that this report will help to make a difference and will contribute to ending destitution for them and others.

This research benefited from existing networks and expertise in Leeds and beyond, and from the advice of researchers who had undertaken similar work in other parts of the UK. Numerous agencies and individuals in Leeds generously supported the research, and the project would not have been possible without their encouragement and help. Many are listed in Appendix 7. We would particularly like to thank staff and volunteers at the five agencies in Leeds that conducted the four-week survey of destitute clients and helped in other ways.

The Joseph Rowntree Charitable Trust (JRCT) commissioned and funded the research, in response to local requests, as part of their Inquiry into Destitution among Refused Asylum Seekers. The five Commissioners of the Inquiry brought their considerable experience and a fresh perspective that helped to shape the research. The Trust was assisted by a steering group who read drafts of the text, advised on content and provided guidance. The names of the Commissioners and the steering group are listed in Appendix 1.

In particular I would like to thank David Brown, Peter Coltman, and Professor Peter Dwyer for their detailed readings of draft text, and Nadine Finch QC for her input. At the Trust, Maureen Grant and Juliet Prager managed the project with support from staff who provided administrative assistance. My thanks go to them and JRCT for supporting this work.

I would finally like to thank Ruth Wilson, the Inquiry Co-ordinator, who supported me in all aspects of the research, bringing her skill, experience and knowledge, and so contributing greatly to the quality and presentation of the final publication.

### Hannah Lewis

Hannah Lewis is a researcher who has co-authored ‘A part of society: refugees and asylum seekers volunteering in the UK’ with Ruth Wilson. She studied for her PhD on ‘community building in a refugee dispersal site in the UK’ at the University of Hull.

*“We’re here. We need to live, survive. The government has to give jobs. If, mentally, people are busy it will help them. If not they lose their minds.”*

Refused asylum seeker

## Research Summary

Destitution among asylum seekers – in particular those whose case has been refused – persists across the UK and has been a cause of great concern to a wide range of individuals and agencies in Leeds. This research, undertaken for the Joseph Rowntree Charitable Trust Inquiry into Destitution among Refused Asylum Seekers, provides a timely exploration of the impact of destitution on both asylum seekers and agencies in a major dispersal city. Focusing on experiences in Leeds, it explores how people attempt to meet their basic needs, the challenges for agencies, and the possible solutions.

The research found that:

- People whose asylum cases have been refused form the main group experiencing destitution. Despite government expectations that the fast-track New Asylum Model (NAM) will improve the asylum process, the research found that some destitute people in Leeds had been processed through the NAM pilot since April 2006.
- Destitute asylum seekers rely upon friends and charity from voluntary organisations and churches to try to meet their basic needs of shelter, food, health, income and safety. Others are forced to find undocumented work to survive. All sources of support are highly precarious.
- People remain in this vulnerable position for protracted periods during which time they experience differing degrees of destitution that have an acute impact on their wellbeing, and can lead to self-harm and suicidal thoughts. Periods of rough sleeping are common for some.
- The response to destitution in Leeds has involved campaigning and provision of support. However agencies are severely hampered by the lack of resources, reliance on donations and the restrictions on refused asylum seekers' entitlements.
- Charities and asylum seekers in receipt of government support provide a vital lifeline to destitute asylum seekers. However, the provision of this overstretched resource may conceal the seriousness and extent of destitution from decision-makers.
- While some destitute asylum seekers benefit from support 'in the community', dependency on others can also facilitate exploitation.
- Agencies and community organisations face numerous challenges in providing services for destitute clients. Limited options for support leave staff demoralised. Attending to the complex needs of destitute people is emotionally draining and diverts from integration-focused activities.
- Overwhelmingly, giving asylum seekers the right to work was the favoured solution identified by refused asylum seekers, refugee community organisations, and voluntary, statutory and political representatives.

## Background

Destitution experienced by asylum seekers surviving with no statutory support and no right to work has been a serious concern in the UK for several years.

If an asylum seeker receives a negative decision on their asylum claim, their accommodation and cash support are withdrawn within 21 days. The Home Office expects refused asylum seekers to leave the country, but many are unable or unwilling to return to their country of origin. They remain in the UK without statutory support or the legal right to work, and lack the means to meet their basic needs: they are destitute.

The research considered the impact of destitution on individuals and services in Leeds. It focused on refused asylum seekers – the largest group subject to destitution. The research included: a four-week survey of destitute clients involving five key agencies; interviews with eight refused asylum seekers; 23 interviews, two focus groups and a questionnaire with agencies; and participant observation at two drop-ins. The research was conducted between September and December 2006.

## Destitute asylum seekers in Leeds

The actual number of destitute asylum seekers in Leeds is impossible to quantify because of the lack of data, the mobility of the population and changing support experiences.

To understand more about this hidden group, the research aimed to survey destitute asylum seekers and refugees attending five key agencies.

In a four-week period the survey counted 101 individuals. Five adult dependents and 12 child dependents were recorded. This represents **118 destitute asylum seekers and refugees**. This is a baseline figure: the actual number of destitute asylum seekers and refugees in Leeds is likely to be much higher. Many destitute people rarely attend services and so remain hidden.

The survey counted **251 visits** made to five agencies between 16 October and 12 November 2006, and recorded the following:

- **38 individuals** had been destitute for **one year or more**; a further 21 had been destitute for between six months and one year
- the destitute people surveyed came from 21 countries: the largest groups were from **Eritrea (25%), Sudan (14%) and Iran (12%)**
- **84%** were **refused asylum seekers**; 6% were awaiting a decision; 5% had a positive decision on their asylum claim; 5% had unknown status
- **eight destitute families** with children under the age of 18 attended services for help with basic needs
- **five** of the destitute individuals surveyed had been processed through the **New Asylum Model (NAM)**
- there were **68 instances of rough sleeping**; 128 instances of staying with friends; 14 instances of staying with a charity or faith group
- **29 individuals** were recorded as having **slept outdoors** or in the bus station, including three women

The survey demonstrates that:

- refused asylum seekers remain in the UK, destitute, for long periods
- the countries strongly represented are known for conflict and human rights abuses, making it difficult or dangerous to arrange return
- families with children under 18 in Leeds are being made destitute
- some individuals had been processed by NAM, showing the potential for the new system to continue to result in destitution
- rough sleeping among destitute asylum seekers accessing services is common, despite there being no official record of asylum seekers rough sleeping

→ in a month of cold weather at least 26 men and three women were forced to sleep on the streets of Leeds

## The experiences of destitute people

The research found that destitute asylum seekers rely upon friends and charity from voluntary organisations and churches to try to meet their basic needs. We interviewed eight people who had been destitute for periods between six weeks and four years and found the following:

→ **silence and forgetting are a means of survival**

For the destitute asylum seekers we interviewed, deciding to take part in the research was a difficult decision as they used silence and forgetting as a way of getting through daily life. However, they wanted their stories to be heard, and they exposed the experience of destitution as complex and distressing.

→ **support ‘in the community’ conceals the seriousness of destitution**

Some destitute people spoke about staying with friends, sharing food, and surviving on small, irregular cash gifts. However, this support may be found through chance meetings in the street, not a close-knit network of supportive relationships. Agencies and refugee community organisations were concerned that this type of support ‘in the community’ means decision-makers can readily ignore the seriousness of the situation.

→ **destitution renders people vulnerable**

While some benefit from vital ‘community’ support, the absence of state provision places people in a vulnerable position. To survive, one woman had to exchange household chores for shelter. Another had a miscarriage and was forced to search for alternative medicine through friends, believing she would be deported if she accessed NHS health services.

→ **despite the regional demand for labour, asylum seekers cannot work**

The people we interviewed relied on friends and charities to keep them alive but were keen to support themselves through work. Despite a growing economy in Yorkshire providing a high demand for unskilled and semi-skilled workers, asylum seekers are no longer given permission to work. Experts in business and the council leader agreed that new workers would benefit Yorkshire and could easily be absorbed.

→ **seeking safety: facing destitution or danger**

All eight interviewees felt they could not return to their country of origin. Some desperately missed their family and country, but stayed in the UK to safeguard their lives, fearing death and persecution if they returned. This fear meant they felt unable to take up the basic support (‘Section 4’) offered on condition of agreeing to voluntary return. Some spoke of how they had thought that the UK was a fair, democratic country that respected human rights, but that their experiences reversed this view. Two people said they felt they could die in the street and no-one would know or care.

## Managing responses: challenges faced by agencies

Services for destitute asylum seekers in Leeds benefit from good networking and a considerable contribution of energy and time from staff, volunteers and individuals. In difficult circumstances, voluntary organisations, churches and other individuals (including refugees and asylum seekers) offer shelter, food, subsistence cash payments and help with access to health services. This basic provision of donated goods is a vital lifeline.

However, with limited funding and reliance on volunteers, Leeds agencies struggle to meet demand. Agencies identified numerous challenges in providing services for destitute clients, including:



- insufficient services put staff under constant pressure and leave them feeling demoralised and helpless
- meeting urgent basic needs takes up time and resources that could otherwise be used to develop integration work with asylum seekers, refugees, and long-term residents
- the difficulties in getting funding for work with destitute, refused asylum seekers makes managing services problematic – agencies are unable to meet the high level of need and are constantly looking for sources of support
- clients present with complex needs leaving staff emotionally drained
- policy-induced destitution contradicts numerous other policies including those aimed at reducing poverty and homelessness, and at promoting community cohesion and child welfare

### **What are the solutions to destitution?**

We spoke to people from a wide range of statutory and voluntary agencies, inside and outside of the refugee sector, and destitute asylum seekers. All felt that the current situation is unsustainable. They suggested a number of solutions, including:

- regularisation – give asylum seekers the right to work
- improved legal representation and decision-making for asylum claims
- provide clear guidance on support and improve communication between refugee agencies, statutory bodies and the Home Office
- monitor New Asylum Model outcomes – early indications suggest the need for improvements to quality of decisions; timeframes; training for staff, and presentation of options for voluntary return

### **About the Inquiry**

In September 2006, in response to local requests, the Joseph Rowntree Charitable Trust commissioned an Inquiry to find out the extent of the problem of destitution among refused asylum seekers in Leeds, and its impact. The aim was to highlight the plight of destitute asylum seekers and to make practical proposals for new approaches which may improve the situation for both settled communities and new arrivals.

The research was commissioned by the Joseph Rowntree Charitable Trust to inform the Commissioners of the Inquiry and to provide a resource for others.

### **Inquiry Commissioners**

The Trust appointed a small group of people from different walks of life to be Commissioners. They were: Kate Adie OBE; Julian Baggini; Courtenay Griffiths QC; Bill Kilgallon OBE; Sayeeda Warsi. (See Appendix 1).

Each Commissioner met different agencies and individuals in Leeds, including people who are destitute. They attended a small number of briefing sessions in London, to enable them to meet national experts and central Leeds MPs. In addition, six discussion groups were held with people in Leeds not connected to the asylum process.

### **A Day of Solutions**

In January 2007, the Trust invited around 60 delegates from diverse agencies and areas to join the Commissioners in Leeds. This meeting generated a list of possible solutions at national, regional and local level which the Commissioners included in their consideration of the way forward.

### **Liaising with politicians and policy makers**

The Trust hopes that this Inquiry is of practical use to government. It will continue to work with policy makers and politicians to bring about positive change based on the Inquiry findings.

# Contents

Foreword	3
Acknowledgements	4
<b>Research Summary</b>	5
<b>1 Introduction</b>	10
1.1 About this report	11
1.2 Outline of methodology	12
<b>2 Becoming destitute</b>	14
2.1 Losing support	14
2.2 Removal of support: difficulties identified in Leeds	16
2.3 Support for refused asylum seekers in Leeds	18
2.4 Understanding destitution in Leeds	19
<b>3 Meeting basic needs</b>	23
3.1 Shelter	23
3.2 Food	29
3.3 Health	32
3.4 Income	35
3.5 Safety	38
<b>4 Responding to destitution in Leeds</b>	40
4.1 Campaigning responses	40
4.2 Managerial and strategic challenges for projects and service providers	42
4.3 Costs of destitution support	45
<b>5 Destitution or return: decisions and choices</b>	47
5.1 Destitute asylum seekers: feelings about return	47
5.2 Immigration and Nationality Directorate	49
5.3 Voluntary return	50
5.4 Section 4 support	52
<b>6 Conclusions and solutions</b>	56
6.1 Conclusions from the research	56
6.2 Solutions	58
Appendix 1 Commissioners and steering group	61
Appendix 2 Abbreviations	62
Appendix 3 Definition of terms	63
Appendix 4 Methodology	64
Appendix 5 Survey sheet and explanation notes	67
Appendix 6 Summary of survey findings	70
Appendix 7 Acknowledgements	74
Appendix 8 Useful publications	78

# 1. Introduction

This is a report of research into destitution experienced by asylum seekers in Leeds.

In 2006, in response to local requests, the Joseph Rowntree Charitable Trust began an Inquiry into destitution. It appointed five Commissioners (see Appendix 1) who each visited Leeds in November and December to meet with a wide range of organisations and destitute asylum seekers. They attended several meetings in London to be briefed by national experts, and to meet with Leeds MPs.

This research forms part of the Inquiry, and has been prepared to inform the Commissioners. It is also intended as a resource for agencies working around issues of asylum seeker destitution in Leeds and beyond.

Destitution may happen at any stage of the asylum process including following a positive decision. This research focused on destitution experienced by people whose asylum cases have been refused. The report explores:

- the experiences of destitute, refused asylum seekers in Leeds
- the impact on local services supporting destitute clients
- responses to asylum seeker destitution by statutory, voluntary and faith bodies
- relevant policy in summary

## Leeds as a research focus

Leeds is a multicultural city that has benefited greatly from immigration through history.

In June 1999, Leeds became the host of some of the first groups of Kosovan refugees to come to the UK. Since the dispersal system began in 2000, Leeds has accommodated the third largest population of asylum seekers outside London.

In the last two years Leeds has been involved in two significant pilots of new asylum procedures. The Section 9 pilot enabled the removal of children from families where the parents were considered not to be complying with removal. This was strongly opposed by the local authority. Since April 2006, Leeds has been one of three areas piloting the New Asylum Model, introduced for all new arrivals UK-wide in April 2007.

Leeds is a regional hub for refugees and asylum seekers. People may be drawn to the city because of social relationships with those living here. Those who are destitute may be particularly drawn to the city owing to the support services and labour opportunities available in the city.

As a centre experiencing high levels of asylum destitution and leading in responses to it, Leeds emerged as an ideal focus for an in-depth city study.

The Joseph Rowntree Charitable Trust, located in York, has a particular interest in West Yorkshire. The work of this Inquiry and research is funded as part of their Racial Justice Programme.

## 1.1 About this report

This report has five main sections. The first three examine the crisis of destitution – how it comes about, how people survive and the impact on agencies.

The final two consider solutions to destitution: firstly, the existing policy of expecting people to return and the provision of Section 4 support, and secondly, conclusions from this research and the solutions identified by those we spoke to.

The sections are as follows:

Section 2 ‘**Becoming destitute**’ sets out the removal of support in relation to the asylum process.

Section 3 ‘**Meeting basic needs**’ explores the impact on asylum seekers and agencies of the removal of support.

Section 4 ‘**Responding to destitution in Leeds**’ focuses on key campaigning developments, the managerial challenges, and the costs to agencies.

Section 5 ‘**Destitution or return**’ looks at the decisions and choices faced by people confronted with limited options.

Section 6 ‘**Conclusions and solutions**’ provides some conclusions from the research and summarises the solutions identified by those involved in the research.

In addition, there is an outline methodology in Section 1.2, with a more detailed account in Appendix 3.

### 1.1.1 Key terms

**Asylum seeker** is the legal term for a person who has arrived in the UK and made a claim for asylum.

A **refugee** is a person who has been given a positive decision on their asylum claim and has been granted a type of ‘Leave to Remain’ or ‘Protection’.

A person who is given a negative decision on their asylum claim is a **refused asylum seeker**.

**Section 4** or ‘hard case’ is the limited support of accommodation and £35 a week in vouchers offered to refused asylum seekers who sign up for voluntary return or who meet certain other criteria (see Section 5.4).

**Destitution** describes lacking the means to meet basic needs of shelter, warmth, food, water, and health.

Further terms are listed in Appendix 3.

### Note on destitution

Destitution has become the term commonly used to refer to the poverty experienced by asylum seekers and refugees who are not allowed to work and are without statutory support.

Increasingly, the issue of destitution among asylum seekers has focused on those refused asylum who have their support removed, but cannot legally work, and are unable or unwilling to return to their country of origin.

Destitute asylum seekers cannot meet their basic needs without turning to someone else for help. This reliance on others means that the severity of destitution experienced by an individual changes over time.

It is acknowledged that there are degrees of destitution. Some people are sleeping rough and living on food parcels, others stay with and share food with friends, while some are compelled to find work to survive. However, whether income is gained from donations from friends, charitable hardship funds, or undocumented employment, it is always short term and precarious. Serious destitution is a constant risk.

This report uses the term ‘destitute’ to refer to asylum seekers who have no regular means of support as an intentional result of government policy.

### Note on policy terms

Although NASS ceased to exist in July 2006 and is now called Asylum Support, the term NASS is used in this report to reflect common usage.

The issue of asylum seeker destitution exists in an area of complex social policies.

Abbreviations and some definitions of terms are provided in Appendix 3.

We have assumed that readers have a basic knowledge of the asylum system. Useful summaries can be found at a number of websites, including: Refugee Council and Refugee Action ([www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk), [www.refugee-action.org.uk](http://www.refugee-action.org.uk))

## 1.2 Outline of methodology

The research was undertaken between September and December 2006, using a variety of methods to generate evidence about destitution among asylum seekers in Leeds, and its impact on individuals and services. These were:

- a **four-week survey** of destitute clients, undertaken by five key agencies
- **interviews** with eight **refused asylum seekers**
- **interviews** with a wide range of local **agencies**
- a **questionnaire** sent to church networks and those attending the Leeds refugee and asylum multi-agency meeting
- two **focus groups**: one with refugee community organisations, one with housing and homelessness agencies
- **participant observation** with staff, volunteers and clients at drop-ins

A detailed methodology is included in Appendix 4.

The research aimed to include as broad a mix of people and experiences as possible, within the limitations of time and resources. We are indebted to a background of existing research

and practice across the UK; useful publications are listed in Appendix 8

### 1.2.1 References to data in this report

The eight refused asylum seekers we interviewed are referred to by a letter code (A to H) to protect their anonymity. They included five men and three women between the ages of 18 and 38, from eight different countries. Three had been destitute for between six weeks and one year. Two had been destitute for two years, and three had been destitute for four years.

In this report, 'key agencies' refers to the five organisations that took part in the survey: East Leeds Health for All; the Health Access Team (HAT); Positive Action for Refugees and Asylum Seekers (PAFRAS); St Vincent Support Centre and the Refugee Council (One Stop Service, Leeds).

The term 'agencies', unless otherwise specified, includes the five key agencies, and eight others that took part in interviews or contributed in other ways. These include the following refugee, voluntary and statutory agencies: LASSN, RETAS, St George's Crypt, Aspire, Solace, Manuel Bravo Project, Leeds Refugee and Asylum Service and the Children's Asylum and Refugee Team. See Appendix 2 for acronyms used in this report.

'Refugee community organisations' (RCOs) refers to the six RCOs that took part in a focus group (representing groups from Sudan, Kurdistan, Iran, and Zimbabwe).

Six housing and homeless agencies participated in a focus group on shelter. They were the Street Outreach Team; Shelter; Leeds Simon Community; St George's Crypt; the No Fixed Abode health team and the Social Services Department.

The five Destitution Inquiry Commissioners spent time in Leeds meeting with a wide range of organisations and individuals. Where relevant, material from these meetings is referred to in this report, in particular those held with West Yorkshire Police, regional

representatives of the Immigration and Nationality Directorate, Refugee Action Choices project (Leeds), Leeds University Business School, the leader of Leeds City Council and former members of a squat.

### 1.2.2 Research themes and structure of report

The material has been organised to reflect the narrative of interviews with refused asylum seekers. Interviews tended to start at the point of loss of support, and went on to consider meeting basic needs, Section 4 support, return and other solutions.

Sections 2 and 3 deal with the experience of the removal of support and consequent destitution, and the efforts made by individuals and agencies to meet basic needs.

Agencies in Leeds were keen to emphasise that their services for destitute asylum seekers emerged in response to need. Material concerning the challenges experienced by Leeds agencies providing services for destitute asylum seekers therefore follows in Section 4.

The interviews with refused asylum seekers demonstrated that removal of support triggers a crisis of homelessness requiring urgent attention, making return a secondary consideration. Material about returns follows the examination of the experience of destitution for asylum seekers and agencies.

The final section draws some conclusions from the research and presents the hopes and ideas for solutions identified by research participants.

Sections 3 and 4 ('meeting basic needs' and 'responding to destitution in Leeds') draw primarily on the core research material (interviews with refused asylum seekers, supporting agencies, the two focus groups and the survey). Sections 2 and 6 ('becoming destitute' and 'destitution or return') draw on the core material, and bring in insights gained at wider meetings held when the Destitution Inquiry Commissioners visited Leeds.

*“In my country they hate me, they killed my husband, they killed my family. If I went there they would kill me. Here they are killing me slowly.”*

Refused asylum seeker

## 2. Becoming destitute

When a person claims for asylum they may also apply for accommodation and cash support through Asylum Support (National Asylum Support Service – NASS, or the New Asylum Model – NAM). Accommodation is offered on a no choice basis in towns and cities around the UK. Once an asylum claim has been refused, the government withdraws this accommodation and financial support. The Home Office writes to refused asylum seekers to inform them that they ‘should now leave the UK’. They are not entitled to work. As this report explores, many do not leave, but remain in the UK without statutory support.

This section looks at the points at which support may be lost and summarises the support available, relating this to the Leeds survey findings. It then looks at the difficulties Leeds agencies experience with regard to the initial stage of loss of support, including a consideration of the Leeds pilot of Section 9.

See Appendix 2 for policy abbreviations and definitions.

### 2.1 Losing support

#### 2.1.1 Stages at which support can be lost

From the moment of arrival in the UK, people who claim for asylum are liable to destitution through lack of statutory support and having no permission to work. Removal of support can happen at different stages of the asylum process:

- before entering the support system
- once in the system – support may be terminated because of Home Office administrative error, or because the applicant breaches support contract conditions
- after receiving a positive decision – the 28-day notice period for withdrawal of asylum support is often insufficient to allow a transition to mainstream benefits or work
- after receiving a negative decision – housing and cash support are withdrawn with a 21-day notice period

These stages are summarised in the chart (Figure 1) on the following page. The chart simplifies a complex process. Please refer to relevant sections in the report for more information.

A negative asylum decision and consequent removal of support may happen following the first interview, an unsuccessful appeal, rejection of a tribunal hearing, or loss of a tribunal depending on whether appeal rights are exercised.

#### 2.1.2 Survey data: reason for destitution

The survey carried out for this research in Leeds demonstrated that the majority of destitute clients accessing services at the five key agencies were refused asylum seekers. This group forms the focus of this research.

