



Destitution

in the asylum system
in Leicester

a report of
Leicester Refugee and Asylum Seekers Voluntary Sector Forum
June 2009

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Introduction and acknowledgements

This report was commissioned by the Leicester Refugee and Asylum Seekers Voluntary Sector Forum (LVSF) and presents the findings of a survey conducted in Leicester throughout the month of February in 2009. This is the fourth such published report since 2005 and this year involved collaboration between the ASSIST Service, The Welcome Project, The British Red Cross, Leicester Aids Support Service (LASS), Refugee and Asylum Seeker Advice Project (RASAP) and Refugee Action. Each of these agencies comes into contact with and provides limited support to destitute asylum seekers and refugees in Leicester on a daily basis. Further details of the LVSF and the organisations that are involved with this issue are included in the Appendices.

Once again we would like to thank the staff and volunteers of those organisations who took part in the Survey. The support, advice and emergency supplies that they provide on a practical and emotional level continue to be vitally important to many asylum seekers and refugees. We are also very grateful and indebted to the 148 destitute asylum seekers and refugees who this year shared personal details of their lives and circumstances with us and who gave their time freely.

As noted in reports from previous years, the definition of destitution is variable. The Oxford English Dictionary defines destitution as 'the state of being extremely poor and lacking the means to provide for oneself'. For the purpose of this year's survey and report, we have once again utilised the following definition of destitution:

'the lack of any available statutory support mechanisms resulting in the need of an individual approaching charities, faith groups, communities and voluntary groups to get help and assistance in accessing some form of daily support'.

Executive Summary

Between 2nd February 2009 and 27th February 6 organisations (Refugee Action, British Red Cross, the ASSIST Service, LASS, RASAP & The Welcome Project) from within LVSF collaborated to conduct a snapshot survey of destitute asylum seekers and refugees seeking help and assistance from each of the projects.

A total of 148 individual asylum seekers presented and reported that they were currently destitute

- 5 reported that they had slept rough the previous evening
- 24 confirmed that they were 'sofa surfing' between friends houses on an ongoing basis
- 80 had been technically destitute for a year or more
- 93 did not have an HC2 at the point of Survey
- 41 have been destitute for a period of five years or more; the longest of which was 13yrs
- 71 became destitute as a result of their asylum applications being rejected (and any rights of appeal having been exhausted)
- 3 had become temporarily destitute because of delays in receiving housing and benefit support after receiving a positive decision on their asylum applications;
- 6 described themselves as depressed/anxious; 6 reported problems with sleep and 8 reported headaches; overall 23 described symptoms which suggest stress and/or depression
- 9 reported that they were being treated for mental ill health (e.g. depression)
- 36 reported that they were responsible for between 1 and 3 dependents (data was not collected on the ages of the children involved)
- 10 disclosed that they were HIV+
- 2 people stated that they had TB
- 71 disclosed other health problems of which 7 were related to pregnancy

Sadly, our survey has yet again shown that there is still a significant number of destitute refugees and asylum-seekers in Leicester, several of whom have been trying to cope with destitution for five years or more! Furthermore the level of destitution shows no sign of significantly declining and the numbers are being added to, despite changes in the asylum system. It is clear that there is still a large amount of humanitarian suffering taking place. Particular causes for concern this year include:

- The increasing percentage of clients whose health and/or mental health is deteriorating

- The number of clients who have dependent children who need to get access to destitution support

While the majority of clients are destitute as a result of having their asylum case rejected (end of process cases) there is a significant number who should be able to obtain support but are unable to do so. These include those still within the asylum system and others who could be eligible for Local Authority or Health Sector support but who seem unable to get access to it.

As in previous years, clients utilise a patchwork of support in order to survive and they display an enormous amount of ingenuity and resilience in doing so. Ultimately, however, living in this way is taking its toll and many clients seem extremely vulnerable, from both a health and mental well-being perspective.

As in previous years we have to conclude that policies are not working. It is hard to make new recommendations as little has changed. However this should not devalue either the recommendations themselves or the excellent work being carried out by all of those people in Leicester who are suffering from the consequences of destitution.

It is worth highlighting the following:

- There is still no evidence that pushing asylum-seekers and refugees into destitution is encouraging people to return to their home country. In fact, despite a rise in the number of destitute asylum seekers and refused asylum seekers across the UK, the number of people who use the voluntary return scheme has fallen from its peak of 5329 in 2006 to roughly half that number in the last two years. Other contemporary surveys and research into destitution confirm that most destitute former and current asylum seekers believe their lives would be at risk if they returned. For others there are no practical ways to get back.
- Not allowing people the opportunity to support themselves by working continues to be an incredible waste, not only of their skills and talents but for the communities in which they are living. It also deprives this country of tax revenue, thereby reinforcing the notion of asylum seekers as a burden on those few services to which they can get access.
- Deterioration in people's health and well-being has detrimental long term consequences not just for the individuals but also for the communities in which they are living. It is not prudent or cost-effective to push people into the margins, where they find it hard to get access to proper health care and it exposes them and others to risk.
- The whole experience of destitution is a dreadful waste of people's lives and potential. An overwhelming feeling amongst destitute asylum-seekers is that they are in a limbo where their lives have become meaningless and wasted. This is no more acceptable in the UK in 2009 than it was in previous years.
- We risk creating a society where destitution is accepted by groups of people so that it becomes a way of life, something of a 'learned' habit, whereby people expect to be destitute. This pattern has been seen in homelessness and to some extent in

indigenous households where children grow up with unemployment and poverty as the norm and learn to expect that. This is desirable neither for the individuals concerned nor for the country.

