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Still destitute

A worsening problem for
refused asylum seekers

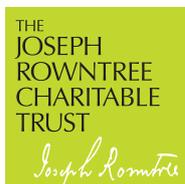
by Hannah Lewis

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A worsening problem for refused asylum seekers

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Foreword

In 2007, the Joseph Rowntree Charitable Trust published 'Moving on: from Destitution to Contribution', the report of an independent commission of inquiry, chaired by Kate Adie, which investigated the destitution of refused asylum seekers in Leeds and made a series of recommendations for its alleviation. The government failed to implement these; as a result, when we repeated the survey in 2008 (More Destitution in Leeds), we found that the situation had worsened. The findings also refuted the government's claim that no asylum seekers need be destitute. Substantial numbers were destitute because of inadequate administration.

It is no pleasure to publish this, the third survey, in which we report that there has been no improvement and that the voluntary agencies who deal with destitute asylum seekers struggle to meet their needs and are close to breaking point. Substantial numbers are sleeping rough and have been doing so for over two years and there are still destitute children - despite the government's statutory duty to support them.

While there appears to be some reduction in destitution among asylum seekers whose applications are being processed, there is no reduction in the numbers of those made destitute after applying for Section 4, despite claims last year by the government that this issue would be dealt with.

Politicians seem to think that the electorate wants asylum seekers to be treated harshly. But Julian Baggini, one of the JRCT commissioners, has shown that this is untrue, not just for the general public but also for political activists, whether of the left or right. People believe that asylum seekers should be treated with dignity and justice and – crucially – allowed to contribute to the UK by supporting themselves while they are here.

In 2007, Kate Adie wrote, 'Destitution is shaming. Both for the individual and for the society that tolerates it... Absolutely no one gains from the present state of affairs. Neither government, community, tax payer nor refused asylum seeker'.

Why is this shame still with us?

Peter Coltman

Trustee, The Joseph Rowntree Charitable Trust

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Summary

Concerned by the continuing problem of the destitution among refused asylum seekers, the Joseph Rowntree Charitable Trust (JRCT) commissioned a third survey of destitution in Leeds. It was first undertaken in 2006 as part of research to inform the JRCT Inquiry into Destitution Among Refused Asylum Seekers, and was repeated in 2008.

The survey again shows high levels of destitution and, in particular, that many people have been left in this dire situation for prolonged periods. The survey recorded each visit of destitute clients during a four week period in April-May 2009 to four of the five supporting agencies that took part in the previous two surveys.

The research found:

High levels of destitution

- 273 destitute clients were recorded – 232 individuals with 11 adult dependents and 30 children
- destitution still happens at all stages of the asylum process: 80% were refused asylum seekers; 12% were asylum seekers; 5% were refugees; 3% had unknown status
- administrative delays worsen destitution: 33% were destitute while waiting for Section 4 to begin, an increase from 27% in 2008
- a total of 515 visits were made during four weeks, an increase from 477 visits to the same four agencies in 2008

The system is not working

- 60 individuals had their asylum claims processed through the New Asylum Model, an increase from 45 in 2008 – the number of people being made newly destitute is increasing; it is not just a 'legacy' problem
- entitlement to apply for support does not mean entitlement to receive support – of the individuals surveyed, 32 were unable or unwilling to apply for Section 4 support and 13 had been refused section 4 support

Families and children are destitute

- 21 families with 30 dependents were counted, including 6 destitute for one to two years and 5 who had been destitute for two years or more

Destitution is serious and prolonged

- 85 instances of rough sleeping were recorded, an increase from 75 recorded in 2008 – this suggests it is becoming more likely that destitute people are being forced into street homelessness
- 37 individuals including 9 women slept outdoors or in a public building
- 100 individuals had been destitute for one year or more: prolonged periods of destitution cause worsening health and mental health problems

Destitution is linked to country of origin

- two thirds of those surveyed came from just four countries: Zimbabwe (21%), Iran (18%), Eritrea (16%) and Iraq (9%)
- people from countries with ongoing unrest that makes it dangerous or difficult to arrange return are most likely to be destitute; many for long periods

Charitable provision is at breaking point

- voluntary, charity and faith resources to support destitute people are pushed to the limit - restricted resources have forced two projects to stop temporarily
- incidents of aggression and violence caused by increasing levels of desperation from prolonged and worsening destitution have become increasingly commonplace for frontline staff

Recommendations

The original recommendations of the JRCT destitution inquiry remain pertinent and relevant (Adie et al., 2007). Had they been implemented, we would not be reporting on a worsening situation of destitution now.

Principles

- End the destitution of asylum seekers and refugees at all stages of the asylum process.
- Systems should be put in place to ensure no child or their parents are left destitute.
- Give asylum seekers at all stages the right to work so they can contribute to the UK and provide for themselves.
- Overhaul the whole system. Efforts to improve the existing system have not worked.
- Create an independent arms-length body to make asylum decisions.
- For those who cannot work, provide an end-to-end support system until they can be safely removed.
- Ensure asylum seekers at all stages of the process are eligible for and can access primary and secondary health care.
- Ensure access to proper legal representation at all stages of the asylum process

Practice

- Grant temporary leave to remain to people who cannot return to their country of origin through no fault of their own.
- Abolish Section 4 support. Make continuation of support automatic on refusal of an asylum claim until the individual leaves the UK.
- The local authority and refugee supporting agencies should share information and practice to safeguard families and children from destitution.
- Improve liaison between detention facilities and housing providers or refugee agencies in dispersal sites when granting bail.
- Allow religious, social networks and family connections to be recognised as meaningful connections for refugees in need of housing.

1 Introduction

This is a report of findings from the 2009 destitution survey in Leeds

The survey was first undertaken in 2006 as part of research to inform the Joseph Rowntree Charitable Trust (JRCT) Inquiry into Destitution Among Refused Asylum Seekers (Adie et al., 2007; Lewis, 2007). Destitution has remained a serious problem. To explore any changes in numbers and patterns of destitution, the survey was repeated in 2008 (Brown, 2008) and again in 2009. The research is funded as part of the JRCT Racial Justice programme.

When their asylum claim is refused, asylum seekers without children have their asylum support removed. Asylum seekers can also be left without support during their case, and refugees who have recently received a positive decision may be left homeless when they move on from asylum support. Most of those destitute are refused asylum seekers, many of whom cannot return to their country of origin due to ongoing conditions of conflict, violence or human rights abuses that make return unsafe or create difficulties in arranging travel.

It is intended that this third report on destitution among asylum seekers in Leeds will both underline their continuing needs and provide data for those who seek to change government policy.

This report presents key data about clients approaching agencies for support. For more information about the causes of destitution in the asylum system and the challenges that destitute individuals face, see the past reports by JRCT, or refer to the resources listed in Chapter 10, Useful Publications.

Asylum seeker is the policy term for a person who has made a claim for asylum in the UK.

Refugee is the term given to people who have been given a positive decision on their asylum claim or have been granted a type of 'Leave to Remain'.

Refused asylum seeker is the term for a person whose claim for asylum has been refused. Asylum support is removed 21 days after a negative asylum decision.

Destitution is the lack of means to meet basic needs of shelter, warmth, food, water and health.

1.1 The Leeds destitution research in 2009

The survey recorded visits to agencies offering support to destitute refused asylum seekers over the four week period 20 April to 17 May 2009 in Leeds. In 2009 four agencies took part: East Leeds Health for All, the Health Access Team for Asylum Seekers and Refugees, Positive Action for Refugees and the Refugee Council One Stop Service. St Vincent Support Centre was part of the previous 2006 and 2008 surveys, but did not take part due to temporary closure of the Hardship Fund which it had administered (see Section 6.3).