The survey findings were as follows:

- 84% End of process – negative decision
- 5% End of process – positive decision
- 2% In asylum process – reason unknown
- 3% Administrative error
- 1% Breach of conditions (support terminated)
- 5% Unknown status, or no response

Possible routes to destitution

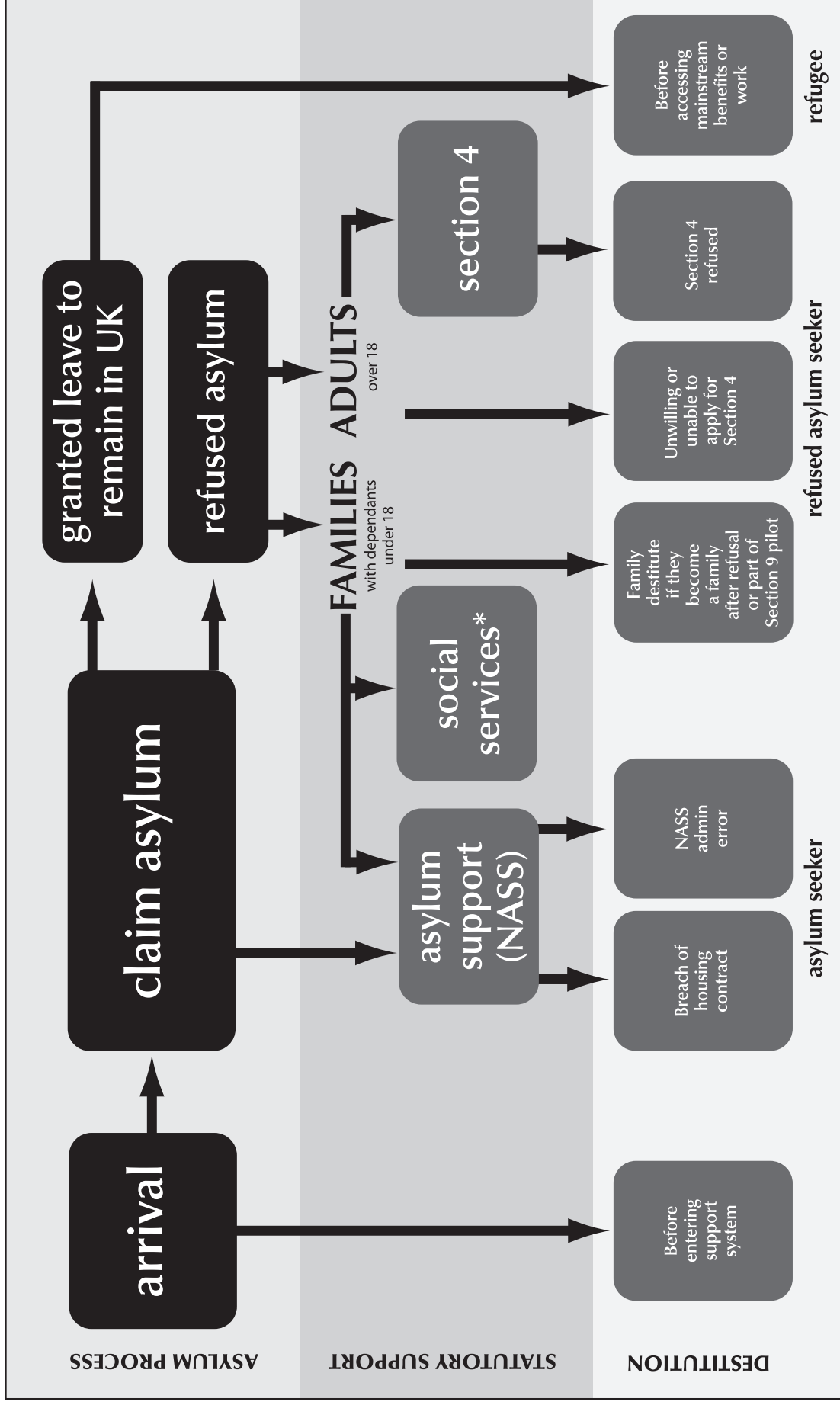


Figure 1 Losing support: possible routes into destitution

\*Families with children under 18 not receiving NASS support or adults with additional needs may be eligible for support from the local authorities.



### 2.1.3 Destitution of refugees

On receiving a positive decision, people with refugee status can apply for mainstream benefits and council housing. However, access to benefits may not begin within the 28-day notice period after which asylum support ceases. There is high demand for council housing in Leeds, and long waiting lists, especially for those not considered a priority such as single men. This can create a period of destitution for those who have just been given leave to remain in the UK (ODPM, 2005).

Refugee destitution was outside the scope of this research, but discussions with refugee and other agencies indicated that refugee homelessness has been given some attention by relevant agencies. There are ongoing efforts to address this problem in Leeds.

## 2.2 Removal of support: difficulties identified in Leeds

### 2.2.1 Administrative error

The Home Office deals with immigration decisions, NASS (National Asylum Support Service) with support. Advice workers at the Refugee Council reported that communication between the two may not always be efficient, resulting in people losing support when they are entitled to it. This can occur, for example, if they are appealing to the Immigration Appellate Tribunal or have not been informed about their case by the Home Office.

Postal delays or administration errors can result in the 21-day notice period being reduced, giving less time for individuals with a negative decision to find support for basic needs.

### 2.2.2 Lack of legal representation

The agencies and asylum seekers we spoke to expressed anxiety about the reduction in the number of available legal representatives in the region. In 2004, cuts were made to legal

aid which forced many firms to withdraw from immigration work. At the time of writing, only two of five immigration law firms in Leeds were reported as open for new cases. The lack of legal representation results in people turning to friends for help and advice. Poor or non-existent legal representation increases the likelihood that an applicant will lose their claim and be made destitute.

Not all of those who have their support terminated are appeal rights exhausted (ARE). This research took only brief details of the asylum claims of those interviewed so observations based on limited data must be seen as tentative. However, from the information provided it appears that three of the eight refused asylums seekers interviewed were not 'appeal rights exhausted' at the time their support was withdrawn.

None of those interviewed were given support in submitting Tribunal papers by a legal representative. One man who could not speak English asked someone he met on the bus to fill them in. Another woman had managed to slowly save £200 while on NASS support. She paid this – all the money she had – to a solicitor who agreed to complete her Tribunal papers. She later found the solicitor had done nothing regarding her case. As she had no means of support, she returned repeatedly to ask for her money back, without success.

Tight deadlines are required to be met at all stages, so any complication in legal representation or other delays can make it difficult for individuals to appeal, and leads to loss of support. The quality of asylum decisions and links to destitution are examined in recent reports by Amnesty International UK (2006) and Refugee Action (2006).

### 2.2.3 Removal of support from families

Normally families with children under 18 continue to be supported by NASS beyond a negative asylum decision until removal<sup>1</sup>. Interviewees reported that a significant proportion of NASS accommodation in the Yorkshire and Humberside region presently

<sup>1</sup>Families may become destitute if they become a family over 21 days after their asylum case was refused, or if they were part of the Government's Section 9 pilot (Refugee Action, 2006b). Others may elect to withdraw themselves from statutory provision.

houses families whose cases have been refused (figures not available).

However, the survey conducted for this research included eight destitute families. A total of 12 child dependents were counted. This demonstrates that not all families in Leeds refused asylum have continued to be supported by NASS. Furthermore, three of these families were recorded as having been destitute for one to two years.

Agencies taking part in the survey reported that two of these families had been referred to them by the Social Services Department. All but two were staying with family or friends, indicating that they were effectively homeless.

#### 2.2.4 Section 9: Leeds pilot

*“One mother was still breastfeeding the youngest child. The older boy was proudly showing me his schoolwork. Everything was so positive – to ask me to remove those children would be against all social work ethics.”*

Anne James, Team Manager, Children’s Asylum and Refugee Team, Social Services Department

In 2005 Leeds was one of three areas where the Home Office piloted Section 9 of the 2004 Immigration and Asylum (Treatment of Claimants) Act.

Section 9 was intended to encourage appeal rights exhausted families with children under the age of 18 to return to their country of origin. It was entirely unsuccessful in doing so and led to the disappearance of some families, while others had their Home Office support terminated (Kelley and Meldgaard, 2005).

Section 9 allowed the termination of support to families who the Home Office considered were not making attempts to return ‘voluntarily’. To avoid destitution of children, they could be separated from their parents and taken into care under the Children’s Act 1989.

The pilot in Leeds initially involved 19 families. However, some were found to have some form of leave to remain or outstanding appeal rights and were referred for appropriate support. Following consideration the pilot proceeded with six families. During the process two of these families disappeared.

With support of the local authority, councillors and MPs, Leeds Social Services Department refused to remove children from their families. To remove these children was considered to be against the best interests of the children, and contrary to childcare legislation and accepted practice. Children and families were supported together under the Children’s Act 1989 to prevent a breach of their human rights. At the end of 2006 there were still two families in Leeds subject to Section 9 not supported by NASS.

*“No child of an asylum seeker should suffer, irrespective of the law. We will continue to support children, and therefore the families of children.”*

Cllr Mark Harris, Leader of the Council

Despite the numbers of families involved being small, this research found (through discussions with refugee community organisations and interviews with key agencies and the Social Services Department) that the pilot has caused widespread fear among families of their children being removed. This is likely to encourage families to distance themselves further from the Home Office and refugee agencies, and to therefore cause the destitution of children. Concerns were raised by RCOs and professionals about families going underground, and the potential long-term implications for their safety and prospects.

*“We have been concerned for a long time about children being brought up in a subculture which appears to be in complete contradiction of the Government policy ‘Every Child Matters.’”*

Anne James, Team Manager, Children’s Asylum and Refugee Team, Social Services Department

Leeds City Council told us they have still not received clarification from the Home Office about whether Section 9 will be rolled out, or about the status of the families currently being supported by them. The 2006 Immigration, Asylum and Nationality Act includes a provision for the possible repeal of Section 9.

### 2.2.5 New Asylum Model Leeds pilot

The Home Office intends all new asylum applications to be processed under the New Asylum Model (NAM), which was piloted in Leeds from April 2006. The emphasis of NAM is to speed up the application process, reducing the time taken to reach an initial decision to 9–14 days. NAM also aims to provide a co-ordinated approach to different stages of the process by introducing a case owner model.

Both the Immigration and Nationality Directorate (IND) and Refugee Action told us that it is hoped that the case owner will remain in contact with those refused asylum until they are removed or leave voluntarily. However, this is reliant upon a refused asylum seeker choosing to remain in contact with their case owner.

One of the destitute asylum seekers we interviewed who had been processed through NAM had managed to make new friends who were supporting him. Within just a few months he had spent time in three different cities, and attended support services in a fourth town. He seemed unclear and confused about the process he had been through and did not appear to be reporting to IND.

Several agencies expressed concern at the speed with which applications are processed. Both those refused and those receiving a positive decision have little chance to make friends, build support networks, or familiarise themselves with British systems. This is particularly serious for those refused, who are forced to seek support from individuals or charities to survive, but who in practice have few contacts and little local knowledge.

*“There is no-one to help me. Wherever I go they ask me questions but there is nothing happening.”*

Refused asylum seeker processed through NAM

### 2.2.6 Survey data: NAM

Of the 101 people surveyed in Leeds, five had been processed through NAM. This finding indicates that the potential for refused asylum seekers to become destitute may continue under NAM.

## 2.3 Support for refused asylum seekers in Leeds

### 2.3.1 Statutory support

The following statutory forms of support are available for refused asylum seekers:

- **NASS:** families with children under 18 should remain on asylum support. Not all do, however, as discussed in Section 2.2.3.
- **Section 4:** single people and families without children under 18 can apply for support under certain conditions. Section 4 provides low threshold support – accommodation and supermarket vouchers worth £35 a week. There are five conditions under which this support is granted, the main one being a requirement to sign up for voluntary return. However, mandatory agreement to voluntary return discourages refused asylum seekers from accessing Section 4 support. This is explored in greater detail in Section 5 of this report.
- **Local authority:** people assessed as having a need for care and attention that is over and above destitution are eligible for accommodation and support under the National Assistance Act 1948.
- **National Health Service:** Refused asylum seekers are entitled to primary care. Entitlement to secondary care is a more complex issue, and refused asylum seekers are routinely refused. Two specialist health services work with refused asylum seekers

in Leeds. These are the Health Access Team for asylum seekers and refugees and the No Fixed Abode health team (see Section 3.3, Health).

### 2.3.2 Other forms of support

As this report shows, in reality refused asylum seekers in Leeds depend on other sources of support outside statutory provision:

- **Friends and family** are likely to be the main source of support for many refused asylum seekers. This support is highly significant, but ‘the community’ cannot always be assumed to be supportive, as highlighted in Section 3.1 on shelter.
- **Voluntary** agencies provide vital support. In Leeds, key services include:
  - a voluntary hosting project providing short-term accommodation (see ‘Short Stop’ in Section 3.1, Shelter).
  - provision of hot food and food parcels (see Section 3.2, Food).
  - a hardship fund (see Section 3.4, Income).
- **Churches** and their congregations have been very active in supporting destitute asylum seekers in Leeds. This support has included campaigning, donations of food, offering shelter, fundraising for the hardship fund, pastoral care, and supporting existing organisations and the development of innovative projects.
- **Undocumented work** – refused asylum seekers do not have legal permission to work, but many are compelled to find employment in the irregular market in order to survive (see Section 3.4, Income).

### 2.3.3 Leeds as a hub

Interviews with agencies and survey findings indicate that on receiving a negative decision, refused asylum seekers may come to Leeds owing to the services offered in the city. Of those surveyed, 35% previously or usually stayed outside Leeds. Equally those in Leeds may seek support from friends and associates in other cities.

*“Other smaller places around the region do not have many specialist services. It has always been anecdotally said that Leeds is a hub. If you have very little money and you spend it getting to Leeds to access services you may not be able to leave again.”*

Sharon Hague, Manager, Leeds Refugee and Asylum Service, Leeds City Council

## 2.4 Understanding destitution in Leeds

### 2.4.1 Calculating the number of destitute asylum seekers in Leeds

It is not possible to use publicly available government statistics to calculate the number of people staying in Leeds whose asylum cases have been refused and are destitute (living without support) with any certainty. For several reasons, any calculation would have limited validity:

- **Mobile population:** some people will leave Leeds on receiving a refusal; others will come to the city from other places.
- **Asylum decisions** for the UK broken down by nationality are published on a national scale, so do not indicate how many people being accommodated in Leeds have received a negative decision, or at what time.
- **Families** should continue to be supported – Home Office statistics do not differentiate single people from family groups.
- **Removal and return** figures are available only on a national scale, and do not account for independent travel. It is therefore not known how many people refused asylum have left the UK.
- **Section 4 support:** some of those who are removed from NASS support will go on to take up Section 4 support, which may or may not be in Leeds (see Section 5.4 for a more detailed discussion of Section 4 support).
- **Defining destitution:** as indicated in Section 1.1.1, there are degrees of

destitution – each person’s predicament will vary in severity over time. It is impossible to know how many people are supported by friends, how many have some form of income and whether this is sufficient for subsistence.

→ **Private accommodation contracts and data protection law** mean that certain city and regional data remains confidential.

Attempts have been made to estimate the population of refused asylum seekers remaining in the UK as a whole based on different calculations (see, for example, Refugee Action, 2006). For a more detailed examination of the difficulties of making reliable estimates of unsuccessful asylum applicants awaiting removal see the National Audit Office report, ‘Returning failed asylum applicants’ (2005).

The 2005 report of the Leeds Destitution Steering Group made a series of calculations of the possible number of destitute asylum seekers in Leeds from available regional data and published Home Office statistics (Brown (ed.), 2005). Based on these calculations, services in Leeds have tended to estimate the likely figure to be around 3,000.

At the time of the research, the five key agencies, other voluntary organisations and statutory representatives considered destitution to be an escalating problem in Leeds. This is in terms of numbers and the level of hardship and duration.

Because of the difficulties of gauging destitution among asylum seekers in Leeds from available data, it was decided that this research should include a survey of clients attending services. The survey conducted in Leeds follows similar surveys done in Leicester (Refugee Action, 2005; Jackson and Dube, 2006) and Glasgow (Green, 2006). These surveys counted visits to supporting agencies over one month. The 2005 Leicester survey found 168 destitute individuals, which rose to 308 when the survey was repeated in 2006. The 2006 Glasgow survey counted 168 destitute individuals.

The survey has its limitations, as the hidden nature of the population means that many people will rarely or never attend services. However, it provides a definite minimum figure of those destitute in Leeds in October to November 2006. A basic profile of the population surveyed is included below, and a summary of survey findings is in Appendix 6.

#### 2.4.2 Profile of destitute asylum seekers and refugees surveyed

Five key Leeds agencies were asked to survey each destitute client attending their service over a four-week period between 16 October and 12 November 2006.

There were **251** visits made to the five participating agencies. These visits were made by **101 individuals**. 20% were female, 80% male.

The survey recorded five adult dependents and 12 child dependents.

Therefore the survey counted a total of **118 destitute asylum seekers and refugees**. This included **eight families** with children under the age of 18.

**84%** of those surveyed were **refused**, 6% were asylum seekers awaiting a decision, and 5% had refugee status. For 5% of those surveyed status was unknown or not recorded.

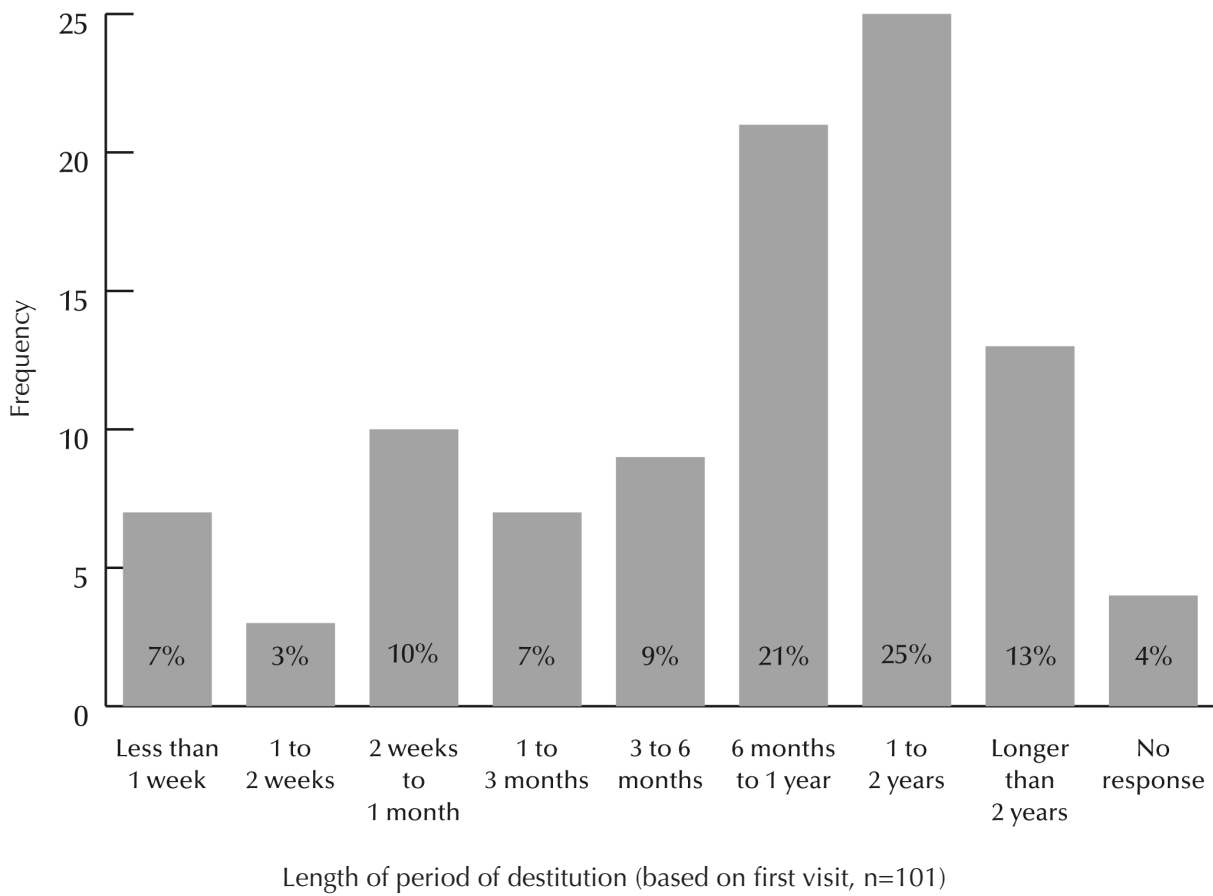
The individuals counted by the survey came from 21 countries. 60% came from four countries: Eritrea (25%), Sudan (14%), Iran (12%) and Ethiopia (9%)

The majority of those surveyed were aged 20–39.

19 or younger	4%
20–29	51%
30–39	35%
40 or over	10%

Of the 101 people surveyed, 59% had lost their support six months ago or longer. Of these, 13% had lost their support more than two years ago.

Figure 2 Survey findings: length of period of destitution



*“We’re not here because we did something wrong. We’re here for some reason. Not everyone should have the right to stay. There’s no fairness. Some people have a poor case and they get a positive [decision].”*

Refused asylum seeker

### 2.4.3 Survey data: visits to agencies

Agency visited	Number of visits in survey period	Percentage of total visits	Individuals surveyed at first visit
East Leeds Health for All	11	4%	4
Health Access Team	35	14%	16
PAFRAS	136	54%	42
St Vincent Support Centre	40	16%	13
Refugee Council	29	12%	26
<b>Total</b>	<b>251</b>	<b>100%</b>	<b>101</b>

Comparing the survey figures with client data kept by the agencies indicated that compliance was close to 100% at East Leeds Health for All, the Health Access Team, and PAFRAS. At the Refugee Council, 65% of clients highly likely to have been destitute were surveyed. St Vincent Support Centre surveyed 61% of client visits. The survey therefore provides a good indication of destitute clients accessing services in the four-week survey period.

The proportion of visits made to each agency reflects the services they offer destitute asylum seekers. Positive Action for Refugee and Asylum Seekers (PAFRAS) provides a dedicated service for destitute clients, in particular provision of hot food and food parcels at their twice weekly drop-in. Their central role in supporting destitute asylum seekers in Leeds is demonstrated in the fact that they recorded 54% of survey visits. In comparison, East Leeds Health for All, which recorded 4% of visits, refers destitute asylum seekers who approach them for help to the Hardship Fund (see Income, Section 3.4). This is only one part of a wide range of community development activities for a generic client group managed by East Leeds Health for All.

Fluctuations in demand for services make it difficult to assess to what extent the survey period may present a typical snapshot of the destitute population accessing services. The key agencies said that changes in demand can be difficult to predict and assess. One of the survey agencies reported a drop in destitute clients in the survey period, others an increase. They mentioned certain factors that could impact the pattern of demand at different times:

- **word of mouth:** people learn which agencies can help and which cannot at a given time
- **fear:** deportations or detention can make people too frightened to ask for help from agencies
- **informal support:** ongoing dispersal leads to the continual creation of new, fragmented social networks providing the chance of support to some; while for others destitution can worsen when the hospitality of friends become stretched.

## 3. Meeting basic needs

This section is an account of the five most immediate concerns of refused asylum seekers without support that were highlighted by the research findings:

- shelter
- food
- health
- income
- safety

In Leeds there is an organisation or project focusing on providing a particular response to shelter (Short Stop), food (PAFRAS), health (Health Access Team) and income (Hardship Fund). Each project is highlighted in the appropriate section, with an overview of the service offered. Relevant data was provided from the projects' own records for the period of the survey – 16 October to 12 November 2006. All of these organisations provide other forms of support in addition to the particular service highlighted here.

The challenges faced by agencies in Leeds providing services to destitute asylum seekers are outlined in Section 4 of this report. The capacity of individuals and organisations to meet basic needs effectively is hampered in the context of the constant threat of detention and deportation. Removals and return are discussed in Section 5.

### 3.1 Shelter

*“One day I came back from college and saw a big door blocking my way. Even the windows were blocked. They said ‘you can come and get your things’, but I said ‘where can I take them?’”*

Refused asylum seeker (F)

#### 3.1.1 Overview

Previously, some asylum seekers remained in their NASS accommodation following withdrawal of support (for example, while awaiting a decision on an application for Section 4 support). However, Leeds City Council told us that new contracts are now more robust and providers are under financial pressure to ensure evictions take place on the agreed date.

Agencies reported that these changes have impacted not just on those awaiting a Section 4 application, but all those whose support was terminated. Asylum seekers who receive a negative decision must now leave their properties promptly. These changes were considered by two of the key agencies we spoke to be one cause of the perceived increase in new clients presenting as destitute over the past year.

Even if a person whose case has been refused complies with voluntary return (and is therefore eligible for Section 4 support) they are evicted from their NASS accommodation while this application is processed. This has led to people spending weeks or months without support while their Section 4 application is considered (though the Refugee Council reported that the application process speeded up towards the end of 2006). Section 4 support is discussed in more detail in Section 5.4 of this report.

#### 3.1.2 Eviction from NASS accommodation

Following a negative decision, a refused asylum seeker should receive 21 days notice of withdrawal of their accommodation and cash support. The limited options for those refused and evicted are Section 4 support; staying with friends; limited charitable provision and voluntary return.



Housing providers are given only seven days notice of an eviction, unless their client notifies them sooner. This means it can be difficult for housing workers to advise clients adequately before the day of eviction. The crisis of immediate homelessness makes discussion of a restricted set of options difficult.

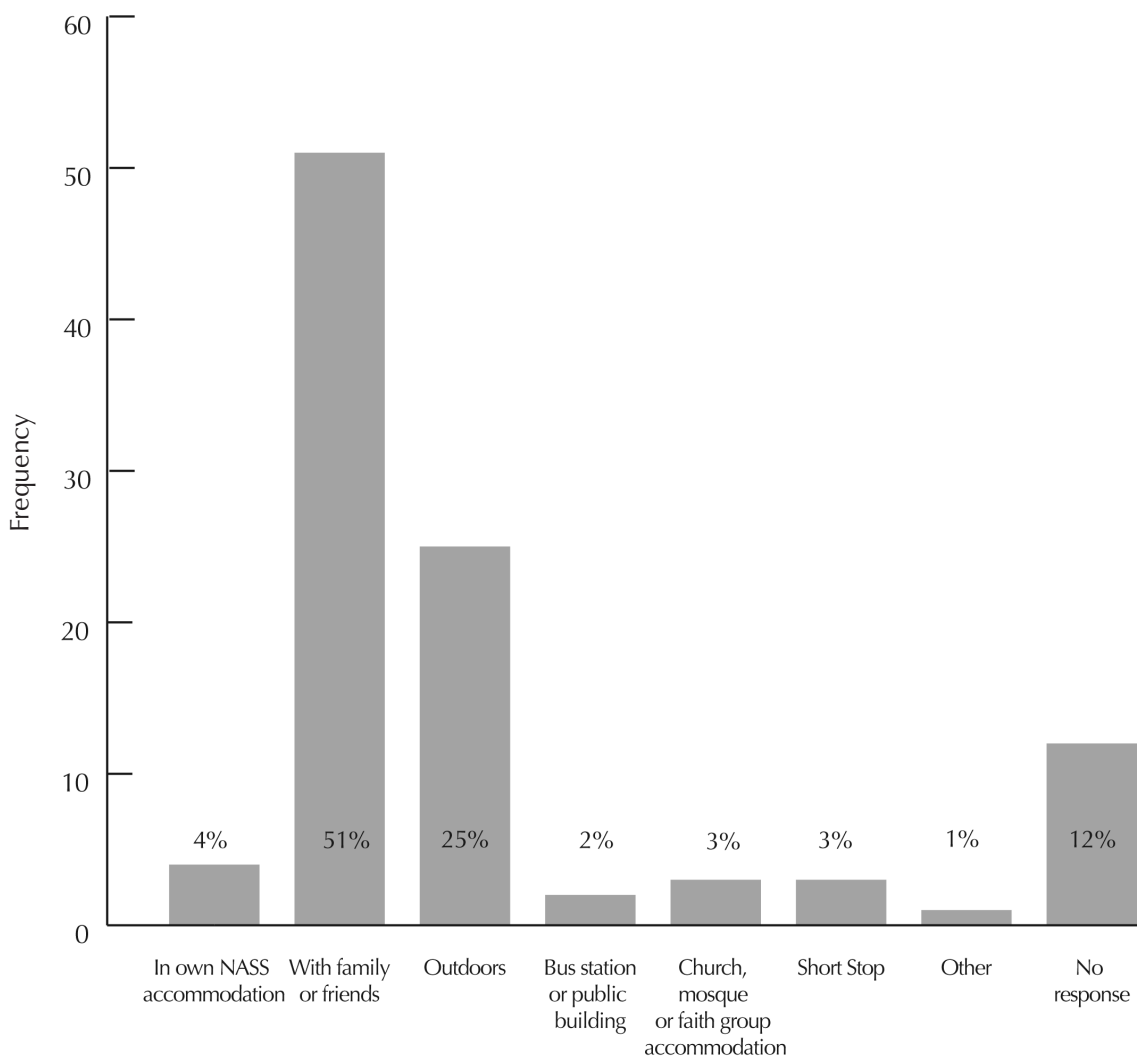
*“I worked with [a housing provider]. I had to evict a person. It was a very sad time. A young Eritrean man, he was crying in front of me, ‘I have no place to go’. I could not do anything, I had to go and get my manager. The manager was also crying. We advised him to go to St George’s Crypt.”*

Representative, refugee community organisation

### 3.1.3 Survey: where did people sleep the previous night?

The survey recorded where those attending the participating agencies had slept the previous night (see Figure 3). Family and friends emerged as the most frequently named place, followed by sleeping outdoors.

Figure 3 Survey findings: where people sleep



Where did the client sleep last night (based on total visits, n=251)

The data shown in Figure 3 shows the total number of instances of shelter options for each visit recorded in the survey. Destitute people often move around frequently. For example, the highest number of visits by an individual in the survey were made by a 32 year old man who attended two different agencies a total of 19 times. He was recorded as having slept with Short Stop, in the bus station, outdoors, with family or friends and with a faith group. This fluid movement between rough sleeping, 'sofa surfing', and other shelter options was identified as typical of the lives of homeless people by the agencies who took part in the shelter focus group.

*"In our country chickens don't have a place – they just run from house to house. I'm like that. It is better than sleeping outside."*

Refused asylum seeker (A)

### 3.1.4 Staying with friends

*"I stayed until the last day, which was two weeks from when I got the letter. I gave my caseworker the key. I signed some paper and they said 'you have to go'. I went to stay with someone who had [NASS] support. I only stayed two weeks because I didn't want to cause a problem for him. Since then I'm moving around different people and sometimes sleep outside."*

Refused asylum seeker (D)

Of those surveyed, 51% were staying with friends. The survey did not ask whether destitute people were staying with friends accommodated by NASS, as this was considered too sensitive. However, the agencies and destitute asylum seekers we spoke to suggested that many people stay with those in NASS accommodation (see also Craig et al, 2004; Dwyer and Brown, 2005).

It is a condition of the NASS asylum support contract that overnight guests are not allowed in the accommodation. Housing workers are required to report evidence of guests: this can lead to withdrawal of support if substantiated.

In wanting to prevent their friends from facing street homelessness, those supported by NASS are thus risking their own support.

The refused asylum seekers we interviewed spoke of the shame of relying on the charity of friends, and the difficulties of sharing accommodation. These included:

- People taking it in turns sleeping on the bed, the other sleeping on the floor. Some said they slept on the sofa.
- Having to arrive late at night or creep out early in the morning to avoid detection by housemates.
- Having no key meant people spent the whole day outside walking or sitting in parks, waiting for their friend to return.
- Three people spoke of sleeping in the doorway or the bin area of houses where they had been staying when their friends went away, or when they were asked to leave.

### 3.1.5 'Being supported in the community'

*"Destitution is a culturally sensitive issue. Pride and tradition mean you can't leave people to sleep on the streets. You're obliged to help them."*

Representative, Nuba Mountains Welfare Association

Destitute people and those supporting them said that many people are supported by co-nationals who are likely to also be asylum seekers (see also Craig et al, 2004; Dwyer and Brown, 2005; Refugee Action, 2006). It is common for this type of support to be referred to as support 'in the community'. However, this research suggests that 'friendship' and 'community' are tentative for destitute people.

Experiences of 'community' were mixed among those interviewed. One man who had lived in Leeds since 2000 said he was not at risk of going hungry as he knew many people in Leeds. This helped when he was detained and a collection was made to raise several hundred pounds to pay a solicitor to assist him.

Some said they had come to know more people since becoming destitute as they would ask any acquaintance, or even approach people in the street when searching for a place to stay. Arranging shelter on the basis of chance meetings in the street or through acquaintances is noted in other research (Craig et al, 2004; Dwyer and Brown, 2005). Several destitute asylum seekers we interviewed and refugee community organisations (RCOs) said that their co-nationals were motivated not by friendship, but by a cultural or religious moral imperative to assist.

### 3.1.6 Not 'being supported in the community'

*"I was scared to tell anyone I'm homeless as they think you're a criminal."*

Refused asylum seeker (B)

Other refused asylum seekers interviewed for this research received no support from community members, or worse, were humiliated or ridiculed for being desperate and penniless. A volunteer we spoke to who had previously been destitute said:

*"There is no community here because I was living on the streets for one year. If there was community, people helping, that would not happen. It's not like in Ethiopia – the poor person, someone help them."*

Destitute asylum seekers and RCO representatives said that those who had gained refugee status or had been settled here longer were less likely to offer assistance.

*"Families who are settled think that if the authority knows what they do... There is fear. They would like to help, but everyone is afraid."*

Representative, Leeds Sudanese Community Association

While refused asylum seekers may sometimes benefit from vital support from fellow migrants and refugees in the absence of state provision, their undocumented status places them in a

vulnerable position. This has been noted in two studies in relation to undocumented migrants in Europe (Edgar et al, 2001; Gibney, 2004). As Gibney notes: "the ties of ethnicity and nationality that so often serve to make survival without proper documentation possible can just as quickly turn into fetters that facilitate exploitation" (Gibney, 2004: 7).

Four of the refused asylum seekers interviewed disclosed that they had at some point paid friends or private landlords for accommodation, either in cash or services in lieu. On the day on which one woman was interviewed she had frantically been contacting acquaintances begging for somewhere to stay. She was taken to a house where people claiming housing benefit offered her a tiny attic room for £170 a month.

The removal of support can mark a loss of respect and a vulnerability of position that others are ready to exploit. One woman we interviewed was taken in by a friend and her husband on being evicted, and stayed with them for two months. Previously treated as a respected guest, following losing her support she was effectively kept as an unpaid servant. Her 'friend' would order her to cook for the couple, wash and iron clothes, and clean the house. She was able to eat if they left food in the kitchen, but often went to bed with a slice of white bread and a cup of tea. Her friend would go out without warning, leaving her to care for their baby, who the mother left unwashed and unchanged. The interviewee was either trapped in the house having to look after the baby, or would spend the days outside waiting in the park for them to come back in the evening. It was implied by the couple that this labour was a condition of her stay in their NASS-provided accommodation.

These issues are significant as many agencies felt that decision-makers could readily ignore the seriousness of destitution among asylum seekers because of the assumption that people are well supported by 'their own communities'. This research suggests that those supported by friends or 'community' may not enjoy a supportive environment, and others get very little help at all.

Dependency on others for basic needs means that people's experiences of the various elements of destitution change over time, in relation to information, opportunities and social relationships. Destitution is not a state of being that people enter the moment they lose support – the severity and experiences of destitution fluctuate.

### 3.1.7 Shelter and emergency accommodation

A formalised voluntary project, Short Stop, plays a key role in Leeds through offering emergency accommodation for up to six nights in the homes of host volunteers (see box, page 29). One woman who was interviewed had been accommodated for over four months by volunteers, at first through Short Stop hosts, before finding longer term support from members of a church congregation.

St George's Crypt is the main provider of direct access emergency beds in Leeds. However, owing to funding restrictions that target drug and alcohol users, only two of fourteen beds may be offered to asylum seekers.

Despite this, it was widely acknowledged by refugee agencies, refugee community organisations, and homelessness services that homeless asylum seekers and refugees are likely to be referred to the Crypt. As one worker with the Health Access Team pointed out, although the referring agency may know that the Crypt can only offer asylum seekers hot food, the person referred expects to find shelter, and this can cause disappointment and distress. Agencies said the referral practice needed to be revised.

Other research shows that the exclusion of immigrants from homelessness services owing to legal status occurs across Europe. However, these same services also may be in the frontline of dealing with the failure of policy that does not coordinate the action of services with the reception of new migrants (Edgar et al 2001).

Four of the agencies we spoke to considered accommodation as the most urgent need (aside from a change in legislation to give people leave to remain or permission to work). This need has long been identified, and led to the establishment of the Short Stop project.

There have also been two attempts in Leeds to set up a night centre in the church property for destitute asylum seekers, called Night Centre for Asylum Seekers (NICAS). However, despite the effort put into preparation and recruiting volunteers, both times the project was withdrawn because of low take-up.

Gill Gibbons, Manager of LASSN, the organisation that organised NICAS, explained some of the reasons the project did not take off:

- it takes a long time for a new project to get established
- two nights on Friday and Saturday was not enough
- NICAS was offering only shelter from a late hour, and no evening meal
- refused asylum seekers are afraid of being together in one place, for fear of becoming a target for immigration removal
- the location was not ideal, away from asylum dispersal areas

*"The communities, RCOs, they need a legal structure [to allow them to provide support]. RCOs are not empowered to help. It is very costly to rent a room. If RCOs could have a house, some rooms, it would be cheaper. During the day [destitute asylum seekers] could go to families, share the food, at night sleep in the rooms."*

Representative, Leeds Sudanese Community Association

### 3.1.8 Informal shelter

During the research it became evident that there are a number of individuals offering accommodation informally, in particular through churches. In addition, five agencies involved in seeking shelter solutions highlighted the importance of a squat, which hosted destitute asylum seekers until it closed in the autumn of 2006.

The people living in the squat became aware of the difficulties faced by asylum seekers, and the lack of accommodation options for those without support. They offered informal shelter in shared rooms, at first to a few individuals for a few nights. More homeless asylum seekers came as word spread, many staying for a night or two, and a few for weeks or months.

The unofficial nature of the squat meant no records were kept. The group estimated the number of refused asylum seekers who had stayed with them since they began hosting in the winter of 2005 to be over one hundred. Short Stop and St George's Crypt consider this to have made a major contribution to reducing the incidence of rough sleeping among destitute asylum seekers.

A volunteer we spoke to at a drop-in, now receiving Section 4 support as a result of a fresh claim, spoke movingly of how the squatters had helped him. He had been on the streets for six months before being offered a bed by them. The hosts remembered how he slept for days when he arrived, as he had been rough sleeping in a chair at the bus station where the security guards woke him up every time he dropped off to sleep.

*"The warmest welcome for a large number of destitute asylum seekers in Leeds has been provided by a squat. It says a lot about how many restrictions there are on providing basic services."*

Gary Stott, Manager, St George's Crypt

### 3.1.9 Rough sleeping

*"I sleep parks or any place to protect from coldness – bus station, train station. If you sleep in town people can make trouble. In the mornings I go to bookies to be warm."*

Refused asylum seeker (F)

On the day of the interview the man quoted above walked for two hours from the park where he slept, saying after the interview how he'd appreciated the time inside, in the warmth. He explained that sleeping in the city centre can be dangerous because of the threat of violence from drunk men.

Another man we interviewed said that if his friend did not come home or did not let him in he would spend all night walking the streets of the city centre, where he felt the bigger streets and lighting provided more safety than where he was staying.

Two refugee agencies and homelessness services that took part in a focus group said that women are less likely to be rough sleeping. The agencies we spoke to involved in referring to the Short Stop and Hardship Fund indicated that they were likely to prioritise women, as they considered them to be at greater risk than men.

### Counting rough sleeping

During the research the official rough sleeping count for Leeds was one – a figure queried by local agencies involved in homelessness provision. This count takes place only in the inner city centre, a boundary agreed to reach targets to reduce rough sleeping set by the Prime Minister and the Department of Communities and Local Government.

Homelessness services and voluntary agencies outside of the city centre reported that this has merely pushed rough sleeping into residential areas beyond this boundary. This was confirmed by the three of the destitute asylum seekers we interviewed who spoke of sleeping in parks, doorways and bin areas. Gary Stott, Manager of St George's Crypt explained how



## Short Stop

Short Stop is a voluntary host project run by Leeds Asylum Seekers' Support Network. It started in 2003 in response to the lack of accommodation provision for destitute asylum seekers. The project has 25 volunteers providing accommodation in their homes for one to six nights, including an evening meal, breakfast, and washing facilities.

There are three main referring organisations that decide who to refer based on greatest need. In addition, referrals are sometimes received from the Social Services Department, the police, and local authorities outside Leeds. Staff at all these organisations may stay late with a client waiting to find out whether a host is available, and to assist individuals with travel directions.

In the first half of 2006, 20% of referrals were for refugees who had received positive decisions on their asylum cases. This put pressure on the limited resources of Short Stop, reducing provision available for those who are end of process. Between September 2005 and August 2006, 52% of those referred were refused asylum seekers.

Survey period: 12 referrals in total. Of these, 7 referrals were for 5 refused asylum seekers who stayed at least 9 nights. This included one family with two children.

the physical geography of the prosperous city centre had been altered to stop rough sleeping: "the shadow side of success is exclusion", he said.

### Survey results: rough sleeping

The survey recorded **68 instances of people rough sleeping**, 27% of the total visits recorded, representing 29 individuals, including three women. The survey differentiated sleeping outdoors from sleeping in the bus station or other public building: only six of the instances of rough sleeping were in a public building.

The survey findings present a starkly different picture from the official count, showing that in a four-week period spanning October to November, while the weather was getting increasingly cold, rough sleeping was a reality for at least 29 destitute asylum seekers in Leeds.

## 3.2 Food

*"I live on £1 a day eating chips. If I'm hungry I wait till 6pm to go to Crypt to eat something. Or if I have food parcel I can eat something. I have no place to cook. I just eat cold soup."*

Refused asylum seeker (F)

### 3.2.1 Overview

We asked the eight destitute people interviewed about what they had to eat. Half said they ate one meal or less a day. Some said that the stress of their situation meant they had no appetite. Others spoke of the hunger caused by spending the days and nights walking the streets having nowhere to go.

Some were generously supported by friends. To spread the burden they might visit various friends, eating with different people each day. This could mean that on some days they would eat two or three meals. If their friends

were out or they missed meal times they would go without food.

Those who had received cash gifts said the first thing they bought was food. Four of those interviewed had at one time benefited from Hardship Fund payments (see Section 3.4, Income); two others received occasional gifts of £10 from friends. The extreme hardship and poor diets of people living in destitution is strikingly demonstrated by the fact that even intermittent, relatively small payments of cash would be spent on food before considering anything else.

The research indicates that, as with accommodation, most destitute asylum seekers eat with friends and acquaintances who are co-nationals. Refugee community organisations and some destitute asylum seekers we spoke to said that sharing food was a matter of cultural pride and tradition. However, the destitute asylum seekers we interviewed who were staying with friends found their inability to reciprocate difficult. Three men spoke of how bringing a food parcel into the house where they were staying was their only way of maintaining some pride by contributing to the household.

### 3.2.2 Food parcels and hot food

*“We can give two food parcels on a Thursday to some people. We don’t open again until Tuesday. How do people sustain themselves?”*

Christine Majid, Manager, PAFRAS

Positive Action for Refugees and Asylum Seekers (PAFRAS) run a twice weekly drop-in aimed at destitute asylum seekers offering a hot lunch and food parcels to take away. Between opening in February 2006 until November 2006 they served nearly 1,700 hot meals and provided over 700 food parcels to destitute asylum seekers. The logistics of providing food is a very time-consuming task and represents a significant proportion of the work done by PAFRAS, which has only two paid workers. This vital provision of hot food and food parcels relies on volunteers and

charitable donations from churches and others. As a result supply can fluctuate: providing a consistent service takes considerable management.

St George’s Crypt is a long-established homeless shelter. It serves hot meals to around 120 people each night and works to re-engage people with existing services. However, the Crypt and refugee agencies are aware that it can be difficult for asylum seekers to attend for a hot meal in the evening as the core homeless client group can sometimes be hostile towards them. St George’s Crypt is a key provider of food parcels to homeless people in the city, primarily sourced from church harvest donations in the autumn. The Crypt works together with the Health Access Team (see Health, Section 3.3), who run a day-time drop-in three days a week, to provide food parcels to destitute asylum seekers.

The long-term nature of asylum seeker destitution created a crisis in food supply for the homeless services in Leeds in 2006. In response, homelessness projects and refugee agencies involved in the provision of food in Leeds began to meet in 2006 to review the situation and explore solutions. A new Fairshare project is distributing food donated by supermarkets, and this has improved supply. British Red Cross may extend to Leeds the food voucher service they run in other parts of Yorkshire to meet demand.

*“Our stocks usually last the year. In 2006 for the first time we ran out in April. The main contributory factor was repeat visits from asylum seekers. If you give a food parcel this week their situation won’t change next week. It has an impact on resources, but we’re not funded. Yet, if you work for poverty alleviation in Leeds, asylum seekers are involved.”*

Gary Stott, Manager, St George’s Crypt

### 3.2.3 Food of choice

The destitute asylum seekers we interviewed who were surviving on hot food and food parcels were extremely grateful for this vital support. However, the type of food on offer may be unfamiliar. Interviews with two

individuals dependent on handouts indicated that adjustment to a “beans, beans, just beans, maybe noodles” food parcel diet over a long period was a stark daily reminder of just how little power and choice they now had over even the most basic aspects of their lives.

One man we interviewed said that a year previously he had received Hardship Fund payments for a few weeks: this was the last time he could remember eating food of his choice. A woman told how, with her first Hardship Fund payment, she went to an African shop to buy familiar food products to have her first African meal in months. These moments of exercising some choice over food provided them with a fleeting sense of humanity.