Front line workers at the agencies completed the survey with each destitute client, following discussion of informed consent. Anyone homeless without statutory support was included. The survey did not include those in receipt of Section 4 support. A few changes were made to the survey used in 2008 following consultation with participating agencies to record those who had not yet applied for Section 95 and cases seen as particularly vulnerable (see Appendix 2, Methodology).

The research included interviews with key representatives of voluntary, statutory and refugee community organisations (RCOs) to contextualise the survey findings with data on service provision and perceived patterns of destitution over the past 12 months. The people who took part in interviews or helped with the research are listed in Appendix 1, Acknowledgements.

Many destitute individuals are supported by friends and acquaintances and so remain hidden from agencies. The survey data provides a definite minimum of the number of destitute asylum seekers and refugees in Leeds but the actual number is likely to be higher.

Agencies participating in the survey

East Leeds Health for All provides two drop in services per week aimed at asylum seekers, among a wide range of community development activities for a generic client group.

The Health Access Team for Asylum Seekers and Refugees (HAT) provides advice and assistance with health access for asylum seekers and refugees at all stages of the asylum process. It offers drop-ins every day of the week in five locations across the city.

Positive Action for Refugees and Asylum Seekers (PAFRAS) runs a drop-in twice a week offering destitute asylum seekers one-to-one support, casework, hot meals, food parcels, hygiene packs and access to clothing. It also works to find access to legal representation for clients and provides the chance for people to take part in social activities and community projects.

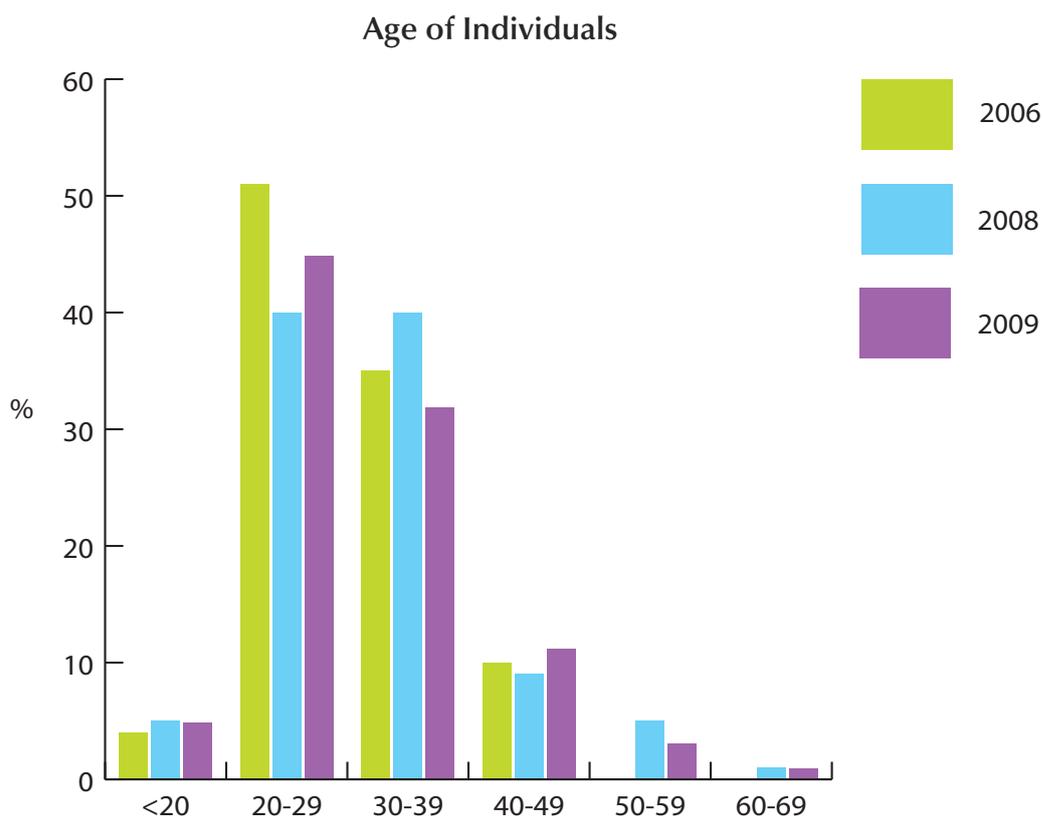
The Refugee Council One Stop Service is a regional advisory service contracted by the Home Office. The drop-in and telephone advice line are open four days a week for queries on asylum support and finding legal representation.

2 Destitution in Leeds and the asylum system

2.1 Profile of destitute asylum seekers and refugees surveyed

In 2009, the survey in Leeds over four weeks at four agencies counted:

- 232 individuals
- 11 adult dependents
- 21 families with 30 child dependents



Summary of Leeds destitution survey 2006, 2008 and 2009

	Individuals	Gender % F:M	Adult dependents	Child dependents	Visits to agencies
2006 (5 agencies)	101	20:80	5	12	251
2008 (5 agencies)	266	28:72	14	51	551
2009 (4 agencies)	232	25:75	11	30	515

2.2 Visits to agencies

The survey recorded destitute clients who attended the four agencies over four weeks from 20 April to 17 May 2009. Staff at the Refugee Council said that in one week of the survey they were unable to record all clients due to reduced staff capacity. The other agencies said the survey was representative of their client numbers in the survey period. The Refugee Council was most likely to see different individuals because they offer advice on a wide range of issues. PAFRAS was most likely to see clients who make repeat visits, reflecting the provision of food as a vital support. PAFRAS recorded a significant increase in both visits and individuals recorded by the survey in 2009 compared with 2008.

Agency	Visits			% of total visits			Individuals		
	2006	2008	2009	2006	2008	2009	2006	2008	2009
East Leeds Health for All	11	11	1	4%	2%	-	4	3	1
Health Access Team	35	51	70	14%	9%	14%	16	22	17
PAFRAS	136	221	304	54%	40%	59%	42	78	100
Refugee Council	29	194	140	12%	35%	27%	26	146	114
St Vincent Support Centre	40	74	/	16%	13%	/	13	17	/
Total	251	551	515	100%	100%	100%	101	266	232

Percentages may not total due to rounding

In 2009, at four agencies the survey counted 515 visits and 232 individuals compared with 477 visits and 249 individuals at the same four agencies in 2008. There are several factors that may have contributed to the slight drop in numbers:

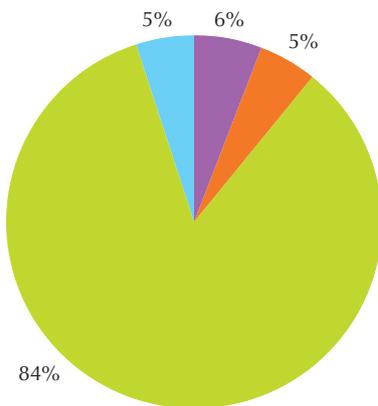
- One bank holiday in the survey period
- Low count at Refugee Council
- The number of destitute clients seen by East Leeds Health for All reduced since the Hardship Fund stopped in March 2009
- Agencies said that some clients declined to take part because they were angry and frustrated

The survey may not have captured every visit to these agencies in Leeds during the survey period (see Appendix 2, Methodology). Data from referrals for Short Stop and PAFRAS meal provision demonstrate increasing numbers of destitute clients since 2008, suggesting increasing and worsening destitution among asylum seekers in Leeds.

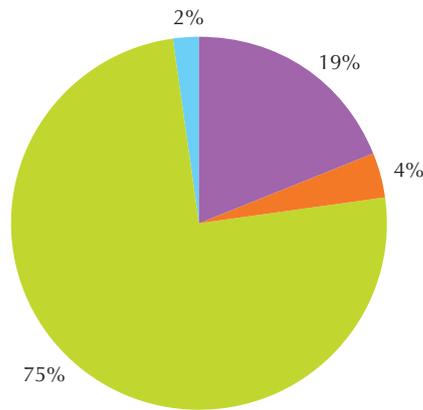
2.3 Reason for destitution

Refused asylum seekers remain the largest group of destitute clients approaching agencies for support: 80% of individuals were at the end of the asylum process. The proportion of people destitute while in the asylum process fell slightly from 19% in 2008 to 12% in 2009, but remains a significant proportion.

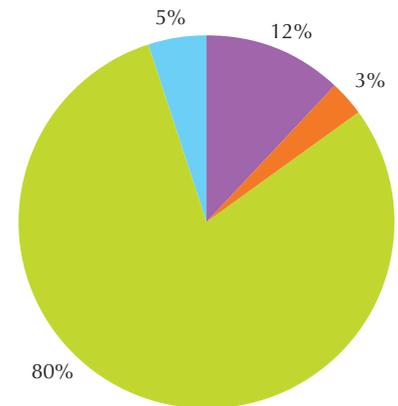
2006 Status of individuals surveyed n=101



2008 Status of individuals surveyed n=266



2009 Status of individuals surveyed n=232



The 2009 survey was altered to record those who had not yet applied for Section 95 (NASS) support. In addition, two additional new reasons were recorded during the survey period: 'refused Section 95 support' and 'end of process-Section 4 refused (Fresh Claim refused)'. One client was counted who did not have access to statutory support due to having refugee status from another EU country.

Status	Reason for destitution (individuals, first visit)	Frequency	%
Asylum seeker	Start of process – not yet applied for Section 95 (NASS)	3	1
	Start of process – applied and waiting for Section 95 to begin	8	4
	Section 95 refused	1	0
	Section 55	2	1
	NASS administrative error – support stopped during asylum process	4	2
	Lost NASS support due to breach of conditions	4	2
	Awaiting an asylum decision	7	3
Refugee	Refugee Status in other EU country	1	0
	Positive decision (without housing)	5	2
Refused asylum seeker	End of process – not applied for Section 4 (unwilling or don't meet criteria)	32	14
	End of process – waiting for Section 4 to begin	77	33
	End of process – Section 4 refused	13	6
	Social Services – Applied and awaiting	1	0
	Removed from Social Services support	1	0
	End of process	59	26
	End of process – Section 4 refused (Fresh Claim refused)	3	1
	No response	11	5
	Total	232	100

2.3.1 Destitution during the asylum process

Destitution at the start of the asylum process accounted for 5% of individuals in 2009, about the same as 6% recorded in 2008. Two agencies reported an increase in clients made destitute due to their eligibility for support being contested by UKBA. This may happen if someone makes a claim for asylum after being in the UK for a period under a different immigration category (for example, with a work permit) which expires at a time when it is unsafe for them to return. Advice workers at the Refugee Council One Stop Service reported that it can be very difficult for clients to provide accurate financial information to get asylum support back if the Home Office rejects evidence presented to them.

The number of those surveyed who lost their support due to administrative error dropped from 9% in 2008 to 2% in 2009, showing an improvement to this reason for destitution.

2.3.2 Section 4 support

Section 4 support provides limited voucher payment and housing to refused asylum seekers who are temporarily unable to leave the UK. 'Waiting for Section 4 support to begin' was the reason for destitution for 33% of individuals in the 2009 survey, 27% in 2008, and 19% in 2006. Four of the 21 families with child dependents surveyed were destitute while waiting for Section 4 support to begin.

Long and variable waiting times for decisions on Section 4 support applications was identified as a major problem by four of the agencies interviewed. They said that applications have become more complicated, and that waiting times after submitting an application can be up to several months, a particular concern for pregnant women (see Section 5.2.1). This indicates that contrary to claims made by the Home Office during the research in 2006 that transition from Section 95 and Section 4 and processing times would become faster (Lewis, 2007), waiting for Section 4 is a worsening cause of destitution in Leeds.

It was reported that UKBA plan to review people in receipt of Section 4 support. The review will check ongoing entitlement to Section 4 support. In cases where the reasons for providing support are no longer relevant, support could be removed. This is a concern for future trends, as it is likely to lead to increasing numbers of people being made destitute.

2.3.3 End of process destitution

Most individuals surveyed were destitute at the end of the asylum process following refusal of their claim. In the 2009 survey 14% of individuals were destitute because they are not willing or able to apply for Section 4 support.¹

'The Home Office say that Section 4 support is available, but most people will not qualify under the five criteria.'

Richard Orton, project worker, Refugee Council

It was suggested by one agency and a refugee community organisation (RCO) that lack of understanding of the available options increases the likelihood of destitution, especially if people disappear from their accommodation following a negative decision due to fear of being forcibly removed.

'It is often the people who do not understand their options who end up destitute.'

Charlotte Cooke, Head of Operations (North), Refugee Council

¹Section 4 (Asylum and Immigration Act 1999) provides support to refused asylum seekers if they are destitute and there are reasons that temporarily prevent them from leaving the UK, including no safe route, medical reasons or ongoing legal review. For most, 'taking reasonable steps to leave the UK' is the only way to access Section 4 support, which deters the majority from applying (Lewis, 2007).

It was reported that there has been a cap on Section 95 and Section 4 accommodation in Leeds over the past year. The cap is intended to balance the proportion of asylum housing across dispersal sites in the region. Leeds has tended to receive a larger proportion of dispersed asylum seekers. Consequently, refused asylum may be offered Section 4 accommodation only in other towns in the region or elsewhere. This was mentioned by three interview respondents as a possible contributor to destitution as people resist further displacement and social isolation if they have built up friends and contacts in Leeds.

2.4 Destitution of families and children

The number of children recorded as destitute fell from 51 in 2008 to 30 in 2009. However, that so many children are recorded as destitute by the survey remains a worrying issue. Strikingly, 6 of 21 families had been destitute for 1 to 2 years; 5 had been destitute for 2 years or more. The families came from 10 different countries, including 8 families from Zimbabwe. When surveyed, the previous night 14 families had stayed with friends and family; 2 with a faith group; 1 in their NASS accommodation; 4 gave no response.

As discussed in the previous studies (Lewis, 2007; Brown, 2008), families may become destitute if an asylum seeker gives birth following refusal of their asylum claim. Interview respondents reported that some families who would normally remain supported by NASS if they have children under 18 may leave their accommodation when their asylum claim is refused due to confusion and fear of forced removal. It was mentioned by staff at the Refugee Council that some parents fear having their children removed from them and taken 'into care'. This is likely to be a result of the enduring influence of fear created by a pilot of 'Section 9' in Leeds, a policy that aimed to encourage return by allowing children to be supported by Social Services while support was removed from their parents' (see Lewis, 2007).

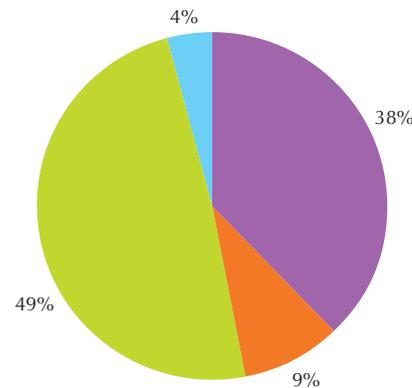
2.5 The New Asylum Model and 'legacy' cases

The New Asylum Model (NAM), piloted in Leeds from April 2006, was introduced to process all new asylum claims since April 2007 under a 'case owner' system. This was intended to speed up decisions and manage cases through to conclusion of integration for refugees or removal of refused asylum seekers.