Food is central to a sense of wellbeing, freedom, and choice. In the precarious, transient lives of asylum seekers, the sense of belonging and identity associated with homely foods may be of particular importance (Lewis, forthcoming). PAFRAS (see box below), the main provider of hot meals for destitute asylum seekers, recognises the importance of special foods and does what it can to prepare meals that are palatable. The beginning of the survey period coincided with Ramadan, and PAFRAS manager Christine Majid approached local businesses for foods that would be appropriate to make up Iftar (fast-breaking) food parcels that their Muslim clients could take away for the evening.



## PAFRAS – Positive Action for Refugees and Asylum Seekers

PAFRAS runs a drop-in two mornings a week offering one-to-one support, hot meals, food parcels, and access to clothing, toiletries and blankets. It also provides opportunities for people to take part in activities such as conservation and community projects.

PAFRAS began in 2003 and formerly worked mainly around integration with refugees. However, in response to need they developed the drop-in and provision of hot meals and food parcels. They now work almost exclusively with destitute clients.

Working with solicitors in London, PAFRAS has successfully assisted 12 rough sleepers with chronic medical problems back onto support. A further 28 were helped with securing legal representation. PAFRAS has also provided emotional support for 12 clients who have attempted suicide.

They rely on donations of food to provide their service. Direct cash donations have provided limited funds to pay for prescription medication, travel to medical appointments, or cheap bus fares to London for those they helped to get legal representation. PAFRAS has worked to raise the profile of destitution among asylum seekers in Leeds. They have contributed to several articles in the local press and given talks for churches and others.

*“Destitution is eroding the sense of self and the will to survive for refused asylum seekers.”*

Christine Majid, Manager, PAFRAS

Survey period: 227 hot meals, 111 food parcels provided.



### 3.3 Health

*"I have varicose veins but I have nothing to do but walk all day. I have acid in my stomach from eating bad food all these years. The problem is in my head, not just my stomach. It is a big pressure."*

Refused asylum seeker, (F)

#### 3.3.1 Overview

The links between destitution and ill-health are widely noted (Brown (ed.), 2005; Goodwin et al, 2005; Scott-Flynn and Dumper, 2006; Refugee Action, 2006; Refugee Council, 2006). It is difficult to over-emphasise the health impacts of living without regular means of support, without status, and with the threat of removal and fear of torture, death and imprisonment.

The eight asylum seekers we interviewed all believed that their destitute situation caused health problems, including:

- sleeplessness
- stress and anxiety
- confusion
- digestion problems
- joint aches and pains
- headaches
- depressive tendencies

*"The whole system is abusive to people. Quite often they survive the past trauma and are not traumatised by it. It's what happens here."*

Debbie Roe, Mental Health Nurse, No Fixed Abode health team and Solace

This section concentrates on three key issues relating to health and destitution that emerged in this research: access to health care, billing for secondary health care, and local authority support for those with additional needs. These issues, and others relating to destitute asylum seekers' health, are explored in three reports about the Health Access Team for Asylum Seekers and Refugees in Leeds (Cartledge,

2006; Cheedella, 2006; Goodwin, Newell and Raynor, 2006).

#### 3.3.2 Access to primary and secondary health care

The Health Access Team for Asylum Seekers and Refugees (HAT) supports clients in accessing health care. Some of those refused may still be registered with a GP. Many are not, and assisting people with access to a GP represents a large proportion of the work with destitute clients undertaken by HAT.

Lack of funds restricts the ability of sick destitute asylum seekers to attend health services. For those who have restricted mobility HAT can occasionally offer travel vouchers for attending health appointments. However, an individual must still travel to the drop-in to get the voucher. This money is from a charity fund and so is subject to donations.

In 2004 the introduction of the NHS (Charges to Overseas Visitors) (Amendment) Regulation extended charging for secondary care to refused asylum seekers (Refugee Council, 2006). HAT has done considerable work advocating for individual patients and lobbying senior management to challenge refused asylum seekers being billed for secondary care. They have expressed particular concern about women receiving antenatal treatment (sometimes women receive a letter from the hospital informing them they must pay, and are then too scared to return for treatment). HAT has encountered cases where consultants have refused to see patients who are refused asylum seekers. Challenging a bill is time consuming and very difficult, as they confront resistance from administrators unwilling to compromise.

*"It compromises the very ethics of the NHS to refuse care."*

Alison Raynor, Senior Community Nurse, Health Access Team

Asylum seekers are unlikely to have any resources to pay for treatment. HAT staff explained that billing creates great stress for asylum seekers, compounding health

concerns and repelling those who are more vulnerable from accessing healthcare. Furthermore, if illness deteriorates to a critical state it is likely to cost the NHS more to treat a person as an emergency (Cheedella, 2006).

### 3.3.3 Serious and potentially life-threatening health concerns of destitute people

*“At night I can’t sleep. I see my life is in danger... I do not have any feeling in my body. When I see the past I see death. When I see the present I see no hope. If I kill myself everything will finish.”*

Refused asylum seeker (B)

Four of the eight refused asylum seekers we interviewed disclosed that they had attempted or considered suicide as a result of being made destitute and facing the threat of removal.

Three of the destitute asylum seekers we interviewed had particularly serious health-related concerns that they considered a result of being refused asylum, left with no legal means of support and being in constant fear of removal. These included:

- psychotic episodes
- miscarriage
- feeling compelled to have an abortion

Two of these cases merit being examined in more detail to demonstrate the multiple stresses and anxieties experienced by destitute asylum seekers. The first (described in Section 3.3.4) concerns a pregnant woman who believed she could not access healthcare. The second case (Section 3.3.5) involves a man who experienced psychotic episodes and said that intervention by health and social services saved his life.

### 3.3.4 The impact of charging for healthcare

*“My friend said ‘I don’t know what you’re going to do when you need to give birth, you’ll have to have it at home’”*

Refused asylum seeker (H)

The withdrawal of free secondary health care may have had a wider effect than intended through causing confusion over eligibility for all healthcare. Although GPs have discretion to continue to provide primary care, the Health Access Team has had indications that some receptionists may turn clients away. The associated issue of the health system checking the immigration status of patients has led to fear about accessing healthcare.

One woman we interviewed said she was delighted when she discovered she was pregnant. She looked forward to the birth, hoping that her child might bring some purpose to her life and “a friend, someone to talk to”. She miscarried at 10 weeks, following which her boyfriend – the father – stopped returning her calls and texts.

*“I used to eat twice a day when pregnant – tea, rice, sweet potatoes. No fish or meat... I noticed a change in my body. Anyone can know... I was working two jobs, more than 50 hours. I have to lift many things. If I was living a normal life I wouldn’t be working when I was pregnant... I used to get pains for two weeks. I couldn’t sleep. All my body was aching... One afternoon I felt some water coming out. The person I was with said, ‘you’ve miscarried’. That night I started bleeding. I spent the whole night on the toilet. That’s when everything came out.”*

When she first noticed the pains, she had procured through a friend some herbal medicine from Africa to give her strength. She rang her GP, but was told that they could not see her as she was not in staying in their area. Without ID she thought she could not register locally. She also believed she could not go to hospital, as they ask for the name of your doctor and she did not have one.

Before the miscarriage she saw a friend of a friend from Africa who said he was a doctor, but was not practising in the UK. Following the miscarriage she bought some Chinese medicine – herbal tea and pills – and sat at home for one month.

*“I feel like I am still living in [African country] – when people have money they can go to hospitals. If I’m poorly I have to find my own way to get well.”*

Even at a time of great need this woman was reluctant to access NHS healthcare. She had been told by her friend about a woman and her children going to hospital for treatment and getting deported. Before her miscarriage, she was preparing for the prospect of having her baby at home. Childbirth without access to maternity care carries serious risk of acute health needs for both mother and child, and increases the risk of death for both (Refugee Council, 2006).

### 3.3.5 Local authority support for those with additional needs

People who have needs in addition to their needs arising from their situation of being a destitute, refused asylum seeker are eligible for local authority support under the National Assistance Act 1948, but this is a complex legal area (Refugee Action, 2006). A person is eligible for this support if they have a need for care and attention not otherwise available to them “by reason of age, illness, disability or other circumstances, ...or if the person is an expectant mother” (Islington Council, 2006: 5).

There are variations across the UK in local authority responses to providing Community Care to asylum seekers and other immigrants with additional needs and no recourse to public funds. These were reviewed by Islington Council, which co-ordinates the ‘No Recourse to Public Funds network’ (Islington Council, 2006).

Staff at the Refugee Council, the Health Access Team and agencies represented at the shelter focus group said that it is not always easy to access support for destitute asylum seekers

from Leeds City Council. They also said that there is a lack of consistency between different Social Services Area Offices in their responses.

The housing focus group reported that the local authority was taking weeks or months to assess cases referred to them for support, leaving people with urgent and serious needs in hospital, or being supported by charity. They said that individuals within the department may use different criteria for assessment, which could cause complications. These issues arose partly because referral for support for people with no recourse to public funds is a new area for the local authority to deal with. It was reported during the research that Leeds City Council was involved in a test case on support for women in the advanced stages of pregnancy.

One refused asylum seeker we interviewed was supported by Social Services. He considered that intervention by health professionals and social services had saved his life. He was diagnosed with schizophrenia after being taken to hospital by a friend who found him lying in the kitchen following a suicide attempt. Following a three month stay in hospital he was discharged and housed in a hostel for people with mental health problems, and continues to receive care as a day patient.

*“It is nice to have people to help me. I would be homeless otherwise. Without [help] I should be dead a long time ago... I went to see my friends and told them my trouble. They laughed at me. Now they don’t answer my calls.”*

He had begun to hear voices a couple of months after having been released from detention in a removal centre. He estimated that prior to his admission to hospital he had attempted suicide 12 times or more by cutting his throat, drinking battery acid, and one time almost jumped in front of a train.

The experience of being detained eroded his sense of trust in others. He suspected that someone had reported him, leading to a dawn raid of his property and consequent detention. While detained for a period of two months his



## Health Access Team for Asylum Seekers and Refugees

The Health Access Team (HAT) is funded by Leeds Primary Care Trusts (part of the NHS). One of their aims is to support clients in accessing health care. The team includes GPs, community nurses, client support workers and administrators.

HAT runs drop-in health clinics in five locations across the city. These offer support and advocacy for clients by advising, signposting and referring to other services. LanguageLine provides a translation service over the telephone. HAT works closely with the No Fixed Abode (NFA) health team. Homeless clients without a GP are referred to the NFA team for ongoing care.

Most of the HAT clients who are destitute asylum seekers come to the city centre drop-in which operates three times a week. It is located at St George's Crypt, an established homeless shelter. This enables the team to hand out food parcels provided by the Crypt. Volunteers run a shop at the Crypt where clients can buy cheap clothing.

HAT has been instrumental in networking and campaigning on issues around destitution in Leeds (for example, through attendance at strategic meetings). They regularly report to local NHS management on health concerns raised by the issue of destitution.

Survey period: 34 destitute asylum seekers seen at the HAT Crypt drop-in, 50% of the total client number. 8 people were given up to 4 food parcels, 6 helped with travel costs and 4 helped with medication costs.

few possessions were taken by people he formerly considered friends. His case indicates the extreme pressures of facing a negative asylum decision, surviving without legal status and the impact of detention.

Although glad to still be alive and grateful for subsistence support and accommodation provided to him by the Social Services Department, the threat of destitution is a continuing cause of anxiety to him.

*"I know I am here temporary. Sometimes it makes me sad because I don't know when anytime they would tell me to leave. I don't know what I would do."*

### 3.4 Income

*"My friend used to give me some money to buy milk or Pampers. If there was some change, 1p, 2p or 10p I could keep it. I saved this up to buy sanitary towels and lotion."*

Refused asylum seeker (B)

#### 3.4.1 Overview

The indication that many asylum seekers housed in NASS accommodation give shelter to those who are destitute means they are also sharing their cash payments, which are set at 70% of income support levels (approximately £40 a week).

Two of the destitute people we interviewed were receiving regular payments. One was on Section 4 support for medical reasons (£35 in supermarket vouchers per week), while the other was supported by the Social Services Department in a hostel for people with mental health concerns. This person was receiving £20 cash payments for subsistence.

Three of those interviewed had at one time received payments from the Hardship Fund (see Section 3.4.2). One person interviewed was working as a cleaner for 27 hours a week, earning approximately £3 an hour. Others relied on the generosity of friends, or on saving scraps of change from running errands.

Getting hold of even small amounts of money made a huge difference to the destitute asylum seekers we interviewed. When asked about budgeting income, all prioritised the following items:

- food
- bus fares
- top-up for mobile
- international calling card
- clothes
- toiletries

Bus fares were unanimously considered the second most vital purchase after food. Travel is particularly important to people who have to rely on friends and contacts scattered across the city in order to survive. Most interviewees were required to report to the Immigration and Nationality Directorate at Waterside Court in West Leeds. This could be a long walk, so occasional money to go by bus was appreciated. One man attending the PAFRAS drop-in said he was offered travel vouchers by immigration staff if he could supply an address to which they could be sent: he pointed out his identity card, where next to 'address', was printed 'No Fixed Abode'.

Women may find it particularly hard to survive without cash. One woman we interviewed mentioned going without food to save money to buy sanitary products.

### 3.4.2 Who is destitute?

The five key survey agencies refer destitute asylum seekers to the Hardship Fund which is administered by the St Vincent Support Centre. Deciding the criteria for who should be referred was identified as one of the most distressing aspects of working with destitute clients. Staff said that this level of responsibility for the lives of people who are barely surviving made them profoundly uncomfortable.

The question of who has the greatest need is a sensitive issue for both asylum seekers and those in supporting agencies. Frontline staff at the Refugee Council and East Leeds Health for All said that some people would come in looking unwell and unwashed, leaving little doubt that they are in need. Indications of income meanwhile, such as new clothes or mobile phone credit, dissuaded agencies from referring individuals for Hardship Fund payments.

Some representatives of refugee community organisations and key agencies referring to the Hardship Fund suggested that there are 'degrees' of destitution. Some people, for instance, are supporting themselves by working and are able to pay rent. Others have no form of income and are entirely reliant on the charity of friends, religious groups and support agencies. Some may move between different situations.

*"Deciding who gets the payment can be really upsetting. One week a woman we know came late and all the payments had been allocated. You could tell she was really upset. She was holding back the tears saying 'ok then'. As she walked away I just felt awful."*

Wendy Bartlett, Volunteer Development Worker, East Leeds Health for All



## Hardship Fund, St Vincent Support Centre

Two organisations play a key role in running the Hardship Fund. Leeds Asylum Seekers' Support Network raises the funds, and St Vincent Support Centre administers the payments, handing out allocations during a Wednesday drop in session.

Single people receive £25 a week, couples £40. There are a maximum of 19 places per week. Since starting in January 2004, the fund has paid out £50,000. Present funds enable £2500 in payments each month. Individuals are referred from one of six agencies that each have three allocations. People may receive payments for up to four weeks.

St Vincent Support Centre is a centre for disadvantaged and vulnerable people, and works with people in poverty from any background. Since the Centre began to administer the fund, it has developed projects in response to the needs of refused asylum seekers.

The Centre realised that those receiving the payments were socially isolated and eating very little. Staff and volunteers set up a Friendship Group, and people were invited to stay in the café to have a bowl of soup and a chat.

*"Working with asylum seekers has been a real eye opener for some of the volunteers. Some have said it has really changed their world view. Otherwise all they get is from newspapers and TV. They see the other side of it here."*

Pauline Lomas, Hardship Fund Administrator

Survey period: 66 payments to 25 individuals

### 3.4.3 Employment

*"I got a letter from NASS saying they'd stop my support... [My housemates] told me they can't afford to feed me, so I just decide to go. There was no way for me to survive. I found the work – I borrowed papers from a friend."*

Refused asylum seeker (E)

Not everyone can rely on continuous support from friends. Agencies, refugee community organisations and the refused asylum seekers we spoke to reported that many of those without support are compelled to seek work in the irregular market.

At the time of being interviewed one person was working as a cleaner. One had previously

had permission to work, and had been employed for three years, paying tax, council tax and utility bills. Another had worked for about a year, first in a printers', then as a cleaner, but had to leave their job in June 2006. Two of those who had found work in the past said that in the last two years the arrival of migrants from Eastern European (accession) countries had made it more difficult to find undocumented employment in Leeds. Even those who do find employment had been forced to leave jobs when their employers started asking too many questions about their lives and status.

Those working are likely to be in jobs that are dirty, difficult and dangerous. Those who work with false papers or on a temporary National Insurance number pay taxes. Others are paid cash in hand. Individuals and agencies

mentioned a range of jobs and places of work during the research, including: cleaning, leafleting, picking for orders in a warehouse, printing and car wash.

Even for those with some low-paid employment, poverty may be acute. One woman who was working bought a £67 monthly bus pass at the beginning of each month to ensure she could always afford to get to work. This meant she was able to eat one meal a day for the first two weeks of the month, but ate bread and drank tea for the rest of the month. Furthermore, the histories of those interviewed demonstrated that any type of unofficial income is precarious, making serious destitution a constant risk for all of those without recourse to public funds or permission to work.

*“I went to a car wash and got chatting to a young Iranian boy, about 15 years old. I asked him how much he earns. He said they don’t get paid per hour or day, they just split the tips at the end of the day. So he might get a few pounds for standing out all day, wet, in the freezing cold. I paid £5 for my carwash.”*

Representative, Leeds Persian Organisation

#### 3.4.4 Economic needs of Leeds

Dr Robert Mackenzie and Dr Chris Forde of Leeds University Business School told us that Leeds and West Yorkshire have a growing construction industry that has a high demand for unskilled and semi-skilled labour. This was confirmed by the Leader of Leeds City Council, Councillor Mark Harris:

*“For the foreseeable future there will be a growing boom in construction, each year it continues. We can’t provide that labour internally. Without any question we could absorb new workers and it would be a benefit to the city.”*

We asked the eight destitute asylum seekers we interviewed what their previous profession had been before they came to the UK, and what they would like to do if given leave to remain. Their former professions included:

- petroleum engineer
- factory worker
- Non Governmental Organisation worker with children
- car mechanic
- student
- carpenter

Several hoped to continue in these professions, updating their qualifications if necessary. Others wanted to study and train in new areas including youth work, agricultural economy, and care.

### 3.5 Safety

*“The husband of my friend asked to have sex with me. I said no, he is the husband of my friend. Anyway, I still love my husband who is dead. The next day he told his wife that I had been coming on to him. She went crazy and threw me out.”*

Refused asylum seeker (B)

#### 3.5.1 Overview

Removal of support creates circumstances that threaten people’s safety in a number of ways. Those we spoke to told of risks they’d been exposed to or experienced, including:

- self-harm
- risk of contracting communicable diseases
- exposure to cold weather
- rough sleeping
- hunger
- poverty and hardship
- verbal and physical attacks
- racial harassment
- sexual exploitation
- reliance on exploitative relationships for survival

Three further issues featured in the interviews with destitute asylum seekers: poverty, crime, and protection.

### 3.5.2 Survey data: risk

Data collectors were asked to assess the risk they considered those being surveyed were subject to. Risk was split into three categories, defined as follows:

Low risk, 17%	receiving some support
Moderate risk, 43%	receiving some support, but destitution having an obvious effect on wellbeing
High risk, 38%	no support mechanisms, poor health and personal circumstances, probably sleeping rough

38% of those accessing services were considered to be subject to high risk as a result of their destitution. This reflects the large number of people recorded as sleeping rough (29). People making repeat visits during the survey period were more likely to be considered at high risk or recorded as rough sleeping.

### 3.5.3 Poverty

*“This is my second pregnancy. I was pregnant before but I had an abortion because I thought I was too poor to look after my baby.”*

Refused asylum seeker (C)

Poor diet and precarious living conditions resulting from extremely low incomes are well known to create multiple risks to quality of life. These complex problems are compounded by the overarching fear of persecution that can come with the threat of return. As the quote above indicates, lives continue and relationships may form, but the experience of imposed poverty can drastically alter the course of someone’s life.

### 3.5.4 Crime

*“They said in Parliament if failed asylum seeker do some crime they are deported. We don’t want to put our lives at risk.”*

Refused asylum seeker (F)

Our research suggests that instances of offending among refused asylum seekers are likely to be very low, but that they are likely to be victims of crime. Those we interviewed spoke of theft, violence and verbal abuse.

Community Safety Officer Superintendent Richard Jackson told us that failed asylum seekers were not ‘on the radar’ of police attention, and were not notable in convictions associated with poverty, such as shoplifting, theft, sex work or drug dealing. The refused asylum seekers interviewed conveyed a sense of hanging on to shreds of hope that somehow their case may be reconsidered or at least that removal to where they feared persecution could be avoided. For this reason, they avoided contact with the police, and indeed all other authorities. RCOs also said that refused asylum seekers try to avoid attention or detection: in general, they did not see crime as a solution to destitution.

A church representative, one agency and two RCOs told us of their concerns that there may have been incidents where desperate people were approached for assistance with criminal activities in return for pay, perhaps not realising the illegal nature of the work.

### 3.5.4 Protection

*“I came to this country to be protected, but no one cares.”*

Refused asylum seeker (H)

Most of the refused asylum seekers we interviewed conveyed their sense of being let down having come seeking safety, but instead being exposed to risk and insecurity. Three of the individuals we spoke to stated that they felt so ignored and insignificant to British society that they could die in the street and no-one would notice or care.



## 4. Responding to destitution in Leeds

This section sets out to provide an overview of the main organisational responses to the emergence of destitution among failed asylum seekers in Leeds. It summarises:

- some of the key campaigning developments (Section 4.1)
- the managerial challenges to local agencies (Section 4.2)
- the cost implications of dealing with destitution (Section 4.3)

### 4.1 Campaigning responses

There have been a number of political and campaigning responses to destitution in Leeds. Some of the key developments and initiatives are listed in this section.

#### 4.1.1 Leeds Asylum and Destitution Steering Group

In 2003, a public meeting held to discuss asylum issues in Leeds led to the formation of the Leeds Asylum and Destitution Steering Group. The group is made up of voluntary, community and faith organisations and continues to meet regularly. It has become a focus for information sharing and lobbying, and has organised a series of meetings with Leeds MPs.

The group produced a report on destitution in Leeds in January 2005 (Brown (ed.), 2005). The report provided a series of calculations to estimate the population of destitute asylum seekers based on available data. The report concluded that at that time there were likely to be 2,000 to 3,000 destitute asylum seekers in Leeds. This report helped to raise awareness

among a number of local and regional agencies of the problem of destitution.

#### 4.1.2 Response to the 'Iraqi exercise', autumn 2005

The issue of asylum seeker destitution was brought to the fore in Leeds in autumn 2005, when the Home Office withdrew Section 4 support from a large number of Iraqi nationals.

In January 2005, the Home Office announced that there was no safe route to Iraq. This meant that refused asylum seekers from Iraq were granted a concession with regard to support: they could apply for and receive Section 4 support without meeting the usual requirement of agreeing to voluntary return. As a result, huge numbers of destitute Iraqis came forward: in Leeds, the Refugee Council saw 1,600 Iraqi clients wanting to apply for Section 4 in the space of a few weeks.