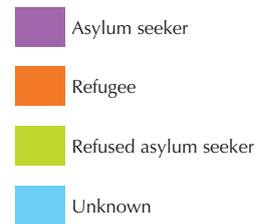
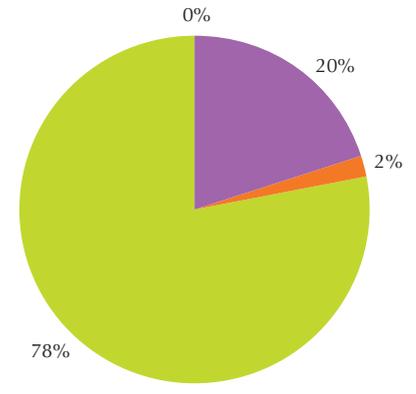
Home Office management of the issue of refused asylum seekers has separated cases made before the introduction of the New Asylum Model in April 2007. These are known as 'legacy cases'—cases that have not been resolved through granting leave to remain or effecting removal—and are being handled by a new Case Resolution Directorate. The National Audit Office has reported that 90,000 of 335,000 unresolved cases have been concluded to date, of which 40% were granted leave to remain (2009). Case resolution was welcomed by several interview respondents as some families who have been in the country 'in limbo' for many years have been granted leave to remain. However, it was also observed that the overall problem at the end of the asylum process has not been addressed and that people processed through the New Asylum Model continue to be made destitute.

NAM	Individuals	% of total
2006	5	5%
2008	45	17%
2009	60	26%

Status of individuals processed through NAM 2008
n=45

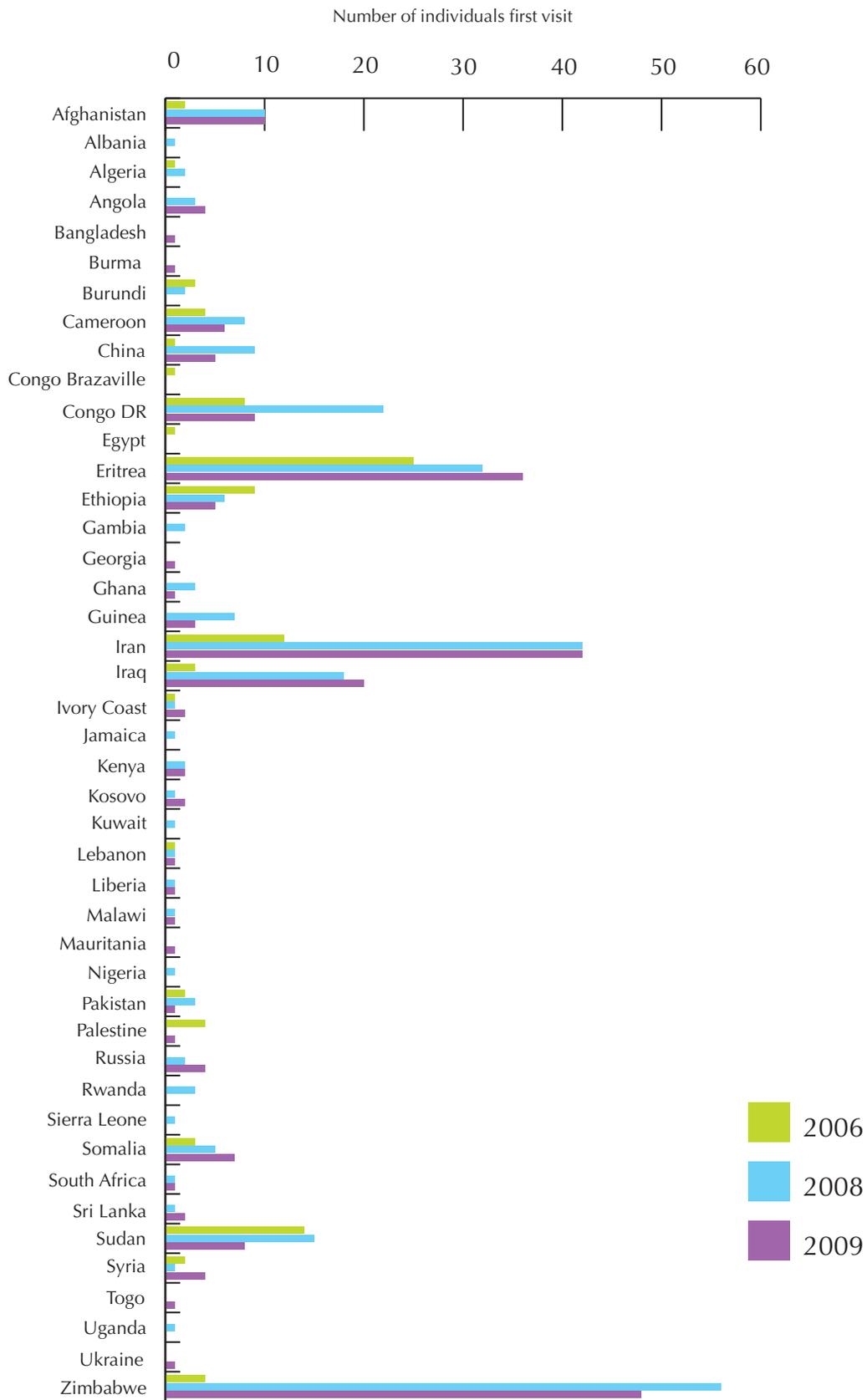


Status of individuals processed through NAM 2009
n=60



The Leeds survey again shows that people processed through NAM become destitute at all stages of the 'end-to-end' process (Brown, 2008). The number of individuals surveyed who were processed by NAM increased from 45 in 2008 to 60 in 2009. This included 5 families: one at the start of the asylum process and four who were refused asylum seekers. Also, the proportion of those processed through NAM who are destitute because of being refused asylum has increased from 49% in 2008 to 78% in 2009. Two agencies said that lack of, or poor, legal representation leads to destitution if appeal papers are not completed well or in time, and support is consequently removed. A reduction of legal aid and of available legal representatives is widely seen as a significant contributing factor in creating destitution (Lewis, forthcoming).

3 Country of origin



	2006	2008	2009
Countries of origin	21	35	32

Over half of the individuals surveyed came from just four countries, similarly to the surveys in 2006 and 2008. The top countries of origin in 2009 were Zimbabwe (21%), Iran (18%), Eritrea (16%), and Iraq (9%). There were 4% from Afghanistan and the Democratic Republic of Congo; 3% from Sudan, Somalia and Cameroon; and 5 individuals or fewer (2% or less) from the remaining 23 countries. Many of those in the top four countries had been destitute for long periods: 40% of Iranians surveyed and 31% of Zimbabweans surveyed had been destitute for 2 years or more.

3.1 Destitution, country of origin and return

Difficulties in arranging a safe route of return influences which countries of origin are most represented among those destitute. It was estimated in 2007 that 50% of refused asylum seekers came from Afghanistan, the Democratic Republic of Congo, Eritrea, Iran, Iraq, Sudan, Somalia and Zimbabwe—countries where it is difficult or impossible to arrange a safe route of return because of ongoing conflict, violence or human rights abuses (Still Human Still Here, 2009). A national survey at refugee agencies across the UK during one month found that 50% of visits were made by people from one of four countries: Iraq, Iran, Eritrea and Zimbabwe (995 of 1972) (Smart, 2009: 19). The Leeds surveys reflect this national picture.

Choices is a project at Refugee Action in Leeds that helps people consider whether to return to their country of origin. Between March 2008 and April 2009, 41 of 75 clients they advised on voluntary return were destitute. Destitution can cause mental health problems, anger and frustration which can complicate the process of return.

‘People who really want to go, they want to go, whether they have support or not. People who are destitute, we have to address their health concerns and problems first before we can arrange return.’

Sekina Dario, Advice and Information Worker, Choices, Refugee Action

Furthermore, destitution is likely to make return less sustainable.

‘Destitution means that clients cannot properly consider how they will re-embed with their families and communities post-return as they are focused on the very immediate needs of food, shelter and health care in the UK.’

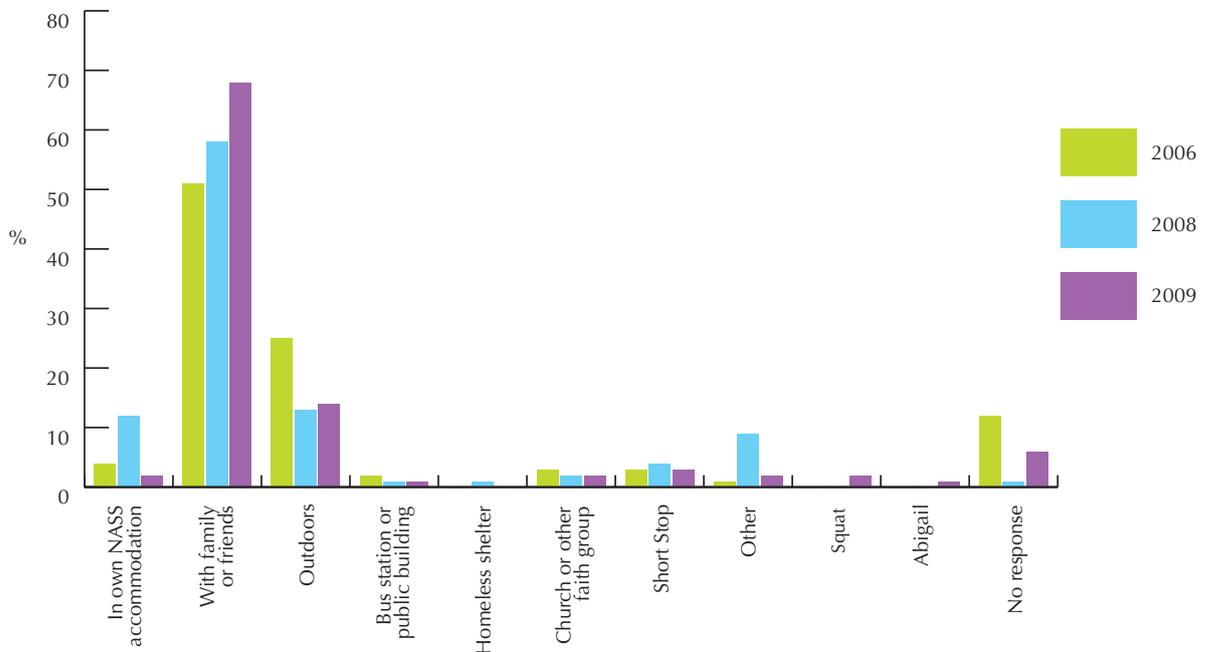
Ryan Nelson, Leeds Area Manager, Refugee Action

In the North East and Humber (the UKBA region that includes Leeds) only 9% of people who applied and were refused in January 2007 to February 2008 were removed by August 2008. A fifth of legacy cases being managed by UKBA ‘cannot be currently resolved as there are external factors which prevent the Agency from either removing the applicants or allowing them to stay in the UK’ (National Audit Office, 2009: 38). This reinforces the point that enforced or voluntary return cannot resolve destitution (Lewis, 2007).

4 Shelter

4.1 Where people sleep

Where client slept previous night, % visits (2006 n=251, 2008 n=551, 2009 n=515)



Again, in 2009 the majority of those surveyed had stayed with friends and family the previous night (349 of 515 instances), reinforcing the major contribution of informal support through social networks.

4.2 Rough sleeping

	2006	2008	2009
Instances of rough sleeping	68	75	85
Individuals	29	40	37
Gender of individuals F/M	3/26	11/29	9/28

The instances of rough sleeping (outdoors, or in a public building) in 2009 increased, despite a drop in recorded visits. Of the 39 individuals, 9 were women. In addition, 9 instances of sleeping in a squat were recorded. This demonstrates that destitution forces a significant proportion of refused asylum seekers to face the considerable risks of rough sleeping. One agency reported that a female client had been raped when sleeping rough.

'We are seeing people who are on the streets longer who become more and more frustrated and fed up with their circumstances and the system.'

Alison Raynor, Lead Nurse, Health Access Team

4.3 Emergency accommodation: Short Stop and Abigail

Short Stop, a project run by Leeds Asylum Seekers' Support Network (LASSN) that offers emergency accommodation in 45 households of volunteer hosts, has seen increasing pressure due to high demand. There were 486 referrals in April 2008 to March 2009, with 942 nights of accommodation provided, a significant rise from 339 referrals and 640 nights of accommodation the previous year. Like other agencies, LASSN suggested that the demand may be higher still, as agencies learn when the places have filled up each day and so stop referring further cases. In addition, it was reported that more clients are presenting with medium term accommodation needs, especially those who are experiencing an extended but limited gap in support of a few weeks (such as people waiting for Section 4 support). In addition, two agencies said that increasing desperation resulting in mental health problems meant some clients could not be referred for Short Stop accommodation.

This year the survey also monitored for shelter with a new destitution housing project called Abigail. Abigail offers seven bed spaces in two houses to refused asylum seekers who cannot safely return home.

4.4 Refugee homelessness

The survey in 2009 recorded 5 homeless refugees. LASSN has recorded an increase in the number of refugees referred to Short Stop for emergency accommodation. This is believed to be a result of people with refugee status who were accommodated as asylum seekers elsewhere in the UK coming to Leeds on gaining a positive decision. Due to a 'local connection' rule², since 2005 people gaining refugee status have been classed as having a connection to the place where they were accommodated as asylum seekers. This means that a local authority can refuse to accommodate homeless refugees from outside, at least until a local connection is built up through six months' residence.