Harjit Sandal, Deputy Manager of the Refugee Council One Stop Service in Leeds, said:

*"People receiving negative decisions had over time come to stay with friends in Yorkshire and Humberside. This is the reason for the large number of clients, many who we hadn't seen before. It shows how many people were being supported by friends in the region."*

In September 2005 the Home Office announced that a safe route for return had been found, and the concession was withdrawn. In Leeds, in the space of a few weeks, several hundred Iraqi nationals received letters notifying them that their support would be removed.

They turned to local projects and agencies for help. The Refugee Council and the Health Access Team reported that they were inundated with clients seeking support, accommodation and food. The limited services available for destitute asylum seekers in Leeds were not sufficient to respond to this need. At the time there was no provision of hot food, and limited provision of other services for destitute asylum seekers.

The sudden withdrawal of support from such a large number of people brought the issue of destitution among asylum seekers to the attention of the police and Leeds City Council, who were concerned in particular about community tensions and community safety. Because information on housing had been deemed by the Home Office to be confidential, it was only at this stage that the local authority learned that a proportion of housing for Section 4 was concentrated in a few streets in Harehills. Police told us there had previously been isolated incidents indicating tension between young Kurdish men and the existing ethnic minority Pakistani population in this area. The local authority therefore requested information from the Home Office about the numbers and locations of those in receipt of Section 4 support, and from whom the support was being removed.

Following the involvement of local councillors and Leeds MPs, a few representatives of the local authority and police went to visit senior Home Office representatives. An agreement was reached to halt evictions, and that in future evictions should happen in stages rather than at once.

### 4.1.3 Manuel Bravo Project – legal advocacy for people seeking asylum

The Manuel Bravo Project aims to provide free legal advice and representation to those who are unable to find adequate legal support. It was set up following a meeting called by Bishop John Packer of Ripon and Leeds in 2005, and a public protest attended by church leaders and members.

After the project was conceived, an active member of Christ Church Armley, Manuel Bravo, was found hanged in Yarl's Wood detention centre. He and his son had been detained following an early morning raid. Manuel had been forced to represent himself at his asylum tribunal hearing, after his solicitor failed to show. A critical piece of evidence was disallowed because it was not on headed paper. The project was named in memory of Manuel.

At the time of the research, limited funding had been secured for a part-time worker. Further funding was being sought to secure the two year pilot project.

*"The tragic case of Manual Bravo sent a shockwave through Leeds churches, encouraging people to take action."*

Shelagh Fawcett, Coordinator, Leeds Diocesan Justice and Peace Commission

### 4.1.4 Churches and Church Action on Poverty Living Ghosts campaign

Churches in Leeds have been involved in local campaigning and in generating donations and support to frontline services. John Packer, the Bishop of Ripon and Leeds, has convened briefing sessions with churches and Christian groups in Leeds. In his maiden speech in the House of Lords in December 2006, he raised the issue of destitution.

The national Living Ghosts campaign has had strong support in Leeds. An Early Day Motion (2264), 'The Living Ghosts Campaign', was tabled by Leeds West MP John Battle in 2006, calling for "work for those who can and support for those who can't" for people at all stages of the asylum process.

### 4.1.5 The role of Leeds MPs

The five MPs whose constituencies cover central Leeds have all linked up with refugee services, and have met individual destitute asylum seekers. In addition to the Living Ghosts Campaign Early Day Motion (see 4.1.4), several Leeds MPs have spoken on the subject of destitution in debates in the House

of Commons. On 12 December 2006, Fabian Hamilton MP tabled Early Day Motion 485, calling for the right to work for all asylum seekers from the day of arrival.

#### 4.1.6 Leeds University research

At the University of Leeds, Peter Dwyer and David Brown undertook a year long ESRC-funded research study on asylum seekers called 'Meeting Basic Needs?'. This has led to publications highlighting destitution (Dwyer and Brown, 2005; Dwyer, 2005).

#### 4.1.7 Leeds Health Access Team report on destitution

In March 2006, HAT presented a report to local National Health Service directors and managers with suggestions for action:

- to raise health implications of current policy for failed asylum seekers and their children
- to issue guidance to Leeds GP practices emphasising entitlement of failed asylum seekers to primary care
- to ask the Leeds Teaching Hospitals Trust to write off debts of clients billed for healthcare
- to provide agreed criteria for definitions of 'immediately necessary' treatment
- to nominate a named mental health lead for asylum issues
- support provision of emergency accommodation

(See Goodwin, Newell and Raynor, 2006.)

## 4.2 Managerial and strategic challenges for projects and service providers

In this section we summarise some of the main challenges of working with destitute asylum seekers identified by the five key agencies, churches and other refugee agencies interviewed for the research. The day to day services provided by a range of local projects and agencies are described in Section 4.

### 4.2.1 Destitution worsens existing problems

Problems experienced by people at all stages of the asylum process become magnified in the context of destitution, and the limited rights of refused asylum seekers. Those mentioned by agencies were:

- worsening mental health
- high costs of interpreting, lack of budgets to cover costs
- asylum seekers' poor understanding of complicated systems
- lack of legal representation: re-opening a case is particularly difficult
- vulnerability to exploitation, which increases with lack of rights

It was notable that agencies that do not specialise in services for refugees, and the churches who responded to the agency questionnaire, were most likely to mention difficulties around trust, fear of authorities, and asylum seeker's own confusion and lack of understanding of their status as key challenges. The complexity of the legal and support systems that leave people in the limbo of destitution are particularly confounding to those unfamiliar with the asylum process, and hamper their efforts to assist those most in need.

*"The impact of the withdrawal of legal representation at appeal level has exacerbated the levels of destitution. It has led some people to self-harm."*

Christine Majid, Manager, PAFRAS

#### 4.2.2 Unanticipated and increasing demand for help

Many of the initiatives in Leeds that provide frontline services for destitute asylum seekers began during 2002 and 2003. They were set up to respond to the needs of people falling between gaps at the beginning of an asylum claim or on receiving a positive decision.

As demand has increased these services have been expanded and are dominated by those at the end of the process. Planning and delivering appropriate services is made difficult because numbers are unpredictable, and changes in national policy that influence numbers are often implemented rapidly and with little notice or consultation. The increasing demand constantly stretches resources, and makes additional demands of staff, volunteers and resources

#### 4.2.3 Meeting basic needs

The five survey agencies and refugee community organisations emphasised that responding to the urgent needs of destitute clients diverts their resources from social, integration-focused activities.

The Health Access Team noted that their Client Support Workers spend a great deal of time providing food parcels and dealing with referrals to Short Stop. Meeting these basic needs has meant there is less time for workers to sit and engage with people, and to work on more life enhancing activities.

Two refugee community organisations said their organisations had formed with an aim to respond to needs in their home country, such as sending money for water and other development projects. This aim had been sidelined by the urgency of problems faced by their members in the UK.

#### 4.2.4 Complexity of cases

The severity of their situation means any destitute client is likely to present with complex needs and in a poor state of mental health. Both the Refugee Council and Health Access Team, who see a large number of

clients at all stages of the asylum process, emphasised that working with those who have been refused is particularly time consuming. The following reasons were identified:

- complex and urgent needs
- likelihood of people to be withdrawn or volatile
- difficulties gaining trust
- social isolation means people want to chat
- without money people may not be able to afford transport to return another time
- an immediate response is necessary when people don't have an address or telephone

*"Because destitute people haven't got an address and usually no phone you have to do things there and then."*

Alison Raynor, Community Nurse, Health Access Team

#### 4.2.5 Insufficient services to meet needs

The challenge emphasised most by staff at the key agencies was that the lack of support options left them feeling helpless. The pressure of being in a frontline role yet feeling they could not be part of a solution for their clients left staff demoralised and drained.

The five survey agencies said that there is much more that could be done, and this gives staff and volunteers a sense of constantly feeling under pressure. None directly advertised their services for destitute clients, as they feared their services could be overwhelmed. Word of mouth provided more than enough clients.

The lack of longer-term shelter and housing was named as a particularly acute problem.

*"As nurses we are raised on being able to help people: that's why we're in it. And that's the expectation of clients. Sometimes all we can do is offer a food parcel."*

Alison Raynor, Senior Community Nurse, Health Access Team for Asylum Seekers and Refugees

#### 4.2.7 Emotional impact on staff and volunteers

*“This work has a high emotional impact because of the difficulties they face. That means you have fewer emotional resources for the next client.”*

Alison Raynor, Senior Community Nurse, Health Access Team

All of the agencies we spoke to highlighted the fact that working with destitute clients is more demanding than working with those where some form of solution may be possible. This left frontline workers and volunteers emotionally drained, and had a knock-on effect on the provision of services more widely.

As more destitute clients presented at Health Access Team drop-ins, the team noted that staff supervision became better attended, and discussion was dominated by destitution. PAFRAS is arranging counselling for staff as a result of the pressures and anxiety surrounding their difficult work.

The refugee community organisations we spoke to found the limitations to the support they were able to give to destitute asylum seekers particularly difficult to deal with.

*“It is heartbreaking, knowing someone who is destitute and you cannot extend a hand to help.”*

Representative, Leeds Sudanese Community Association

They emphasised the difficulties of being confronted with people who are suicidal, the struggle of finding help for people without rights, and the pressure put on them by asylum seekers and voluntary and statutory agencies because of the assumption that ‘the community’ should assist. A representative of the Leeds Persian Organisation said:

*“A suicide victim gets released, the hospital phones us up to ask – ‘can anyone in your community have them?’ They are relying on us.”*

#### 4.2.8 Exclusion from services

The exclusion of refused asylum seekers from services that would otherwise offer a basic safety net caused frustration among staff. Three agencies we spoke to said that the increasingly tight restrictions on refused asylum seekers’ entitlements encourage them to be deceptive, in the interests of providing support. One agency said they made a point of not asking clients about their status, and simply did not record refused asylum seekers for monitoring purposes as they are not funded to provide services to this group.

Technically, once a person’s case has been refused they do not have a right to education and training. Two of the destitute asylum seekers we interviewed had managed to continue in their college courses for the rest of the academic year after being refused by keeping quiet about their change in status. One said their tutor pretended not to hear on finding out, believing that attending college provided this individual with vital social contact.

*“When someone comes to the end of the process it has a serious impact on them and others around them. Suddenly a person has much more serious needs – no home, no income. It affects general integration. People might be stuck at home doing nothing, only going to college. Then even that becomes inaccessible.”*

Lydia Brown, Education and Employment Advisor, Refugee Education and Training Advisory Service

#### 4.2.9 Government asylum policy

*“Asylum is about democracy – protecting free speech, identity, belief. Even if [a refused asylum seeker] returns, we are sending back a bad impression of democracy.”*

Refugee Council advice worker

Three key concerns relating to government policy emerged from interviews with staff working in refugee agencies:

1. The perception of poor decision-making in asylum cases.
2. The perception of an arbitrary approach to all aspects of the asylum process including detention and removal.
3. The sense of asylum and immigration policy creating institutionalised ‘destitution by design’.

Supporting asylum seekers who disclosed previous trauma yet were refused asylum encouraged a lack faith in the quality of Home Office decision-making among staff. Staff in frontline positions expressed anger at being left to deal with the worst effects of an intentional policy of destitution.

The New Asylum Model (NAM) marks another transformation in the asylum process (which has been characterised by frequent changes over the past decade). The Refugee Council and Refugee Action expressed uncertainties as to whether NAM will resolve the problems it was set up to address.

*“It is one thing if someone becomes homeless because of bad things that have happened in their life, but this is government policy. At least our rough sleepers have rights to healthcare and benefits. [Refused] asylum seekers get nothing. Nothing. That’s it. No recourse to public funds. It is outrageous, it really is.”*

Wendy Bartlett, Volunteer Development Worker, East Leeds Health for All

### 4.2.10 Difficulties in long-term planning and co-ordination

Lack of data and shifting government policy make long-term planning for services for destitute clients difficult. All agencies were keen to have access to ‘hard data’ indicating the likely population of destitute people, and those becoming newly destitute as a result of termination of support each month. However, agencies also recognised the difficulties of gauging the needs and size of a highly mobile population.

Three agencies highlighted the need for long term solutions rather than crisis intervention. Within Leeds, agencies spoke of a need for information, co-ordination and leadership, to raise the issue of destitution among refused asylum seekers.

*“There is a real need to coordinate the response on destitution, to keep agencies informed about what is going on locally and nationally, and raise awareness to professionals working in statutory services. This takes resources and everyone working on the frontline is pushed to capacity already.”*

Wendy Collins, Chair, Leeds Asylum and Destitution Steering Group

## 4.3 Costs of destitution support

*“It’s like a secret service. The picture is of people fitting it in over and above what they already do, but how sustainable is it?”*

Gill Gibbons, Manager, LASSN

The costs to agencies and staff of supporting destitute clients are significant, and include:

- staff time
- volunteer time
- resources, such as food, toiletries
- informal cash payments
- emotional energy and anxiety over safety of clients

In this section, we look at the importance and value of volunteer time, and funding issues, including funding for refugee community organisations (RCOs).

### 4.3.1 Volunteer time

All of the key agencies and projects relied upon volunteers for at least some of their fundraising and service provision. The ‘value’ of volunteer support to agencies is significant. In particular, PAFRAS – which has only two fulltime paid workers – considers that their

drop-in would be impossible to run without the help of volunteers.

Volunteers supporting frontline services were engaged in a wide variety of activities, some involving great emotional investment, and specialist skills such as interpreting. Several of the destitute asylum seekers we spoke to were themselves very active in providing support to the agencies that helped them and were active in their place of worship. Three of those interviewed frequently helped others with translation, assistance recognised as vital to those agencies without interpreting budgets.

The contribution of churches and faith organisations in assisting work with destitute clients in Leeds is considerable. St George's Crypt, St Vincent Support Centre and PAFRAS all rely on donations of food to maintain provision of hot meals and food parcels. Significant sums are donated in cash providing vital support to the Hardship Fund and other informal cash payments.

#### 4.3.2 Funding for frontline services

The Refugee Council receives a government grant to run their One Stop Service, which includes an agreement that their services may include those at end of process. The Health Access Team is funded by the NHS to provide a service to asylum seekers and refugees at all stages, including those refused.

St Vincent Support Centre, PAFRAS and East Leeds Health for All are dependent upon grants from a variety of charitable trusts and funds. Direct funding for working with destitute asylum seekers is provided by only a small number of charitable trusts. Positive Action for Refugees and Asylum Seekers (PAFRAS), which provides a service dedicated

to destitute refused asylum seekers, commented that this type of help is one of the most difficult to get funding for.

St Vincent Support Centre received a small grant of £2,000 to administer the Hardship Fund. The expansion of their work to include destitute asylum seekers through managing Hardship Fund payments has led to the development of their service in other ways. These include provision of English language classes, food parcels, a friendship group and a hot meal one day a week. They calculated the approximate overall cost to the St Vincent Support Centre of supporting destitute asylum seekers to be nearly £15,000.

#### 4.3.3 Funding for refugee community organisations

RCOs said they found the lack of funding particularly difficult. One RCO representative commented that the view seemed to be that because refused asylum seekers do not have the right to be in Britain, they do not have the right to be helped. They added that they had to "skim off" from other sources of funding just to be able to take the time to explain to refused asylum seekers that there is almost no support on offer. Another said that only those with their own fundraised money could provide help.

*"Funding for RCOs is for integration, community cohesion...for those with permission to stay. If you mention failed asylum seekers you will never get any replies [to funding applications]. Here it comes down to the issue of honesty. If you apply for money for something, you have to have integrity. Even when you are being Robin Hood, giving to the poor, you feel uncomfortable."*

Representative, refugee community organisation

*"I'm nothing, I'm nobody. When I came here I thought I might be something, but now I'm nothing. I'm just like an animal."*

Refused asylum seeker

## 5. Destitution or return: decisions and choices

The two main options for people whose cases are refused are destitution or return to their country of origin. This section considers four aspects of the 'destitution or return' dilemma:

- feelings about return held by asylum seekers
- Section 4 support
- Immigration and Nationality Directorate and enforcement
- voluntary return

The section is based on interviews with the destitute asylum seekers, as well as Leeds agencies including the Refugee Action Choices project and local representatives of the Immigration and Nationality Department (IND).

### 5.1 Destitute asylum seekers: feelings about return

None of the eight refused asylum seekers we interviewed considered return an option in current circumstances. Their reasons may be grouped into three factors: family, political situation, and lost life.

#### Family

*"I wish I could go back to my country, live with my family the rest of my life. Nothing else."*

Refused asylum seeker (F)

Two refused asylum seekers we interviewed said they desperately wanted to return to be with their family but were in contact with

family or friends in their country of origin who advised them the situation was not safe.

One woman told how her husband had been murdered. Her husband's family considered that her ethnicity had been the cause of his death, and they pursued her with machetes. Despite this danger, she felt strongly pulled to return to see her children, having contemplated suicide as her other option.

*"My hope is to get my children. I sent my friend an email. She was very surprised that I live homeless. I told her ... 'I want to come back, I'm missing my children... it is better to die in their presence'. She encouraged me – 'they still need you. Keep safe your life. You'll see your children again.'"*

Refused asylum seeker (B)

Those who had lost family felt they had little to return to. This was combined with there being no-one to protect them from the danger they feared. Three of the eight people interviewed disclosed that their family were dead. One woman said her family were missing, her brother presumed dead having not been released from prison.

#### Political situation

*"If it were safe I could go back now. No-one knows what is going on in Darfur; even the government don't want to agree to have the UN. How can I go back to this situation? They'd kill you because you do not agree with the government."*

Refused asylum seeker (D)



Six of the refused asylum seekers interviewed said that if the political situation changed in their country of origin, or if there could be some guarantee of their safety on return, they would go. All of these six believed they would be killed if they returned, and hoped for peace and stability to enable their return.

Two people interviewed actively wanted to stay in the UK. Their reasons combined poor conditions in their country of origin (lack of safety, economic insecurity, and lack of political freedom) with positive aspects of life in the UK (safety, opportunity, free speech).

*“No, I wouldn’t return. Once I have a child I will stay here. People are very kind here. I don’t know what I would do [if I had to go back]. I wouldn’t be safe. The government wouldn’t take us because we left. I haven’t got any papers.”*

Refused asylum seeker (C)

### Lost life

*“When I come here I was 32. Now I’m 38. I spent my youth here. I lost it in this country. Did I make any money? Did I have a nice life? Did I? If I could go I would have gone five years ago when I lost my case.”*

Refused asylum seeker (F)

All of the eight refused asylum seekers strongly conveyed throughout their interviews their frustration, despondency and despair at their situation. Two had been in the UK for six to seven years and were acutely aware that the social context they had left would have moved on considerably. They felt this offered them few prospects even if it were safe for them to return.

*“I used to have plans, but I don’t think I will any more. I wanted to study, to have a degree. I wanted to have a life, get married, have children. I wanted to be a person like any person, but every day is worse than the last for all these years.”*

Refused asylum seeker (H)

### 5.1.1 Barriers for those who want to return

Destitute asylum seekers, refugee community organisation representatives and Refugee Action Choices staff identified various barriers to return, including:

- difficulties in arranging travel documents
- fear of persecution, including imprisonment, torture or death
- without permission to work people become deskilled, demotivated and feel disempowered about making important decisions
- risk of persecution may be made worse as a result of having left, regardless of the reasons that caused initial flight
- loss of family and lack of wider social networks to assist with resettlement, as a result of war and conflict
- ongoing debt incurred by paying smugglers, which may include loans from extended family or whole communities
- expectations of remittances held by family members left behind have not been met

A range of reasons contribute to difficulties in arranging travel documents, including foreign diplomatic relations, lack of identity documents, safety and the practicalities of safe travel routes. Agencies and IND staff repeatedly mentioned certain countries to which it can be difficult to arrange return including China, Zimbabwe, Iraq, Iran, Palestine, Eritrea and Somalia.

The complexity of each individual’s situation means it is likely that a number of factors combine to deter return.

*“I’ve been settled down in England for seven years. It’s been such a long time. All my friends are here now. There are a lot of problems in Africa. I don’t know people to help me resettle.”*

Refused asylum seeker (G)

*"[Destitution] is a problem in our community. Most of them are young. They have been here a long time. Four years. Eight years. Refused. They say, 'we missed our chance back home to build a life'. Now they look forward in hope. They think something will change because every year the Home Office changes the rules."*

Representative, Hiwa Development Organisation

### 5.1.2 'Choosing' destitution

*"Back home there is extended family. Some would really like to go back home, but the situation is worse there. They are caught. Can't go back, can't go forward. Not being free, it is really a miserable life. They live in fear."*

Representative, Leeds Sudanese Community Association

The emergence of destitution among asylum seekers demonstrates that many people choose to remain in the UK with no legal means of support rather than return to their country of origin. Asylum seekers and many people working in frontline agencies felt that the choosing of destitution over return demonstrates that people remain for political, rather than economic reasons.

Of the 101 people surveyed for this research, 48% had been destitute for one year or more. The long, and growing, periods of time that people are remaining destitute were of particular concern to supporting agencies. The intractable nature of the situation made it difficult for agencies to respond effectively, or to manage work (see Section 4).

Since dispersal began, the number of those returning has been substantially lower than the number of people receiving negative decisions. This has left a large group of 'legacy' cases who are effectively stuck – they cannot or do not leave following a final refusal of their asylum case (Refugee Action, 2006). In November 2006 Refugee Action published a major piece of national research into destitution. 'The Destitution Trap' concludes

that as a policy tool to coerce people into return, destitution is demonstrably failing to achieve its aims.

*"Why would people continue to try to stay here and live like this if they didn't have a serious issue at home? If they didn't face problems, they would probably be better off back there."*

Jessica Parker, Advisor, RETAS

## 5.2 Immigration and Nationality Directorate

Once an applicant's claim has been finally decided and all appeal rights have been exhausted, the Home Office expectation is that the applicant will return to their country of origin. They state that those temporarily unable to return due to circumstances beyond their control may apply for support under Section 4.

However, not all refused asylum seekers will be in breach of the law if they remain here. For example, if a person applies for asylum at a port of entry they are given temporary admission and are therefore lawfully present in the UK. They only become unlawfully present if they resist removal once removal directions are issued. On the other hand, in-country applicants will have either overstayed their original leave or entered the United Kingdom illegally and will revert to being overstayers or illegal entrants once their asylum applications have been refused and any appeal rights exhausted.

### 5.2.1 Enforcement

*"I was detained for about three months. One day they rang me – 'good news, we want to release you, but on one condition: a tag'. I've been wearing the tag for one year and five months now. I ask myself what I've done wrong, I'm not a criminal."*

Refused asylum seeker

Anyone whose asylum case has been refused is liable to forced removal at any time once all legal matters have been resolved. Resources for removals are concentrated on those countries where there is the greatest likelihood of achieving removal, though other returns may be possible if documentation is available. IND officials reported that 'returnability' (how easy it is to arrange return) and Ministerial decisions determine which countries are prioritised.