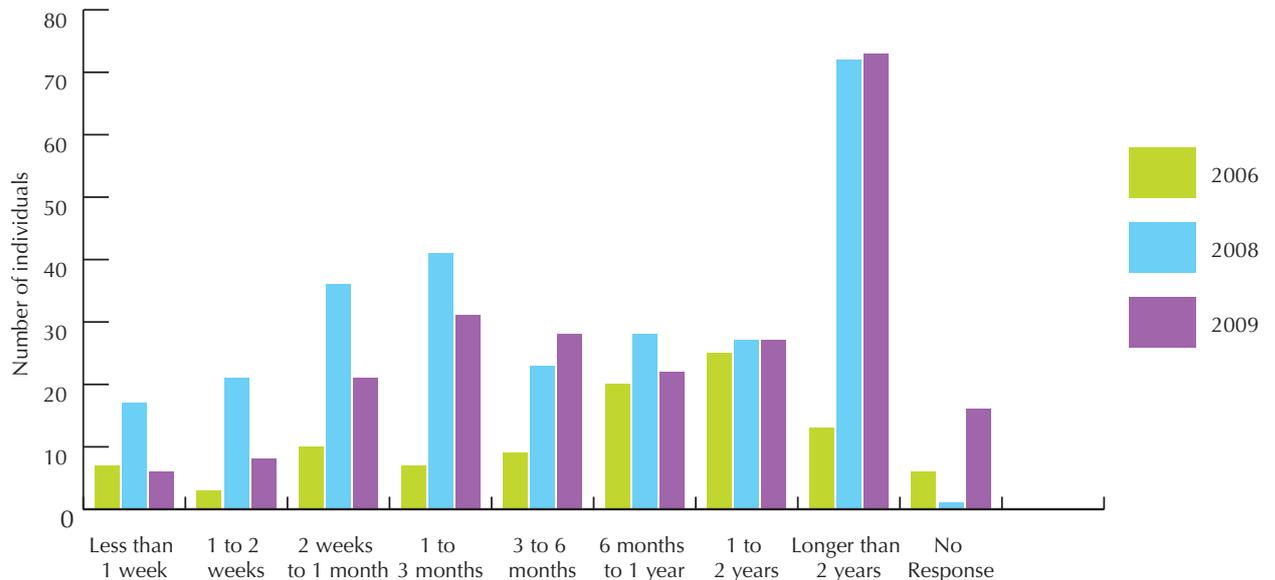
Former asylum seekers may have no meaningful connection with the place where they were dispersed. Due to the compulsory nature of dispersal, getting refugee status provides those who have friends or relatives in other cities with the first chance to join them. Some refugees may have lost family through conflict and unrest, and other forms of connection such as places of worship can form an important link in an unfamiliar country. It was reported by two agencies that some Eritrean refugees have come to Leeds due to the existence of an Eritrean church. Efforts have been made to assist them into private rented housing.

²Section 11, Asylum and Immigration (Treatment of Claimants, etc.) Act 2004

5 Destitution and vulnerability

5.1 Length of time destitute

Individuals (2006 n=101, 2008 n=266, 2009 n=232)



The survey recorded 100 individuals destitute for a year or more. Concerns about the worsening symptoms of people destitute for longer periods were expressed in the interviews with key representatives. Refugee Council and PAFRAS said that increasing levels of desperation leading to aggression and violence had become a notable feature of working with destitute clients over the last year. Two agencies mentioned that they had seen a few clients with drug or alcohol problems which they believed were a symptom of coping with prolonged destitution. Prolonged destitution is becoming a prominent problem: in a similar survey in Hull, 60% of 43 individuals surveyed over two weeks had been destitute for one year or more (Campion et al., 2009). Concerns about the quickly worsening mental health of people who become destitute were frequently raised. explained:

'A lot of destitute people are in crisis, but they can't be helped by medical intervention: they need relief from their circumstances.'

Alison Raynor, Lead Nurse, Health Access Team

5.2 Vulnerability and risk

As previously (Lewis, 2007), women and children were considered by agencies to be particularly vulnerable and at risk of exploitative relationships if reliant on others for shelter and food (see also, Taylor, 2009). The 2009 survey monitored for people in groups identified by participating agencies as likely to be facing particular vulnerabilities: people released from detention, released from prison, discharged from hospital, pregnant, not eligible for 'Destitute Plus', or those who were previously unaccompanied children.

Risk	Individuals	%
Low	59	25
Moderate	77	33
High	86	37
No response	10	4

During the survey period, individuals who approached supporting agencies included:

- 10 people released from prison
- 3 people released from immigration detention
- 2 pregnant women
- 2 people not eligible for Destitute Plus
- 1 person discharged from hospital

5.2.1 Pregnancy, Destitute Plus and hospital discharge

The destitution of pregnant women was identified as a particular concern by two agencies. They were concerned about the risks to the health of the mother and baby resulting from destitution:

‘We were told “make sure she eats properly”. Well, how can she do that without any money?’

Rhona Cameron, Senior Community Nurse, Health Access Team

A new test case has argued that pregnant women under immigration control are excluded from Social Services support (NRP Network, 2008), yet women do not become eligible for Section 4 support (on medical grounds) until the late stages of pregnancy. Agencies reported that processing times can take so long that women may even give birth while still homeless, before their application has been completed.

People who have needs in addition to those arising from their situation of being destitute, refused asylum seekers may be eligible for 'Destitute Plus' local authority support under the National Assistance Act 1948 (Lewis, 2007). Those recorded as 'not eligible' in the survey are likely to be clients who were referred but were refused support from Social Services. This could be due to lack of identity papers, memory loss or other difficulties that are exacerbated by the transience and hardship of destitution that make conducting an assessment difficult. Refugee Council, HAT and PAFRAS said that only those with mental health problems serious enough to be a risk to themselves or others were likely to get support this way.

As the Health Access Team explained, people discharged from hospital may be particularly vulnerable because homelessness can make ongoing treatment plans difficult to implement.

Although agencies may attempt to work together to make a discharge plan to protect a person from homelessness, lack of support for refused asylum seekers can leave few options.

5.2.2 Detention release and prison release

Detention can lead to destitution if someone is detained and their asylum support is removed, but they cannot be deported and are later released without arrangements for support being made (see Burnett, 2007). Similarly, people who have served a custodial sentence may no longer be eligible for support if they are a refused asylum seeker when they are released, and if deportation cannot be arranged.

5.3 Food

Destitute individuals may not be able to get enough to eat and are reliant on friends or charitable provision for survival. PAFRAS reported increasing pressure on their drop in service that offers hot meals and food parcels twice a week. In the past year, manager Christine Majid said that competition and tensions have increased noticeably:

‘Survival is paramount. The struggle for survival is manifesting itself in aggressive behaviour for limited resources.’

Christine Majid, manager, PAFRAS

The Health Access Team reported that some clients said they eat out of bins. Charitable payments are likely to be spent on basics to ‘fill you up’, but they said that nutritional concerns of lacking fresh fruit and vegetables are becoming more apparent. The problems of malnutrition associated with destitution are discussed in a recent briefing from PAFRAS (Burnett, 2009).

‘The basic thing this time is food: people have no food. It is awful when you see another human being like that’.

Rhona Cameron, nurse, Health Access Team

6 Challenges for services

6.1 Leeds as a hub

Individuals who previously or usually stayed outside Leeds

2006	33%
2008	35%
2009	27%

The three Leeds destitution surveys have consistently shown that Leeds serves as a hub. In 2009, 27% of those surveyed usually or previously stayed outside Leeds. It is believed that people come to the city to access services or informal support through social networks.

6.2 Concerns for frontline staff

Staff at Refugee Council, PAFRAS, HAT and Refugee Action all talked about a perceived increase in the number of clients experiencing worsening mental health, or who were angry, aggressive or threatening to harm themselves or others. During the period of survey a man who had been advised by two of the agencies involved in the research attempted to commit suicide. He had been refused and was particularly vulnerable. A contributing factor was that he had been offered Section 4 support in Liverpool far from his existing social support network.

6.3 Managing services for destitute asylum seekers

'As destitution continues, sometimes all that can be done on a day-to-day basis to treat someone with respect and humanity.'