Most asylum seekers are required to report to the Immigration and Nationality Directorate at their local office, which in Leeds is at Waterside Court. This may be monthly or weekly or, for some, daily. This is the main way in which IND attempts to stay in contact with refused asylum seekers. However, this presents a regular dilemma for refused asylum seekers who want to stay within the rules where possible, as reporting provides an ideal opportunity for the Immigration Service to detain a refused asylum seeker pending attempts to arrange removal once all their appeal rights have been exhausted.

Detention does not automatically lead to removal. Two people interviewed for this research had spent two or three months in detention before being released without any explanation. It is not always possible to arrange a removal within a reasonable period of time because of difficulties in arranging travel documents or other administrative reasons. Keeping people in detention is expensive. The average estimated cost of holding a person in immigration removal centres, including overheads, for one week in 2005–2006 was £1,230<sup>2</sup>.

However, detention for people whose cases are refused is a practice the government intends to use more in the future. In the five-year strategy for asylum and immigration, the Prime Minister Tony Blair states:

"And over time, we will move towards the point where it becomes the norm that those who fail can be detained, as asylum intake falls and removals become easier as we negotiate ever more effective returns agreements." (Home Office, 2005b: 6)

## 5.3 Voluntary return

Voluntary return is often considered preferable to forced removal because it is likely to be safer, and is much less costly. Voluntary return is likely to be safer because people travel by choice, as a normal passenger. Those being returned forcibly are accompanied by detainee custody officers under agreement with the government of the country to which they are being returned.

In 2005 the National Audit Office recommended the promotion of voluntary returns:

"At around £1,100 per departure, assisted voluntary returns cost less than the average figure of £11,000 per enforced removal. Increasing the number of voluntary departures by, for example, better promoting the options available to those due for removal and by establishing better contacts with community groups, could lead to savings of nearly £10 million for every additional 1,000 asylum applicants choosing to return voluntarily." (National Audit Office, 2005)

### 5.3.1 Voluntary Assisted Return and Reintegration Programme

The International Organisation of Migration (IOM) runs a Voluntary Assisted Removal Returns Programme (VARRP) to assist asylum seekers and refugees in the UK to return to their country of origin. From January to October 2006 the UK government offered an increased returns package through IOM, from £1,000 to £3,000 for reintegration. Applications for VARRP increased in the first half of 2006.

IND representatives expressed the view that they are pleased with the increased uptake of VARRP which they consider a result of the incentive of the enhanced package. They and others indicated that, as a result, a continuation of higher payments may be considered.

Others we spoke to suggested that the enhanced package simply encouraged those who were already considering the option of voluntary return to take it up. Several agencies

and individual refugees and asylum seekers interviewed in this research expressed the view that there are many people for whom fear of persecution is such a concern that they find money no incentive to return.

### 5.3.2 Promoting voluntary return

*“I report monthly at Waterside. What can I do? If I don’t, they arrest me. I don’t want to go to prison. Why should I? Every time I sign [they] talk about voluntary returns (laughs). They say ‘you can go back’. I say ‘I’d love to. If I could, I would’.”*

Refused asylum seeker (F)

For the refused asylum seekers we interviewed who were reporting to IND, visiting the IND office to sign was the only time they had been made aware of voluntary returns. IND staff

there might encourage them to take an IOM leaflet about the Voluntary Assisted Returns and Reintegration Programme. The response of those interviewed indicated that they were suspicious of anyone promoting voluntary return, and as a result, their understanding of their options was very limited.

The Refugee Council reported during in the research period that ‘pastoral’ visits were being made by Home Office officials to Appeal Rights Exhausted (ARE) families by the end of 2006 to promote voluntary return.

Refugee Action runs a Choices project in Leeds which helps people consider whether to return (see box below). Choices staff explained that lack of documentation can jeopardise attempts to help people consider their options. Mobility caused by homelessness makes it difficult for people to keep their paperwork safe.



## Choices

Choices is a project run by Refugee Action in Leeds, Leicester, Manchester and London. It offers impartial, confidential information, advice and support to refugees or asylum seekers considering whether to return to their country of origin or remain in the UK.

*“There are significantly fewer options than three years ago, especially with the lack of legal representation.”*

Aidan Hallett, Deputy Manager, Choices, Refugee Action

In 2006 the key nationalities seen by Choices in Leeds were Iraqi (40%), Iranian (20%), Afghan, Zimbabwean and Somali. In 2005, between 25% and 35% of Choices clients described themselves as destitute.

Making hard personal decisions and weighing up stark options is made extremely difficult in the context of destitution. Urgent concerns of homelessness and having food to eat leave little space for other considerations.

Refugee Action considers distance from those actually organising return vital for the credibility of the service and for engaging meaningfully with refugees.

*“If the decision-making system lacks credibility people will resist even a good refusal because they have no faith that the decision made was a good one.”*

Aidan Hallett, Deputy Manager, Choices, Refugee Action

The Refugee Action Choices project staff have noted an increasing pressure from the government over recent years to make return possible. Sekina Dario, Choices Advice and Information Worker, pointed out that even for those physically unable to travel the Home Office may argue that the International Organisation for Migration can arrange a medical escort.

*“Often voluntary return is not much of a choice. It is between bad and worse.”*

Aidan Hallett, Deputy Manager, Choices

## 5.4 Section 4 support

*“The government clearly knows that some people cannot be returned, but still they have to sign up for voluntary returns to get Section 4 support.”*

Advice worker, Refugee Council

In commenting on the question of destitution among those who are end of process, the Home Office officials we spoke to repeated that the option of Section 4 support is available to those who will sign for voluntary return and those temporarily unable to leave the UK for reasons beyond their control. Support is offered under Section 4 of the Nationality, Immigration and Asylum Act 1999 to single people (or families where members are over 18) under certain conditions. (Families with children under 18 continue to receive NASS support, see Section 2.3.1). This is known as ‘Section 4’ or ‘hard case’ support and provides basic accommodation and £35 a week in voucher support.

Section 4 support is offered to those meeting one of five criteria:

1. complying with an attempt to gain travel documents
2. physical impediment to travel (e.g. illness or late pregnancy)
3. no safe route for return

4. applying for a Judicial Review of an asylum decision
5. demonstration that removal would breach their human rights (e.g. if a fresh claim is launched)

For most refused asylum seekers the only way to access Section 4 support is to sign for voluntary return, which deters the majority from applying. Others apply but are refused support. Two reasons for the low take-up of Section 4 support stood out in our interviews with refused asylum seekers:

- feeling unable or unwilling to sign for voluntary return
- lack of awareness or poor understanding of Section 4 support

### 5.4.1 Applying for Section 4

Single people are evicted from the NASS property they occupied while their asylum claim was being processed, and are destitute while waiting to hear if an application for Section 4 support is approved.

One dispersal housing provider and two agencies reported long delays in applications for Section 4. Refugee Council advice workers said applications could take three to six weeks.

The Refugee Council might ask clients to return to check on their application if they do not hear anything in a few weeks. If they do not have (or if they lose) their mobile phone, there may be no other form of contact. If granted, Section 4 support must be arranged and taken up within 21 days. Thus, people may lose their support if the application is processed quickly and they do not learn of this within the time limit.

During the course of the research, agencies reported that processing times became much faster, some being completed within days. However, the variability of processing time and difficulties in communicating with the Home Office make it difficult for agencies to advise clients appropriately.



## Refugee Council One Stop Service

Refugee Council operates a regional advisory service contracted by the Home Office. Called the One Stop Service (OSS), it deals with queries on asylum support and assists with finding legal representation.

The OSS drop-in and advice line are open four days a week. Staff see around 80 clients at the drop-in and speak to around 40 clients on the phone each day.

Advice workers provide support on a wide range of issues, many of which put them into contact with people at risk of becoming destitute, or who have had their support removed.

Previously, housing workers may have assisted with Section 4 applications and support queries. New housing contracts that began in early 2006 have further restricted the support housing providers are required to give clients. Section 4 applications are now routinely referred to Refugee Council.

*“The hopelessness of destitution creates a difficult working environment. The assistance available from charities is a great help to frontline workers. It would be far worse if we had to say to desperate people ‘there is nothing for you’.”*

Charlotte Cooke, Regional Manager, Refugee Council

Survey period: 94 visits from 57 destitute men, women and children.

IND informed us that transition from NASS to Section 4 is an area they are working to improve. There are plans to bring the housing contracts for Section 4 in line with dispersal contracts, and to regionalise support. If administered well, this should improve the problem of people falling into destitution if they sign up for Section 4 on receipt of a negative decision.

### 5.4.2 Section 4 accommodation and vouchers

*“There are some problems with the housing, but I am very grateful for all the help I have been given.”*

*Refused asylum seeker (C)*

Section 4 is intended to be the lowest threshold of support: provision is minimal and very basic. Complaints heard by agencies

included poor (or no) heating or hot water, dirty carpets and bed sheets, mice, damp and lack of cooking utensils. Agencies also reported that it was often very difficult to communicate with Section 4 housing providers.

One of the refused asylum seekers interviewed for this research was receiving Section 4 support on medical grounds. She said she had not had difficulty buying what she needed with vouchers. The supermarket she chose gave her change, and this enabled her to get some food products from an international food shop that were not available at the supermarket. She had also successfully managed to buy toiletries and other products.

However, agencies and some individuals we spoke to reported problems with voucher support:

- the location of the big supermarkets for which vouchers are issued can be two to three miles from accommodation, yet bus fares cannot be purchased with vouchers
- two agencies had clients who said they were refused at the counter of a supermarket when attempting to buy first aid items and toiletries
- three people on Section 4 support (met at Leeds drop-ins) spoke of how they could change vouchers for cash at certain shops (exchange rates quoted by these individuals and supporting agencies were £35 in vouchers for either £25 or £29 cash)

For asylum seekers, the difference between NASS (Section 95) support and Section 4 support can be great. Section 4 accommodation may be worse, vouchers highly restrictive, and shared housing means living with strangers who may speak a different language. Transition from NASS to Section 4 support is often difficult, creating a period of homelessness while applications are processed, and generating an administrative burden for the Home Office and voluntary agencies. However, the difference in cost to the Home Office is negligible. Financial information for April to November 2005 estimated Section 95 support (including accommodation and subsistence) to be £141 a week, while Section 4 (including accommodation and vouchers) was estimated to be £129 a week.

In June 2006 Citizens Advice published a report demonstrating in detail the shortcomings of Section 4, including evidence of the difficulties caused by voucher support (Citizens Advice, 2006).

*"I've a man with polio who is on vouchers. He can't walk to Asda in Seacroft two and a half miles away. We have to help him with bus fares from our donations. What are you to do?"*

Christine Majid, Manager, PAFRAS

### 5.4.3 Refusal of Section 4

Some who are willing to sign up for Section 4 are refused it. Leeds agencies reported that a person may be refused Section 4 support on the basis they had managed to support themselves for a length of time, for example by staying with friends. The Refugee Council assists people appealing against refusal of Section 4 support. One advice worker at the Refugee Council pointed out that there is no obligation for asylum seekers and refugees to help those without support.

*"Just because someone has been receiving support it doesn't mean it will continue. Evidence helps in appealing. I would ask them to get a letter from their friend saying they will not support them any more."*

Advice worker, Refugee Council

There is a five day time limit on the right to appeal against a Section 4 refusal decision. Agencies said that those who are not well supported or do not have a good understanding of English may not understand they can appeal, or know how to. One case we were made aware of involved the refusal of Section 4 on the paradoxical rationale that the applicant, whose fresh claim on the basis of being stateless was accepted for consideration, could not comply with removal because travel documents could not be issued to a stateless person. The Asylum Support Appeals Project published a report in February 2007 which looked at the quality of the Section 4 decision-making process. ASAP found that 80% of Section 4 refusal letters contained a misapplication of the law or NASS' own policy (ASAP, 2007).

### 5.4.4 Section 4 and take up of voluntary return

The majority of those refused asylum do not take up Section 4 support. In 2005, 44,700 individuals were recorded as refused asylum seekers. There were 10,235 decisions to grant Section 4 (Home Office, 2005c).

At the end of September 2006, around 8,000 people were supported on Section 4, including 1,920 in Yorkshire and Humberside. The top nationalities housed in Section 4 accommodation in Yorkshire and Humberside at the end of September 2006 were Iraq (480), Iran (140) and Eritrea (110) (Home Office statistics provided to the Joseph Rowntree Inquiry on Destitution Among Refused Asylum Seekers).

For those who do agree to voluntary return there can be a long wait for travel arrangements to be made. It may be extremely difficult or impossible to arrange a safe route to certain countries. Afghanistan and Iraq were two such examples given in the research, where ongoing conflict is a significant issue.

At the time of the research, Refugee Action and the Refugee Council reported that a 'Section 4 review' exercise was being undertaken to check that those receiving support were making efforts to leave the country. There was a concern that people in fear of returning might leave their accommodation to avoid contact with officials, thereby becoming more isolated and vulnerable to destitution.

*"It's your responsibility to guarantee that nothing happens to me if you want me to go back. You give me guarantee, sign it, then I go. If you can't do that, give me permission to work."*

Refused asylum seeker (F)



## 6. Conclusions and solutions

This section summarises some of the main conclusions that can be drawn from the research. It also lists the solutions most commonly put forward by research participants.

### 6.1 Conclusions from the research

The evidence gathered for this research demonstrates that widespread destitution among asylum seekers cannot be denied. The 118 people counted by the survey provides a baseline figure. The real numbers of those surviving in the city without legal means of support are difficult to gauge precisely, but are likely to be much higher. As indicated by the survey, the largest group affected are refused asylum seekers. This section presents a number of further conclusions suggested by the research.

#### 6.1.1 Linking support to asylum claims creates destitution

Asylum support is dependent upon having an ongoing asylum claim. Support is not provided to those whose cases have been refused (who are appeal rights exhausted). As outlined in Section 2.1, the intimate link between support and asylum claims within tight deadlines can lead to unintentional destitution when support is removed as a result of administrative error.

Despite attempts to improve issues around the transition from Asylum Support to mainstream benefits or Section 4, this research found that the 28 and 21-day notice periods for those with positive or negative decisions respectively are not sufficient, making it

difficult for asylum seekers and the agencies supporting them to consider their options.

Home Office officials and the Refugee Council told us of plans to change housing provision in 2007 so that it should be possible for someone receiving a negative decision on their case who applies for Section 4 support to remain supported without being evicted while their application is processed. Changes to the existing system to avoid unnecessary 'administrative' destitution are clearly welcome. However, as discussed in Section 5.4, Section 4 support take-up is low in comparison to the numbers of people being refused and left without support. Improving the existing system does not address the underlying problems associated with linking asylum support to asylum claims.

Some of those we spoke to felt that it was not the intention of the government to cause widespread destitution. However, the prominence of immigration and asylum as possibly the most sensitive contemporary political issue may hamper constructive discussion of the problem. The majority of agencies we spoke to found the removal of legal means of support following a negative asylum determination intolerable and inhumane.

Four agencies felt that the problem of destitution might be improved if access to NASS support continued for a longer period, or until removal can be arranged. This was coupled with a view that as long as people are living in Leeds and cannot or will not return to their country of origin, to make them destitute leads a range of problems for refused asylum seekers, the communities around them, service providers and policy makers.

### 6.1.2 Destitution is not a deterrent, nor does it encourage return

As this research and other studies indicate, destitution does not encourage people to return to their country of origin, and is no deterrent to people claiming asylum in the UK. The linking of support to asylum claims is connected to a view that welfare could be a migration pull factor for those seeking to enter the UK through the asylum system with an economic motive. For this reason, Home Office officials interviewed for this research stressed the importance of linking support to asylum claims. They conveyed a sense that supporting those refused could be a fiscally and politically unpopular response.

However it is important to note that the idea of benefits being a magnet is contradicted by Home Office funded research into the decision-making of asylum seekers. These studies show that many people do not choose to come to the UK, as their destination is often chosen by smugglers (Robinson et al, 2002; Gilbert and Koser, 2006). Those who do choose come because they have family or friends here or other links, consider Britain safe and democratic, or speak English or want to learn it (Robinson et al, 2002). Those coming to the UK are unlikely to know about benefits or immigration systems (Gilbert and Koser, 2006).

Of the five refused asylum seekers we interviewed who spoke about their journey here, none arranged or planned to come to the UK – they found out their destination either on the day of travel or on arrival at a port.

### 6.1.3 Section 4 is not the answer to destitution

Refugee Council advice workers interviewed for this research expressed concern that there is a widespread view among asylum seekers that Section 4 means signing up for return. Some who may qualify for support under one of the other four conditions are likely to be deterred as a result. This perception leads some people to become destitute rather than face return. Furthermore, the finding by the

Asylum Support Appeals Project (ASAP) that 80% of refusals of Section 4 support are contrary to law or NASS' own rules demonstrates that people who are eligible for support are in fact being left destitute because of bad decision making (ASAP, 2007).

The problems with Section 4 support (outlined in Section 5.4 and echoed in other reports) show that it is not an adequate response to the issue of destitution among asylum seekers. The difficulties associated with Section 4 support have led to calls for its abolition. Refugee Action proposes that people remain in their Section 95 dispersal accommodation with cash support (Refugee Action, 2006).

### 6.1.4 Voluntary return cannot be the only option for refused asylum seekers

There was widespread awareness at all levels of statutory bodies, agencies, and among asylum seekers and refugees interviewed for this research that large numbers of people who have been refused asylum may not be able to return. Despite this, voluntary return is presently the only option for many refused asylum seekers. Regardless of whether return might be a possibility, it is practically very difficult to make contact with people who are living 'underground'. Where it is not possible to arrange removal for whatever reason, voluntary return cannot work as an answer to destitution.

### 6.1.5 Areas for future research

Understanding of how people without status survive in the UK and the exploitation they are exposed to is limited and merits more attention. Despite Home Office research contradicting the view that benefits attract asylum applicants, the tabloid notion of 'magnet Britain' persists. This environment makes the possibility of evidence-based policy to address asylum seeker destitution difficult.

More research into the choices faced by forced migrants at all stages of the migration process (from before departure to considering return) is needed to better understand any link between conditions in the UK and asylum applications.

Research into the strategies employed and dilemmas faced by refused asylum seekers could inform policy development to address destitution and voluntary returns.

In Leeds, analysis of existing data kept by agencies supporting destitute asylum seekers would provide a richer understanding of patterns of demand that could assist in the planning of services. It is recommended that the five key agencies consider repeating a month-long snapshot survey in the future.

### 6.1.6 Other conclusions

The destitution caused by asylum policy contradicts numerous other policies, including those aimed at reducing homelessness (ODPM, 2005); Every Child Matters (NCH, 2004); community cohesion and race relations (Temple and Moran, 2005); and social exclusion (Hills and Stewart, 2005).

This research evidences destitution among asylum seeker that agencies in the city have been struggling to deal with for several years. Frontline staff have endured years of hard work attempting to support people who have been made intentionally destitute by the government.

This research interviewed staff in refugee agencies and refused asylum seekers who were exasperated by the grave conditions of destitution. Each of the eight destitute asylum seekers interviewed broke down in tears at some point while recounting their experiences of hardship.

Staff in supporting agencies, refugee community organisations and refused asylum seekers spoke of being at breaking point. Charity in Leeds has been pushed to the limit, with reliance on friends, faith groups, and donations of food and cash to meet people's basic needs. Goodwill alone keeps people experiencing destitution alive in twenty-first century Leeds. The extreme poverty and life-threatening circumstances that refused asylum seekers have been pushed into could not contrast more starkly with the image of economic success Leeds promotes.

## 6.2 Solutions

*“It would be good if there was a more pragmatic approach: you're here, we can't send you back, so let's look at doing something else.”*

Rehan Majid, Client Support Worker, Health Access Team

We asked all of those who took part in interviews and focus groups what they would suggest as solutions to the problem of destitution among asylum seekers. This section summarises their responses.

### 6.2.1 Regularisation

The right to work was overwhelmingly the most favoured solution identified by asylum seekers, refugees and voluntary and statutory representatives. The desire of asylum seekers to work rather than claim benefits was made clear by destitute asylum seekers and RCO representatives interviewed in this research, and is noted elsewhere (Craig et al, 2004; Dwyer and Brown, 2005).

The RCO representatives we spoke to identified an 'amnesty' as perhaps the only solution for making contact with a hidden population. This was combined with a view that providing the right to work would relieve pressure on charitable organisations, enabling them to do other work. However, RCO representatives also recognised an 'amnesty' as a possibly complicated solution which may need to come with certain conditions. They felt that in the mean time much more should be done to enable support for those destitute.

Not all the destitute asylum seekers we interviewed could think about longer term aims, feeling their experience of destitution had destroyed their hope. However, a few did, and regularisation was the only solution they recommended. They demonstrated a high level of political awareness, recognising arguments that giving permission to work might be politically unpopular or could encourage immigration. They were also sensitive to objections to welfare provision for asylum seekers. The refused asylum seekers

who spoke about solutions had particular ideas for managing a regularisation programme, which are summarised below:

- provide short-term, temporary work permits
- offer limited leave to remain with no recourse to public funds
- review individual cases, providing humanitarian protection to those who cannot be safely returned
- any concessions could be granted quietly, case by case, to minimise risks of public backlash
- offer residency for those here five years or more
- leave to remain for families
- residency rights for children born in the UK

### 6.2.2 Basic needs

Staff we interviewed from agencies in Leeds had specific proposals for meeting basic needs. These included:

- **Shelter:** more and longer term accommodation; specialised shelter with hot food and showers, legislation 'to allow a roof over head'
- **Food:** hot food seven days a week at an asylum-friendly location
- **Health:** stop billing for healthcare, with childbirth a priority
- **Income:** increase hardship fund to help more people each week

Workers at the Health Access Team and the Refugee Council, and church representatives, suggested that volunteer advocates could support the work they already do with destitute asylum seekers. Volunteers could help guide people through complex systems, put them in touch with other agencies, and spend time engaging in conversation and social activities.

### 6.2.3 Support

The following suggestions were made:

- **Support:** don't remove NASS (Section 95) support, or at least enable people to stay on it while Section 4 application is processed
- **Standardise:** standardise local authority responses to No Recourse to Public Funds and Community Care; key workers could facilitate an interagency approach
- **Mental health:** improve provision of drop-in facilities and social activities

*"Where it is dangerous to send people back to their own country, then it is humane to keep them here for a temporary period. Philanthropic organisations should not be prevented from helping people who are desperate."*

Representative, Zimbabwe Educational Trust

### 6.2.4 Provision of information

For services and professionals:

- guidance from Leeds City Council about referral for Community Care support
- resources to enable information sharing about deciding eligibility for referrals to the Hardship Fund and Short Stop
- communication from IND about processing times for Section 4 and evictions
- improve information to GP surgeries

For asylum seekers:

- improvements made to information supplied to asylum seekers facing removal of support, to be made available in appropriate languages
- make interpreters more available

### 6.2.5 Review and change New Asylum Model

Refugee Council and Refugee Action Choices staff had particular suggestions for improving NAM as a result of their experiences of the Leeds pilot:

- **Asylum decision making:** improve country information; lower the standard of proof; reduce negative decisions
- **Process:** increase 10 day processing time to a minimum of 14 days; routinely allow extra time if evidence is needed; allow 28 days for appeal application
- **Voluntary returns:** should not be promoted before the first interview
- **Asylum support:** abolish Section 4, or allow support to continue until an application has been processed; speed up decisions on Section 4 and communicate regularly about processing times; regionalise management of Section 4
- **Training:** case owners should be given more guidance to enable them to respond to cultural difference, the possibility of interpreting problems and inadequate advice and confusion

### 6.2.6 Legal provision and decision making on asylum cases

Improving the decision-making process was also considered vital, including increased access to legal aid and adequate legal advice.

### 6.2.7 Education and public awareness

Agencies felt their work would be made easier overall were there greater public sympathy and understanding of the difficulties faced by asylum seekers generally, and especially by refused asylum seekers with no support who are unable to return to their country of origin.

*“The biggest problem [for refused asylum seekers] is not having any place in society, not having any future, just having an ongoing nightmare. The attitude of the government is ‘go away’. The agencies say ‘we’re exhausted’; wider society, it’s ‘who, what?’”*

Lydia Brown, Education and Employment Advisor, RETAS

# Appendix 1

## Commissioners and steering group

### The Commissioners

#### **Kate Adie OBE**

Kate Adie is a journalist and writer who has reported for the BBC from war zones around the world. More recently, she has published three books: an autobiography, an account of women and war and *Nobody's Child*, which explores the history of abandoned children and their treatment.

#### **Julian Baggini**

Julian Baggini is a writer and journalist. He is the author of several books including, most recently, *Welcome to Everytown: A Journey into the English Mind* (2007) and is co-founder and editor of *The Philosophers' Magazine*. He is also author of a book of thought experiments: *The Pig that Wants to be Eaten* (2005).

#### **Courtenay Griffiths QC**

Courtenay Griffiths is widely recognised as one of Britain's leading QCs. He specialises in all aspects of criminal justice, and has been involved in many high profile trials including the Damilola Taylor murder trial. He is Joint Head of Garden Court Chambers.

#### **Bill Kilgallon OBE**

Bill Kilgallon is Chief Executive of the Social Care Institute for Excellence. His experience includes working as Chief Executive of St Anne's Shelter and Housing Action, serving as a Leeds Councillor for 13 years, and being Chair of the Leeds Community and Mental Health NHS Trust and then the Leeds Teaching Hospitals NHS Trust.

#### **Sayeeda Warsi**

Sayeeda Warsi has a long standing interest in racial justice, and has served on the Joseph Rowntree Charitable Trust's Racial Justice Committee. She worked as a solicitor in West Yorkshire, specialising in immigration law. Since June 2005, she has worked full time as Vice Chairman of the Conservative Party with responsibility for cities.

## The steering group

David Brown	Service Development Worker, Refugee Council
Richard Byrne	Media Officer, Refugee Council
Peter Coltman	Trustee, Joseph Rowntree Charitable Trust
Peter Dwyer	Professor in Social Policy, Nottingham Trent University
Gill Gibbons	Manager, Leeds Asylum Seekers' Support Network
Maureen Grant	West Yorkshire Development Officer, Joseph Rowntree Charitable Trust
Alyas Karmani	Member, Racial Justice Committee, Joseph Rowntree Charitable Trust
Juliet Prager	Deputy Trust Secretary, Joseph Rowntree Charitable Trust
Martin Schweiger	Local Director, West Yorkshire Health Protection Unit/Consultant in Communicable Disease Control
Joseph Tawonezvi	Community member
Mani Thapa	Community Development Officer, Refugee Action
Liz Westmorland / Vicky Williams	Manager, Yorkshire and Humberside Consortium for Asylum Seekers and Refugees

## Appendix 2 Abbreviations

ARE	Appeal rights exhausted
HAT	The Health Access Team for Asylum Seekers and Refugees
IND	Immigration and Nationality Directorate
IOM	International Organisation for Migration
JRCT	Joseph Rowntree Charitable Trust
LASSN	Leeds Asylum Seekers' Support Network
NAM	New Asylum Model
RCO	Refugee community organisation
NASS	National Asylum Support Service. Note that NASS has changed its name to Asylum Support. This report uses the term NASS reflecting common usage.
NFA	No Fixed Abode health team
NICAS	Night Centre for Asylum Seekers
PAFRAS	Positive Action for Refugees and Asylum Seekers
RETAS	Refugee Education and Training Advisory Service
VARRP	Voluntary Assisted Return and Re-integration Programme

## Appendix 3 Definition of terms

**Asylum process:** When a person applies for asylum they have a first interview to state the grounds of their claim. If they get a negative decision they can appeal to the Immigration Appellate Authority and attend the appeal court some weeks or months later. If refused at appeal they have a right to appeal to the Immigration Appellate Tribunal ('tribunal').

**Asylum seeker:** the legal term for a person who has arrived in the UK and made a claim for asylum.

**Appeal Rights Exhausted (ARE):** ARE refers to asylum seekers who have come to the end of their claim and exhausted all of their appeal rights. Also known as end of process.

**Destitution:** describes lacking the means to meet basic needs of shelter, warmth, food, water, and health.

**Refugee:** is a person who has been given a positive decision on their asylum claim and has been granted a type of 'Leave to Remain' or 'Protection'.

**Refused:** Someone who has received a negative decision on their asylum case. Other terms include 'rejected', 'ineligible', 'unfounded' and 'failed asylum seeker'.

**Reporting:** Asylum applicants are required to report to IND at Waterside Court, West Leeds, while their application is considered. Some people report weekly, others monthly. Also known as 'signing.'

**Return:** A general term for return to a person's country of origin. Enforced return involves detention and removal undertaken by the Home Office. Voluntary return may be organised independently or through the International Organisation for Migration.

**Section 4 (Immigration and Asylum Act 1999):** Basic accommodation and voucher support available to refused asylum seekers meeting one of five criteria, the main one being agreement with voluntary return. Also known as 'hard case' support.

**Section 9 (Asylum and Immigration (Treatment of Claimants) Act 2004):** Section 9 gives the Home Office the right to terminate support to asylum seekers with dependent children unless they take active steps to return 'voluntarily'. Leeds was one of three places where Section 9 was piloted in 2005. Section 9 meant local authorities were prohibited from providing support to families, unless children were treated under the Children's Act 1989, separated from their parents, and taken into care.

**Section 95 (Immigration and Asylum Act 1999):** The provision of accommodation and weekly cash payments of around £40 per adult for asylum seekers who are destitute or likely to become destitute. Accommodation is offered on a 'no choice' basis in dispersal sites across the UK. This is often referred to as 'NASS support' and is withdrawn with 21 days notice when an applicant receives a final negative decision on their asylum claim.



# Appendix 4 Methodology

This report is based on research carried out between September and December 2006 combining: a survey of destitute clients visiting five agencies over four weeks; interviews with eight destitute asylum seekers; 23 interviews, two focus groups and a questionnaire with agencies; and participant observation.

Approaches to destitution can be usefully divided into causes and effects (ICAR, 2006). This research focused on effects. Other research has focused more on root causes, such as the Refugee Action report 'Destitution Trap', which considers the quality of decision-making (Refugee Action, 2006).

The focus of this study was the experience of destitution in Leeds, and responses of support agencies. This shaped the research questions and the choice of methods.

## 1. A four-week survey of destitute clients

In consultation with the Leeds Asylum and Destitution Steering Group (see Section 6.1.1), five agencies considered best placed to conduct the survey were approached. They were asked to survey each destitute client attending their services between 16 October – 12 November 2007.

The five agencies were East Leeds Health for All; the Health Access Team for Asylum Seekers and Refugees (HAT); Positive Action for Refugees and Asylum Seekers (PAFRAS); St Vincent Support Centre and the Refugee Council (One Stop Service, Leeds).

The survey design drew upon those used in Leicester and Glasgow outlined in the Refugee Action, Jackson and Scottish Refugee Council reports (see Appendix 7, Useful Publications) and the survey was developed in discussion with three of the agencies. It was then piloted at two of the agencies. The survey counted destitute people at all stages of the asylum process without statutory support. The survey did not include those in receipt of Section 4 support.

A repeat visit symbol card was used to avoid double counting, based on recommendations from Scottish and Leicester surveys. Data collectors showed the recognisable symbol to each person they surveyed, asking whether the person had been surveyed before. If the symbol was recognised, they asked where they had been surveyed. During analysis this data was cross-checked with date of birth and country of origin enabling a good level of reliability. The survey and explanation notes can be found in Appendix 4.

## 2. Interviews with eight destitute asylum seekers

To gain an in-depth insight, eight refused asylum seekers were interviewed: five men and three women. They came from eight countries (Cameroon, China, Democratic Republic of Congo, Eritrea, Iran, Liberia, Sudan, Uganda), and were aged between 18 and 38 years old. Three had been destitute for four years, two for two years, one for a year, one for seven months and another for six weeks.

To explore issues around Section 4 and Community Care support options, we included one person on each of these types of support at the time of the interview. We aimed to include a variety of experiences, including at least one person processed through the New Asylum Model. Some people referred were not interviewed, for example to ensure breadth of the sample, if consent seemed unclear, or because of doubts of assuring confidentiality.

Semi-structured interviews were carried out, beginning with the moment of losing support, and covering survival strategies, meeting basic needs, effects of destitution, and hopes or desires for the future. Interviewees were also asked whether they had considered Section 4 support or voluntary return, and whether they knew they were coming to the UK before they arrived.

### Consent

The researcher met face-to-face in advance of the interview with all but one interviewee. An information sheet was provided and discussed. Independence from government, voluntary participation, and the choice to not answer certain questions were emphasised.

Consent was confirmed verbally at the beginning of each interview, and checked at the end when interviewees were asked to sign a written consent form agreeing to anonymous quotation. A one-off payment of £15 was made to destitute interviewees at the end of the interview with no prior warning.

Undertaking research with people who by definition are experiencing great hardship raises multiple ethical and methodological challenges. For people whose asylum cases have been refused, discussing their predicament can itself be very unsettling. Those interviewed spoke of silence and forgetting as key survival tools. Where appropriate, interviewees were asked if they wished to be referred to a supporting agency for assistance with any issues that emerged in the interview.

### 3. Interviews with a wide range of agencies

A set of key questions were devised that formed the basic structure of interviews, focus group discussions, and the questionnaire. There were three central question topics: services provided; management and impact on other work, and challenges and ideas for solutions.

Detailed semi-structured interviews were conducted with managers of the five survey agencies. Group discussions focusing on the impact of destitution work on staff were conducted with frontline staff at the two larger agencies: the Refugee Council and the Health Access Team.

Four further refugee agencies and one voluntary agency provided data through interviews tailored to the services they provide, by email or at meetings. Two local authority representatives took part in interviews about asylum support and housing in Leeds, and children and families. The names of these agencies can be found in Section 1.2.1.

### Commissioner visits

Each of the five Destitution Inquiry Commissioners spent time in Leeds meeting agencies and individuals. These discussions also informed the research. A full list of those visited by the Commissioners is included in the Acknowledgements, Appendix 6.

### 4. Two focus groups: refugee community organisations and housing and homelessness agencies

The Leeds Refugee Forum was consulted on the inclusion of RCOs in the research. The 30 RCOs listed as Forum members were invited to a focus group. Six people came from organisations representing Sudan (2), Kurdistan (2), Iran and Zimbabwe.

In response to issues emerging from the research a focus group was also organised with six agencies involved in homelessness and housing provision in the city.

### **5. A questionnaire sent to churches and agencies**

A short questionnaire was devised to enable input into the inquiry and research from agencies that had not otherwise taken part. The questionnaire was circulated by email to Leeds churches and to around 200 representatives connected to the refugee sector through a multi-agency meeting list. Eight churches and three agencies responded (see Appendix 6, Acknowledgements).

### **6. Participant observation**

The researcher conducted a limited amount of participant observation at the Health Access Team and PAFRAS drop-ins. Participant observation can be described as involvement in the daily lives of research participants. This provided opportunities to build trust, establish access to interviewees, and raise awareness of the research among the wider destitute asylum seeker population. Data gathered in this way provided a good opportunity for triangulation of data gathered in interviews.

In addition, the researcher attended a number of meetings which provided opportunities to raise awareness of the Inquiry, to form links with relevant organisations, and gain further background information.

### **Analysis and checking**

The survey data was analysed using SPSS. Analysis of data from the three main sources (the quantitative survey, the interviews with refused asylum seekers and interviews with Leeds agencies) produced remarkable consistency in the issues considered of greatest concern. Experiences or insights that were distinctive or unusual were also noted. The core issues are reflected in the presentation of the material in the five sections of findings.

Draft text was reviewed by the steering group. Relevant sections were sent to agencies for checking prior to publication.

# Appendix 5

## Survey sheet and explanation notes

Please return to Hannah Lewis [address]

Please return to Hannah Lewis [address]

Joseph Rowntree Charitable Trust Survey of Destitute Asylum Seekers in Leeds October 16 – November 12

13. Outside Leeds?		1. No 2. Yes																		
12. NAM?		1. No 2. Yes 3. Unsure																		
11. Risk Assessment		1. Low 2. Moderate 3. High																		
10. Other support in survey period?		See coding list																		
9. Shelter last night?		See coding list																		
8. Length of destitution		See coding list																		
7. Reason for destitution		See coding list																		
6. Dependents		adults child Write number in																		
5. Gender		1. F 2. M																		
4. Country of Origin		Write in																		
3. Date of birth		dd/mm/yy																		
2a. If No: Where surveyed before?		9 or use coding list																		
2. First time surveyed?		1. No 2. Yes																		
1. Date of visit		dd/mm																		

Please write NUMBERS ONLY unless date or country of origin

## Explanation Notes

Joseph Rowntree Charitable Trust Destitution Survey  
16 October – 12 November 2006

<b>1. Date of visit</b>	Write the date the client visits your agency with a destitution problem. dd/mm
<b>2. 1st time surveyed?</b>	Using the repeat visit symbol ask the client if this is the first time that they have taken part in the survey. If 'no' please answer question 2a. 1. No 2. Yes
<b>2a. Where surveyed before</b>	If the client has already taken part in the survey, please ask them where they took part. If they took part at your agency indicate this with a '9'. Otherwise (Answer as many as appropriate) : 1. East Leeds Health for All; 2. Health Access Team; 3. Positive Action for Refugees; 4. St Vincent Support Centre; 5. Refugee Council
<b>3. Date of Birth</b>	Please enter the client's date of birth. dd/mm/yy
<b>4. Country</b>	Please write in the client's country of origin.
<b>5. Gender</b>	Please indicate the client's gender: 1. Female 2. Male
<b>6. Dependents</b>	Is the client responsible for any people other than themselves? Please indicate number of adults or children
<b>7. Reason for destitution</b>	<p>Why is the client destitute?</p> <ol style="list-style-type: none"> <li>1. End of process – not applied for Section 4 (unwilling, or don't meet criteria)</li> <li>2. End of process – waiting for Section 4 support to begin</li> <li>3. End of process – refused Section 4</li> <li>4. NASS administrative error – support stopped during asylum process</li> <li>5. Lost NASS support due to breach of conditions (e.g. absence, working illegally)</li> <li>6. Denied support under Section 55</li> <li>7. New arrival – not yet applied for NASS</li> <li>8. Positive decision (without housing)</li> </ol> <p>If the reason for destitution is not known by either the client or support worker, please record whether the client is:</p> <ol style="list-style-type: none"> <li>9. Awaiting an asylum decision</li> <li>10. End of process</li> <li>11. Status unknown</li> </ol>
<b>8. Length of period of destitution</b>	<p>How long is it since the client stop receiving support? (What is their present period of destitution) Answer one only:</p> <ol style="list-style-type: none"> <li>1. Less than 1 week</li> <li>2. 1 to 2 weeks</li> <li>3. 2 weeks to 1 month</li> <li>4. 1 to 3 months</li> <li>5. 3 to 6 months</li> <li>6. 6 months to one year</li> <li>7. 1 to 2 years</li> <li>8. Longer than 2 years</li> </ol>
<b>9. Where did the client sleep last night</b>	<p>If the client is willing to give this information, please note where they slept last night. Answer one only:</p> <ol style="list-style-type: none"> <li>1. In own NASS accommodation</li> <li>2. With family or friends</li> <li>3. Outdoors (e.g. on street, park, in doorway)</li> <li>4. Bus station or other public building</li> <li>5. Homeless shelter</li> <li>6. Accommodation provided by church, mosque or other faith group</li> <li>7. Short Stop</li> <li>8. Other</li> <li>9. No response</li> </ol>

<b>10. Other support in survey period?</b>	<p>Please note any other organisation the client has seen for assistance during the monitoring period. Answer as many appropriate:</p> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Crypt (after 6 pm)</li> <li>3. Friends or Family</li> <li>4. GP (General Practitioner)</li> <li>5. Health Access Team</li> <li>6. No Fixed Abode Team (homeless health team)</li> <li>7. Refugee Community Organisation</li> <li>8. PAFRAS (Positive Action for Refugees and Asylum Seekers)</li> <li>9. Short Stop</li> <li>10. Refugee Council One Stop Service (advice)</li> <li>11. Refugee Council Hardship Fund</li> <li>12. LASSN Befriending</li> <li>13. LASSN Hardship Fund (St Vincent Support Centre)</li> <li>14. St Vincent Support Centre (drop-in)</li> <li>15. Church, Mosque or other faith group</li> <li>16. Organisation outside Leeds</li> </ol>
<b>11. Risk assessment</b>	<p>Based on your contact with the client during this visit, please assess the level of 'risk' caused by their destitution (Answer one only):</p> <ol style="list-style-type: none"> <li>1. Low level of risk: receiving some support, has somewhere to stay</li> <li>2. Moderate risk: receiving some support, but destitution is having an obvious effect on their well-being</li> <li>3. High level of risk: no support mechanisms, poor health and personal circumstances, probably sleeping rough</li> </ol>
<b>12. NAM?</b>	<p>If known, please indicate if the client was processed through the New Asylum Model. 1. No 2. Yes 3. Unsure</p>
<b>13. Outside Leeds?</b>	<p>Please indicate if the client has previously or usually stays outside Leeds. 1. No 2. Yes</p>

**Definition of destitute:** Anyone without statutory support, not on Section 4. (Where a family member shares limited support, any family where each person is not supported to subsistence level).

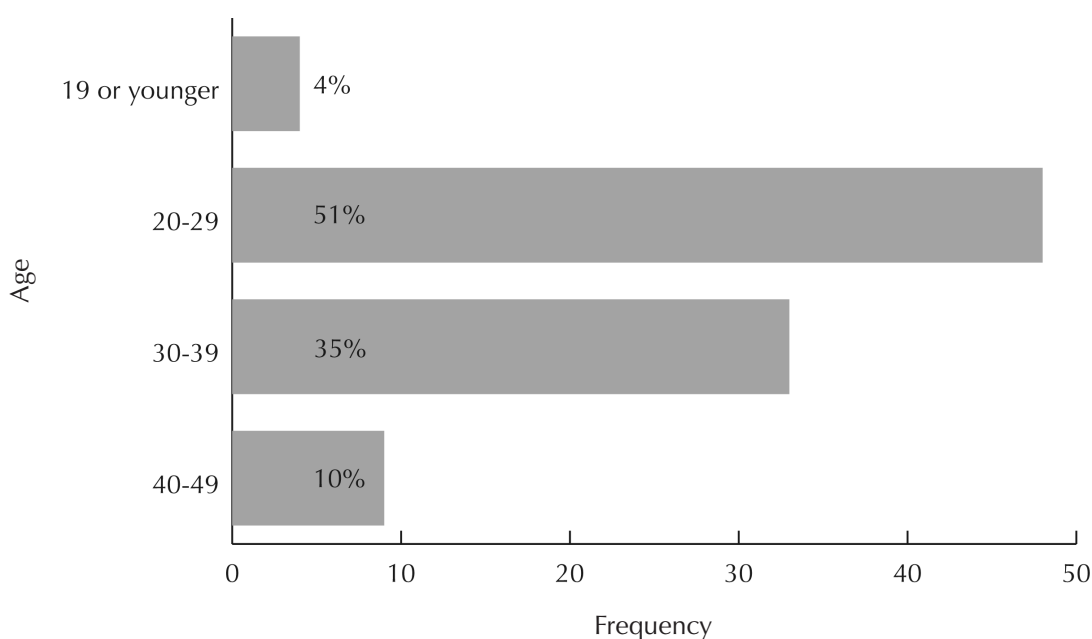
# Appendix 6

## Summary of survey findings

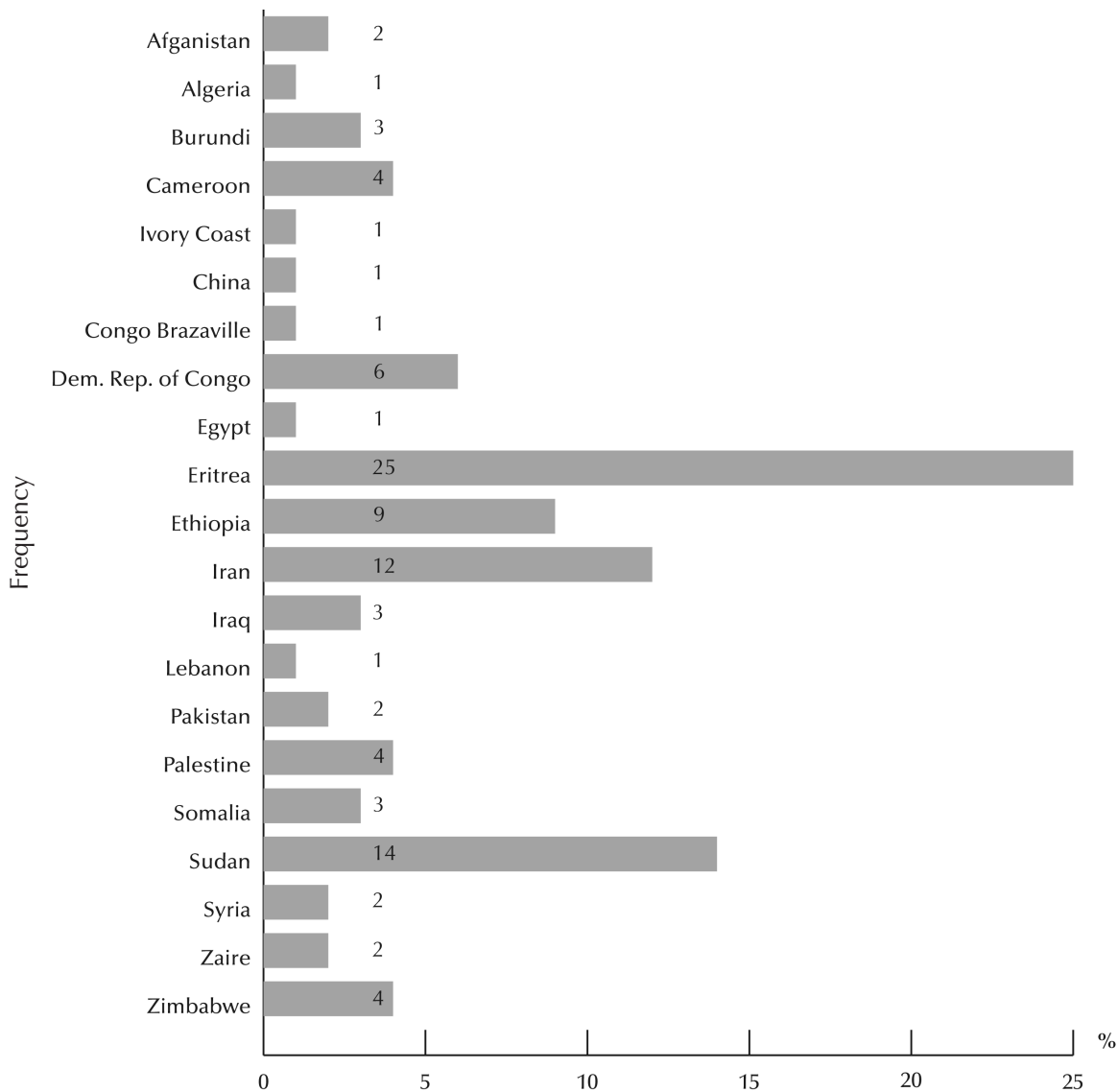
Five key agencies were asked to survey each destitute client attending their service over a four-week period between 16 October and 12 November 2006.