Alison Raynor, Lead Nurse, Health Access Team

The 2009 survey covered a period in which the support of destitute asylum seekers stretched voluntary and charitable capacity to its limit. Shortly before the survey took place, Leeds Asylum Seekers' Support Network (LASSN) was forced to temporarily close the Leeds Hardship Fund due to lack of funds. The Hardship Fund provided emergency cash support for a limited period to destitute asylum seekers (see Lewis, 2007). In 2008, the Hardship Fund supported on average 30 adults and 5 children each month, and paid out a total of £26,000 over the year in small weekly cash payments. At the time of writing, it was hoped that it could start again later in 2009 if sufficient funds could be raised. In addition, PAFRAS reported that it was forced to close its drop-in for three weeks. This is to allow time for staff to recover from the emotionally draining work with destitute clients and to assess management of services with a reduction in charitable and food donations and continuously rising demand. In both cases, the economic recession was seen to have had an immediate effect in reducing funds and resources.

Both Refugee Council and HAT reported that the survey included only those who had an advice session: other clients may attend without having an advice session and not be recorded. In addition, the Refugee Council advice line which receives around 30 calls a week from destitute clients was not part of the survey. The survey therefore reflects the capacity of agencies to deal with destitute clients approaching them for support, not necessarily the level of demand or need.

The similarity of the number of visits and individuals surveyed in 2009 compared to 2008, and the temporary closure of two projects indicates that this is a point of saturation for supporting agencies. It cannot be assumed that churches, voluntary sector, charities can continue indefinitely to offer vital support for meeting the basic needs of destitute asylum seekers.

6.4 Refugee community organisations

The four representatives of refugee community organisations (RCOs) interviewed reported that most support is offered informally by individuals. It was suggested that cultural and religious imperatives both motivate a need to help those destitute, and mean that such support tended to be provided quietly and privately. One organisation provides chances for social gatherings that bring people together to talk and break social isolation, and all work to signpost or refer destitute individuals to services that may be able to help. Supporting destitute individuals is a key role for RCOs, but this diverts resources from social and integration-focused activities (Lewis, 2007; Choksi et al., 2008).

Three said that it can be difficult to make contact and offer support to destitute individuals who remain hidden and do not want to draw attention to their situation. Fear of reprisal may prevent people from feeling able to have a public role in community organisations or campaigns:

'Eritreans don't have the courage to speak about their destitution. There is fear that their names will be passed back and it may cause a torture for the family. If the Eritrean government find out someone is out of the country their family will be detained.'

Amna Idris, Eritrean Community in Leeds

Providing more accommodation options and the right to work so that people could help themselves out of destitution was the most desired solution identified by RCO representatives.

'Mental health problems are very high because destitute people don't have anything to hang on to; they don't have anything to live for. With a work permit at least they could have their own job, supporting themselves.'

Marzieh Berenjjan, Leeds Persian Community

7 Conclusions and recommendations

7.1 Conclusions

This third survey in Leeds demonstrates that the asylum system continues to create a serious problem of destitution among asylum seekers and refugees. Many of those surveyed had been destitute for prolonged periods. Their pressing and urgent needs are not being met by the current policy regime. The research also shows that:

- Country of origin and destitution are linked. People most likely to have difficulty in arranging return are most likely to be destitute for extended periods.
- Long-term destitution causes frustration and worsening health and mental health symptoms.
- The New Asylum Model (NAM) is not working. The number of people approaching agencies for support who have been refused after being processed through NAM has increased.
- Voluntary, charity and faith resources to support destitute people are at breaking point.

Although the government claims that everyone is entitled to apply for support, the Leeds survey results show that in practice many are left without support. This situation has been identified as an intentional policy of destitution of this highly vulnerable group (Joint Committee on Human Rights, 2007). Despite this, there is a sense that the government attempts to underplay or disguise the severity of destitution. This sense of denial makes working to meet the basic needs of those destitute all the more difficult for agencies and individuals.

For many of those refused asylum, ongoing conditions of conflict, violence or human rights abuses mean that return or removal cannot be safely arranged. There is no evidence that destitution discourages people from entering the UK to claim asylum, or that destitution encourages those already here to leave (Lewis, forthcoming). On a large and distressing scale, the policy objectives of withdrawal of welfare are not working.

'I wish to eradicate destitution. It doesn't matter what nationality you are, but it is not fair to leave people on the street.'

Amna Idris, Eritrean Community in Leeds

7.2 Areas for further investigation

There is an ongoing need to understand the severity of destitution by evidencing the day to day realities of destitute individuals. In addition, the following areas for future investigation arose from this research:

- Understanding the dimensions of destitution related to country of origin. Agencies in Leeds mentioned concerns about Chinese women who are refused asylum seekers but who may have been trafficked, for example.
- Understanding how and why families with children remain destitute in relation to possible fear of approaching services for support and the statutory obligation to support children.
- Investigating the links between destitution in the asylum system and coercion into exploitative situations including sexual exploitation and forced labour.

7.3 Recommendations: principles and practice

First, the original recommendations of the JRCT destitution inquiry remain pertinent and relevant (Adie et al., 2007). Had they been implemented, we would not be reporting on a worsening situation of destitution now.

The following recommendations are based on the suggestions to improve the situation of destitution made by research participants and the findings of the 2009 survey. These can be separated into principles and practical suggestions.

Principles

- End the destitution of asylum seekers and refugees at all stages of the asylum process.
- Systems should be put in place to ensure no child or their parents are left destitute.
- Give asylum seekers at all stages the right to work.
- Overhaul the whole system. Efforts to improve the existing system have not worked.
- Create an independent arms-length body to make asylum decisions.
- Support all refused asylum seekers who cannot work until they can be safely removed from the UK by introducing one end-to-end support system.
- Ensure asylum seekers at all stages of the process are eligible for and can access primary and secondary health care.
- Ensure access to proper legal representation at all stages of the asylum process.

Practice

Entitlement to apply for support does not mean entitlement to receive support. At present it seems that too much time, money and effort is being placed on attempting to prevent people from being supported and therefore creating more destitution.

- Grant temporary leave to remain to people who cannot return to their country of origin through no fault of their own.
- Abolish Section 4 support. Make continuation of support automatic on refusal of an asylum claim. This would:
 - _ avoid unnecessary periods of homelessness and destitution in the gap between Section 95 and Section 4 support;
 - _ save on the considerable administrative burden of Section 4 support applications;
 - _ help to keep refused asylum seekers in the system, better supported, in communication with the Home Office.
- The government should supply information about the cost of administering the Section 4 support application system so that an informed decision can be made about whether separate systems give value for money.
- The local authority and refugee supporting agencies should do more to share information and practice to safeguard families and children from destitution.
- Allow religious, social networks and family connections to be recognised as meaningful connections for refugees in need of housing who do not have close family members in the UK.
- Improve liaison between detention facilities and housing providers or refugee agencies in dispersal sites when granting bail.

8 Useful publications

- Adie, K., Baggini, J., Griffiths, C., Kilgallon, B. & Warsi, S. (2007) *Moving on: from destitution to contribution. Joseph Rowntree Charitable Trust inquiry into destitution among refused asylum seekers: Commissioners' report*. York: Joseph Rowntree Charitable Trust.
- Brown, D. (2008) *More destitution in Leeds: Repeat survey of destitute asylum seekers and refugees approaching local agencies for support*. York: Joseph Rowntree Charitable Trust.
- Burnett, J. (2007) *Detaining the destitute. PAFRAS briefing paper number 2*. Leeds: Positive Action for Refugees and Asylum Seekers.
- Burnett, J. (2009) *The political economy of malnutrition. PAFRAS briefing paper number 10*. Leeds: Positive Action for Refugees and Asylum Seekers.
- Campion, P., Brown, S. & Thornton-Jones, H. (2009) *After Wilberforce: An independent enquiry into the health and social needs of asylum seekers and refugees in Hull*. Hull: NHS Hull.
- Choksi, A., Berenjian, M., Chirwa, H. & Nakuti, D. (2008) *The development needs of refugee communities in Leeds Bradford and South Yorkshire*. Jantela.
- Joint Committee on Human Rights (2007) *The treatment of asylum seekers. Tenth report of the session 2006-07. Volume 1*. London: House of Commons.
- Lewis, H. (2007) *Destitution in Leeds: the experiences of people seeking asylum and supporting agencies*. York: Joseph Rowntree Charitable Trust.
- Lewis, H. (forthcoming) 'Choice' and dependence. Refused asylum seekers and destitution. *Critical Social Policy*, Forthcoming, 2009.
- National Audit Office (2009) The Home Office. *Management of asylum applications by the UK Border Agency*. London: National Audit Office.
- NRPF Network (2008) *Practice guide for local authorities. Assessing and supporting children and families from abroad who have no recourse to public funds*. London: No Recourse to Public Funds Network.
[http://www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/child_and_family_with_nrpf_guide.pdf], accessed 15 May 2009.
- Smart, K. (2009) *The second destitution tally. An indication of the extent of destitution among asylum seekers, refused asylum seekers and refugees*. Asylum Support Partnership.
- Still Human Still Here (2009) *Briefing on destitute refused asylum seekers*. [<http://stillhumanstillhere.wordpress.com/resources/>], accessed 2 March 2009.
- Taylor, D. (2009) *Underground lives. An investigation into the living conditions and survival strategies of destitute asylum seekers in the UK*. Leeds: PAFRAS.

Appendix 1 Acknowledgements

We would like to thank all of the destitute individuals who took part in the survey, and all the staff of participating agencies who conducted the survey. The following people took part in interviews or helped with the research.

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Dave Brown, Integration Manager, Yorkshire
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Rhona Cameron, Senior Community Nurse,
Health Access Team

Taurai Chitewe, Zimbabwean Refugee
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Sandal Harjit, One Stop Service Manager,
Refugee Council

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Abigail Housing Destitution Project

Amna Idris, Eritrean Community in Leeds

Sue Lukes, independent researcher

Ali Magoub, Sudanese Community Association
in West Yorkshire

Christine Majid, Manager, Positive Action for
Refugees and Asylum Seekers

Rehan Majid, Support Worker,
Health Access Team

Ryan Nelson, Leeds Area Manager,
Refugee Action

Richard Orton, Project worker, Refugee Council

Alison Raynor, Lead Nurse, Health Access Team

Peter Richardson, Manager, Leeds Asylum
Seekers' Support Network

Appendix 2 Methodology

The survey was the same as used in the previous two surveys in Leeds (see Appendices 3 and 4). A few changes were made following discussion with the participating agencies. Due to concern about clients with issues that complicate their risk level, subcategories were added: release from detention; release from prison; discharge from hospital; pregnant women; not eligible for Destitute Plus; previously unaccompanied asylum seeking child. To avoid double counting, clients were shown a symbol card and asked whether they had already completed the survey. Cross-checking 'first visit' with date of birth and country of origin provides a good level of reliability that individuals are counted only once. Some surveys were only partially completed where clients did not consent to providing full information. Aggression and frustration among clients was mentioned by agencies as a cause for some clients being unwilling to take part. Incomplete data or duplicate visits to the same agency on the same day were removed from calculations. The survey may not capture every destitute client due to lack of staff time or other pressures.

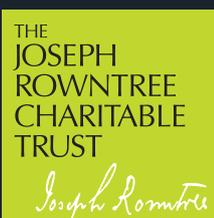
The research included face to face or telephone interviews with key representatives from refugee supporting agencies, statutory providers and refugee community organisations (listed above in Appendix 1, Acknowledgements).

Appendix 3 Survey sheet

3rd Joseph Rowntree Survey of Destitute Asylum Seekers in Leeds 20 April to 17 May 2009	Participating Agency:		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	Write number in																	
				child																		
			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																					

Appendix 4 Survey explanation notes

1. Date of first visit	Write the date the client visits your agency with a destitution problem. dd/mm/yy
2. 1st time surveyed?	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. Yes 2. No
2a. Where surveyed before	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. PAFRAS (Positive Action for Refugees & Asylum Seekers); 4. Refugee Council
3. Date of Birth	Please enter the client's date of birth. dd/mm/yy
4. Country	Please write in the client's country of origin.
5. Gender	Please indicate the client's gender: 1. Female 2. Male
6. Dependents	Is the client responsible for any people other than themselves? Please indicate number of adults or children
7. Reason for destitution	Why is the client destitute? 1. Start of process - not yet applied for Section 95 (NASS) 2. Start of process - applied and waiting for Section 95 to begin 3. Denied support under Section 55 4. NASS administrative error - support stopped during asylum process 5. Lost NASS support due to breach of conditions (e.g. absence, working illegally, alternative income) 6. End of process - not applied for Section 4 (unwilling; don't meet criteria; if age disputed please note this) 7. End of process - waiting for Section 4 support to begin 8. End of process - refused Section 4 9. Positive decision (without housing) 10. Social Services - applied and waiting for social services support 11. Social Services - removed from social services support If the reason for destitution is not known by either the client or support worker, please record whether the client is: 12. Awaiting an asylum decision 13. End of process 14. Status unknown
8. Length of period of destitution	How long is it since the client stop receiving support? (What is their present period of destitution) Answer one only: 1. Less than 1 week 2. 1 to 2 weeks 3. 2 weeks to 1 month 4. 1 to 3 months 5. 3 to 6 months 6. 6 months to one year 7. 1 to 2 years 8. Longer than 2 years
9. Where did the client sleep last night	If the client is willing to give this information, please note where they slept last night: (Answer one only): 1. In own NASS accommodation 2. With family or friends 3. Outdoors (e.g. on street, park, in doorway) 4. Bus station or other public building 5. Homeless shelter 6. Accommodation provided by church, mosque or other faith group 7. Short Stop 8. Other (please note if housed by Abigail or Beacon) 9. No response
10. Other support in survey period?	Please note any other organisation the client has seen for assistance during the monitoring period (Answer as many appropriate). 1. None 2. Crypt (now at St Michael's) 3. Friends or family 4. GP (General Practitioner) 5. HAT (Health Access Team) 6. Health Access Team charity fund 7. NFA (No Fixed Abode Team - homeless health team) 8. Social Services (children: Section 17) 9. Social Services (adult: Destitute Plus) 10. Refugee Community Organisation 11. PAFRAS (Positive Action for Refugees and Asylum Seekers) 12. Short Stop 13. Refugee Council One Stop Service (advice) 14. Refugee Council Hardship Fund 15. LASSN Befriending 16. Red Cross Vouchers 17. Church, Mosque or other faith group 18. Organisation outside Leeds 19. Other (if possible note where)
11. Risk assessment	Based on your contact with the client during this visit, please assess the level of 'risk' caused by their destitution (Answer one only): 1. Low level of risk: receiving some support, has somewhere to stay 2. Moderate risk: receiving some support, but destitution is having an obvious effect on their well-being 3. High level of risk: no support mechanisms, poor health and personal circumstances, probably sleeping rough (additional info) a. Detention release b. Prison release c. Hospital discharge d. Pregnant woman e. Not eligible for Destitute Plus f. previously UASC
12. NAM?	If known, please indicate if the client was processed through the New Asylum Model (since Apr '06). 1. No 2. Yes 3. Unsure
13. Outside Leeds?	Please indicate if the client has previously or usually stays outside Leeds. 1. No 2. Yes



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