The agencies that undertook the survey were East Leeds Health for All; the Health Access Team (HAT); Positive Action for Refugees and Asylum Seekers (PAFRAS); St Vincent Support Centre and the Refugee Council (One Stop Service, Leeds).

1. There were **251 visits** made to the five participating agencies. These visits were made by **101 individuals**.
2. 20% were female, 80% male.
3. Five destitute asylum seekers were recorded as having one adult dependent; eight had child dependents. A total of **12 child dependents** were recorded.
4. Therefore the survey counted a total of **118 destitute asylum seekers and refugees**. This included **eight families** with children under the age of 18.
5. **Age profile** (based on first time surveyed n=101)



## 6. Country of origin (based on first visit n=101)



## 7. Status: Reason for destitution (based on first visit n=101)

53% End of process – not applied for Section 4 (unwilling or don't meet criteria)

19% End of process – waiting for Section 4 support to begin

9% End of process – refused Section 4

3% End of process

5% Refugee: end of process – positive decision

3% In asylum process – NASS administrative error

2% In asylum process – reason for destitution unknown

1% In asylum process – breach of conditions (support terminated)

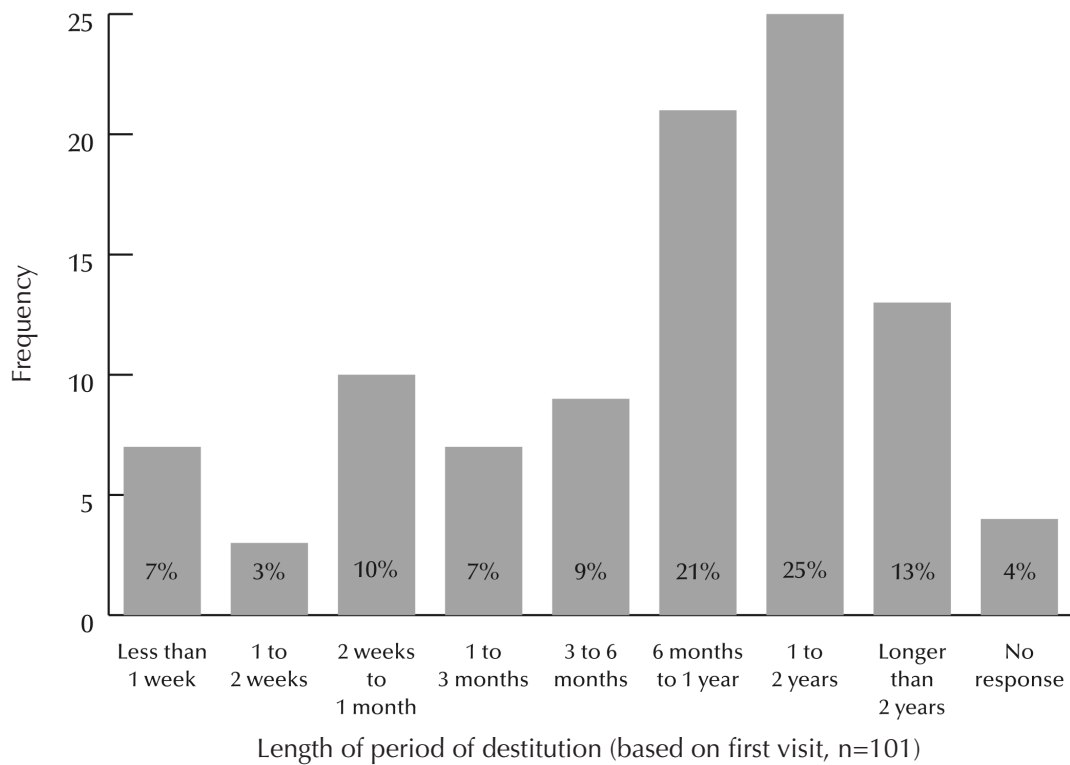
3% No response

2% Unknown status

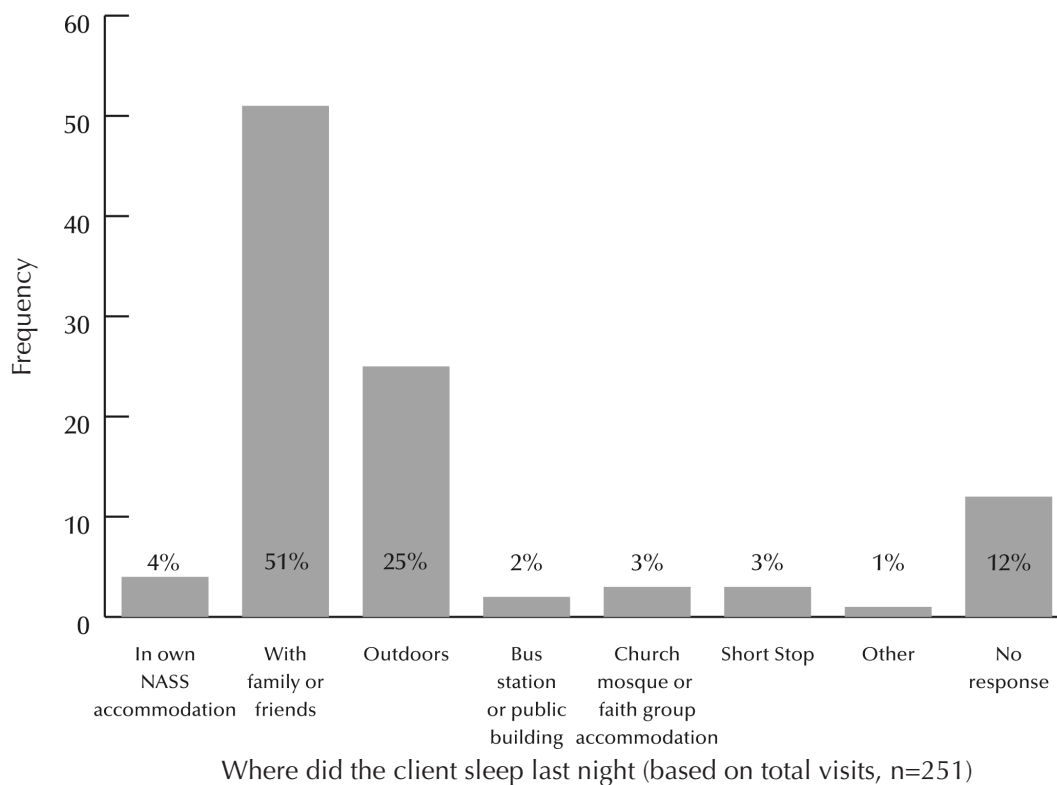
5 individuals had been processed through NAM



### 8. Period of destitution (based on first visit n=101)



### 9. Where client slept last night (based on total visits n=251)



The survey recorded **68 instances of people rough sleeping**, 27% of the total visits recorded, representing 29 individuals, including 3 women.

**10. Assessment of level of risk caused by destitution (n=101)**

Low risk, 17%	receiving some support
Moderate risk, 43%	receiving some support, but destitution having an obvious effect on well-being
High risk, 38%	no support mechanisms, poor health and personal circumstances, probably sleeping rough

**11. Number of visits to each agency (n= 251)**

Agency visited	Number of visits in survey period	Percentage of total visits	Individuals surveyed at first visit
East Leeds Health for All	11	4%	4
Health Access Team	35	14%	16
PAFRAS	136	54%	42
St Vincent Support Centre	40	16%	13
Refugee Council	29	12%	26
<b>Total</b>	<b>251</b>	<b>100%</b>	<b>101</b>

# Appendix 7 Acknowledgements

Our thanks go to all those who helped, including:

Eight anonymous refused asylum seeker interviewees, and other anonymous asylum seekers and refugees who helped with the research. (Names of RCO representatives remain anonymous on request.)

## Research interviews and meetings

### Agencies

All Saints Church

Aspire, Leeds Early Intervention in Psychosis Service (Joan Higgins)

Bridge St Pentecostal Church

British Red Cross (Rachel Souter)

Children's Asylum and Refugee Team, Social Services Department (Anne James)

Comboni Missionaries

East Leeds Health For All (Sue Balcomb, Wendy Bartlett)

Health Access Team (Alison Raynor, Javier Abad, Jo Newell, Marie Uwitonze, Rehan Majid, Tara Omer, Rhona Cameron, Patience Wright, Ceri Hamer)

Hiwa Development Organisation

Leeds Asylum Seekers' Support Network (Gill Gibbons, Cherry Lander, Kirsty Lambert, Pauline Cooke)

Kidz Klub Leeds

Leeds Church Action on Poverty (Margaret Halsey)

Leeds Kurdish Community Association

Leeds Persian Organisation

Leeds Reformed Baptist Church

Leeds Sudanese Community Association

No Fixed Abode health team (Debbie Roe)

Nuba Mountains Welfare Association

Positive Action for Refugees and Asylum Seekers (Christine Majid, Marta Bulnes Diez, Dave Brown, volunteers)

Refugee Council (Dinah Beckett, Charlotte Cooke, Nazar Hadi, Harjit Sandal, Jill Hall, Hazel Williams, Fabrizio Macor, Carolina Albuerno, Eldina Huskic, Marcella Celli, Richard Orton, Khami Miraf)

Refugee Education and Training Advisory Service (Duncan Wells, Lydia Brown, Jessica Parker, Noma Moyo)

Refugee Action Leicester (Amanda Sorraghan)

Refugee and Asylum Service, Leeds City Council (Sharon Hague)

Shelter (Alex Mullett, Sharon Oakley)

Scottish Refugee Council (Gary Christie, Mhoraig Green)

The Simon Community (David Robertshaw)

Social Services Department (Sibi Hanif)

Solace – surviving exile and persecution (Andrew Hawkins)  
South Parade Baptist Church  
Street Outreach Team (John Rossington)  
St Augustine’s Church  
St George’s Crypt (Gary Stott)  
St Phillip’s Church  
St Vincent Support Centre (Charlotte Walton, Pauline Lomas, Lucy Insam)  
Welcome to Leeds  
Yorkshire and Humberside Consortia for Refugees and Asylum Seekers (Liz Westmoreland)  
Zimbabwe Educational Trust

### Groups

Meetings: Leeds Destitution and Asylum Steering Group; Leeds Multi Agency Meeting; ecumenical meeting on asylum (Kathryn Fitzsimons, Shelagh Fawcett, Rt Rev John Packer and others; Leeds Refugee Forum (the collective voice of refugees and refugee community organisations).

### Other

Kerry Bennett, Research Officer, Immigration Research and Statistics Service, Immigration and Nationality Directorate  
Wendy Collins, Chair of Leeds Asylum and Destitution Steering Group  
Nadine Finch QC, Garden Court Chambers  
Nick Scott Flynn, consultant  
Martin Lewis

### Commissioner visits

Anonymous asylum seekers  
Inspector Graeme Archer, West Yorkshire Police  
Wendy Bartlett, Volunteer Development Worker, East Leeds Health for All  
John Battle MP, Leeds West  
Catherine Beaumont, Chair, Manuel Bravo Project  
Dinah Beckett, Deputy Manager, Induction Centre Team, Refugee Council  
Dave Brown, Chair, Positive Action for Refugees and Asylum Seekers  
Sandy Buchan, Chief Executive, Refugee Action  
Ruth Bunday, partner, Harrison Bunday Solicitors  
Simon Cahill, Team Leader, New Asylum Model Team, Immigration and Nationality Directorate  
Charlotte Cooke, Regional Manager, Refugee Council  
Pauline Cooke, Befriending Co-ordinator, Leeds Asylum Seekers’ Support Network  
Sekina Dario, Advice and Information Worker Choices, Refugee Action  
Alice Downes, Registrar, Leeds General Infirmary A & E  
Professor Peter Dwyer, Professor of Social Policy, Nottingham Trent University  
Bridget Emery, Leeds Supporting People Accountable Officer, Leeds City Council  
Neil Evans, Director, Neighbourhoods and Housing Department, Leeds City Council  
Olvia Fellas, Manager, No Recourse to Public Funds Team, Islington Council

Nadine Finch, barrister, Garden Court Chambers and part-time Immigration Judge  
 Dr Chris Forde, Senior Lecturer, Leeds University Business School  
 Yvonne Galley, Assistant Care Centre Manager, St George's Crypt  
 Mark Gamsu, Associate Director of Public Health, Government Offices Yorkshire and the Humber  
 Dave Garrett, Deputy Director Asylum Advice, Refugee Action  
 Gill Gibbons, Manager, Leeds Asylum Seekers' Support Network  
 Professor Alan Gilbert, Head of Geography, University College London  
 Sharon Hague, Manager, Refugee and Asylum Service, Leeds City Council  
 Aiden Hallett, Deputy Manager Choices, Refugee Action  
 Fabian Hamilton MP, Leeds North East  
 Jeremy Harding, journalist  
 Councillor Roger Harrington, Leeds City Council  
 Councillor Mark Harris, Leader of Leeds City Council  
 Taj Hassan, Consultant in Emergency Medicine, Leeds General Infirmary  
 Ailsa Holland, Assistant Director, LankellyChase Foundation  
 Chris Hudson, Regional Director, North East, Yorkshire and the Humber, Immigration and Nationality Directorate  
 Superintendent Richard Jackson, Chief Community Safety Officer, West Yorkshire Police  
 Anne James, Head of Child Services, Refugee and Asylum Service, Leeds City Council  
 Cherry Lander, Befriending Co-ordinator, Leeds Asylum Seekers' Support Network  
 Pauline Lomas, Hardship Fund Administrator, St Vincent Support Centre  
 Dr Robert MacKenzie, Senior Lecturer, Leeds University Business School  
 Christine Majid, Manager, Positive Action for Refugees and Asylum Seekers  
 Rehan Majid, Client Support Worker, Health Access Team  
 Sarah McCormack, Human Resources Manager, Northern Foods  
 Anne McKillop, Assistant Director Asylum, North East, Yorkshire and the Humber, Immigration and Nationality Directorate  
 George McPadden, Head of Asylum, North East, Yorkshire and the Humber, Immigration and Nationality Directorate  
 Robina Mir, Manager, East Leeds Health for All  
 George Mudie MP, Leeds East  
 Greg Mulholland MP, Leeds North West  
 Lisa Nandy, Policy Advisor, Children's Society and Chair of Refugee Children's Consortium  
 Maya Narabi, Consultant at Leeds General Infirmary A & E  
 Dr Jo Newell, GP, Health Access Team  
 Dave Norman, Head, Community Cohesion and Faith, Government Offices Yorkshire and the Humber  
 Rt Revd John Packer, Bishop of Ripon and Leeds  
 Norman Pickavance, Corporate Services Director, Northern Foods  
 Glynn Rankin, Head of Legal Services, UK Human Trafficking Centre  
 Alison Raynor, Senior Community Nurse, Health Access Team  
 Dr Martin Schweiger, Director of Communicable Diseases, Health Protection Agency

Matthew Sharp, Recruitment Manager, Independent RPO  
Adrian Smith, Head of Refugee and Asylum Services, Islington Council  
Gary Stott, Manager, St George's Crypt  
Councillor Alan Taylor, Leeds City Council  
Marie Uwitonze, Client Support Worker, Health Access Team  
Frances Webber, barrister, Garden Court Chambers  
Charlotte Walton, Centre Manager, St Vincent Support Centre  
Alex Warren, Manager, Refugee Legal Centre  
Liz Westmorland, Manager, Yorkshire and Humberside Consortium for Asylum Seekers and Refugees  
Sue Willman, solicitor, Pearce Glynn Solicitors

### **Group sessions:**

ippr seminar on communicating asylum  
Leeds Destitution and Asylum Steering Group  
Leeds and District Amalgamated Society of Anglers Club  
Members of the asylum and refugee ecumenical meeting, Leeds  
Members of squat  
Shoukeeta Women's Group  
Student nurses, School of Healthcare, Leeds University  
Students, Notre Dame Sixth Form College, Leeds  
Social work and nursing lecturers, Leeds University  
Teachers, Notre Dame Sixth Form College, Leeds

### **Other visits:**

In addition to the above, the Inquiry Co-ordinator met a number of agencies for background briefings. These included meetings with:

Amnesty International; Asylum Aid; British Red Cross; Church Action on Poverty; Citizens Advice; European Council for Refugees and Exiles; Garden Court Chambers; Independent Asylum Commission; ippr; Joint Council for the Welfare of Immigrants; Nick Scott Flynn (consultant); Northern Foods; Refugee Action; Refugee Council; Still Human, Still Here Campaign; Trades Union Congress; Yorkshire and Humberside Consortium for Asylum Seekers and Refugees.

## Appendix 8 Useful publications

Key material used in the preparation of this report is listed here. A broader range of publications were consulted in the planning of the research. A more comprehensive list of publications on destitution can be found in the Refugee Action 'Destitution Trap' full research report.

- Amnesty International UK 2006 *Down and out in London: the road to destitution for rejected asylum seekers*. London: Amnesty International UK
- ASAP 2007 *Failing the failed? How NASS decision making is letting down destitute rejected asylum seekers*. Asylum Support Appeals Project.  
[http://www.asaproject.org.uk/news/ASAP\\_Feb07\\_FailingtheFailed.pdf](http://www.asaproject.org.uk/news/ASAP_Feb07_FailingtheFailed.pdf)
- BID 2007 *Bail for Immigration Detainees submission to the JRCT Inquiry into destitution among failed asylum seekers*
- Brown, D. (ed.) 2005 *Destitution of asylum seekers in Leeds: a report of the Leeds Destitution Steering Group*, January 2005
- Cartledge, K. 2006 *A service user evaluation of the services offered by the Health Access Team. Leeds Medical School*. Accessed at: <http://www.networks.nhs.uk/news.php?nid=1226> on 01.02.07
- Cheedella, K. 2006 *Barriers for failed asylum seekers to accessing NHS services, and the consequences of destitution: a study in Leeds, United Kingdom*. International Health BSc dissertation, University of Leeds
- Citizens Advice 2006 *Shaming destitution: NASS section 4 support for failed asylum seekers who are temporarily unable to leave the UK*, June 2006  
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- Craig, G., Dawson, A., Kilkey, M., and Martin, G. 2005 *A safe place to be? The quality of life of asylum-seekers in Sheffield and Wakefield*, Hull: The University of Hull
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- Dwyer, P. and Brown, D. 2005 Meeting basic needs? Forced migrants and welfare, *Social Policy and Society* 4(4): 369-380
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- Gibney, M. J. (2001) *Outside the protection of the law: the situation of irregular migrants in Europe*. Oxford: Refugee Studies Centre/Jesuit Refugee Services
- Goodwin, E., Newell, J. and Raynor, A. 2006 *A report by Leeds Health Access Team detailing the health impacts of destitution amongst 'failed' asylum seekers in Leeds*, March 2006. Leeds North East Primary Care Trust Health Access Team for Asylum Seekers and Refugees
- Green, M. 2006 *They think we are nothing: a survey of destitute asylum seekers and refugees in Scotland*. Scottish Refugee Council
- Hills, J. and Stewart, K. 2005 *Policies towards poverty, inequality and exclusion since 1997: findings*. York: Joseph Rowntree Foundation
- Home Office 2005a *Policy Bulletin 71: Section 4 of the Immigration and Asylum Act 1999*, 31 March 2005. <http://www.ind.homeoffice.gov.uk/6353/12358/pb71.pdf>

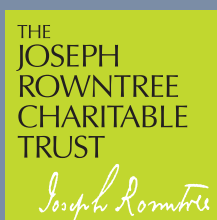
- Home Office 2005b *Controlling our borders: making migration work for Britain. Five year strategy for asylum and immigration*. London: Home Office
- Home Office 2005c *Asylum Statistics 2005. Home Office Statistical Bulletin*. London: Home Office
- ICAR, 2006 *Destitution amongst refugees and asylum seekers in the UK*, ICAR Briefing May 2006. Accessed at: [www.icar.org.uk](http://www.icar.org.uk) on 12.09.06
- Islington Council, 2006 *Destitute people from abroad with No Recourse to Public Funds: a survey of local authorities*. Islington Council
- Jackson, G. and Dube, D. 2006 "What am I living for?" *Living on the streets of Leicester: a report on destitute asylum seekers and refugees*. Leicester Refugee and Asylum Seekers' Voluntary Sector Forum
- Kelley, N. and Meldgaard, L. 2005 *The end of the road: the impact on families of section 9 of the Asylum and Immigration (Treatment of Claimants) Act 2004*. Summary report. Barnardos  
[http://www.barnardos.org.uk/the\\_end\\_of\\_the\\_road\\_asylum\\_report\\_summary.pdf](http://www.barnardos.org.uk/the_end_of_the_road_asylum_report_summary.pdf)
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- Refugee Action 2005 *A report of destitution in the asylum system in Leicester*. Leicester Refugee and Asylum Seekers' Voluntary Sector Forum
- Refugee Action 2006a *The destitution trap*. Refugee Action
- Refugee Action 2006b *Briefing on destitution of families and children*, November 2006
- Refugee Council 2006 *First do no harm: denying healthcare to people whose asylum claims have failed*. London: Refugee Council
- Temple, B. and Moran, R. et al 2005 *Learning to live together: developing communities with dispersed refugee people seeking asylum*. York: Joseph Rowntree Foundation
- Wilson, R. 2001 *Dispersed: a study of services for asylum seekers in West Yorkshire*. York: Joseph Rowntree Charitable Trust
- Woodcock, B. 2006 *I came here for safety: the reality of detention and destitution for asylum seekers*. Coventry: Coventry Peace House





*“The findings of this research are sombre and thought-provoking, and should challenge all of us who are concerned to foster a society that is compassionate, just and humane.”*

Marion McNaughton  
Chair, Joseph Rowntree Charitable Trust



Joseph Rowntree Charitable Trust  
The Garden House  
Water End  
York  
YO30 6WQ

Tel: 01904 627810  
[www.jrct.org.uk](http://www.jrct.org.uk)