- In Leicester and other regions there is, reportedly, an increasing number of people approaching destitution services who have actually been granted refugee status or are still within the asylum system but are unable to obtain support because of administrative barriers. It remains absolutely crucial that voluntary and statutory sectors continue to work together to minimise the risk of this happening.

There is much to applaud in the continuing ingenuity and dignity of the refugees and asylum-seekers affected. Despite appalling conditions many retain a sense of humour and integrity. They are survivors although, after having fled some horrible situations, they should not have to be tested in this way.

We have raised awareness of the issues and attempted to move the debate on. As a result of the work in Leicester and elsewhere there is now much less denial of the problem. The problem of destitution is in the open and, at the time of writing, there is a dialogue taking place with policy makers. It remains to be seen whether this will result in positive changes for those affected.

We continue to work well together as organisations trying to address the issue. Pooling our knowledge, skills and resources has enabled us to provide a more holistic service to destitute asylum-seekers and refugees in Leicester. The members of LVSF remain committed to the fight to reduce the chance of people becoming destitute in the future.



2 Recommendations for Leicester

Destitution remains an issue in Leicester, and efforts to address this must continue. Accordingly, most of the recommendations from the report in 2008 remain recommendations today. There are challenges for many local organisations and fora as well as for individuals.

Multi-Agency Forum & Voluntary Sector Forum: It is absolutely vital that there are good channels and procedures for sharing information if vulnerable individuals are to be effectively supported. The main vehicle for information sharing and planning between agencies involved with asylum seekers and refugees in Leicester is the Multi-Agency Forum (MAF) along with its sister organisation the Leicester Voluntary Sector Forum (VSF). It is important that the current 'joined up' working between MAF/VSF and Leicester City Council, whose support enables the forums to operate efficiently and effectively, is maintained.

New Arrivals Strategy: Refugees and asylum seekers form one of the groups to be considered in the City Council's New Arrivals Strategy. Those responsible for the implementation of the strategy need to continue to acknowledge that destitution amongst asylum seekers and refugees is a growing issue in Leicester and steps should be taken wherever possible to address this issue.

Legal Support: There is still a real need for increased and better provision of solicitors, legal advice and interpreters for asylum seekers in Leicester. The closure of Leicester Law Centre left only the Immigration Advisory Service carrying out legally aided work in this field. It is encouraging that IAS has expanded its operation in Leicester and has introduced drop in days to increase clients' chances of being seen. However, the absence of any other provider deprives people of a choice of legal adviser, or of a second opinion if they are unhappy with the advice received. We understand legal services for asylum seekers will be put out to tender later in 2009 with a view to at least two providers being given contracts in Leicester. In the meantime, LVSF members should work with IAS to ensure asylum seekers can get legal advice as and when they need it during their asylum claim.

Publicity: Destitution is an issue of public concern. There should be ongoing efforts to highlight the experience of destitute asylum seekers and refugees in the local media and to engage the wider community in supporting those who are destitute. There are a number of ways in which opportunities naturally arise for people to meet and build their understanding of each other, for example through engaging in projects organised by the agencies that form LVSF. Donations to these projects and individuals working with people who are destitute are always gratefully received.

City of Sanctuary: The establishment of the Leicester City of Sanctuary group is a welcome development in the city. Both individuals and organisations are encouraged to support the drive to make Leicester a real 'City of Sanctuary' and all those who are able to sign the pledge of support should do so. Actively supporting the aims and activities of City of Sanctuary will help to challenge myths, make asylum seekers feel more welcome in Leicester and provide opportunities for people stand alongside those who are destitute. Additionally, City of Sanctuary is constantly seeking new ways in which people can become involved

in refugee issues and ongoing, active community engagement will be crucial to its success.

Developing new support options: We need to work together for changes in the UK system that will eradicate destitution, but in the meantime we must continue to explore ways in which to provide support as effectively as possible for destitute clients. Alongside all of the diverse support services already offered by the members of LVSF, there is a proposal for a small scale project to help destitute asylum seekers find a way out of destitution by providing accommodation and subsistence, as well as legal advice, health care and social support for a limited period while all the possible options are explored. It is hoped this holistic approach to the needs of destitute clients will contribute to their well-being as well as finding ways of securing UKBA support for those who should be eligible.

Engaging with regional UKBA: The emergence of regional UKBA structures offers the LVSF the opportunity to engage with UKBA on regional issues. UKBA and the LVSF need to find ways of working together to eliminate as many 'administrative' causes of destitution as possible. This could be based on the experience in Scotland (see national context below).

Repeating the Survey: It is recommended that a further survey on destitution amongst asylum seekers and refugees is conducted in Leicester in 2010 and the results analysed and compared with data from our earlier surveys.



3 Recommendations for national policy makers

Many of the national recommendations that arise out of this year's survey are similar to those that we made in 2008. This is not a sign that our recommendations were wrong or ill conceived. Rather, it is an indication that we, and others working across the UK, have not yet been able to convince policy makers (essentially Central Government) of the value of adopting these measures. We make no apology for re-iterating these recommendations and believe that, if adopted, they would alleviate a huge amount of needless human suffering and benefit not only the individuals experiencing destitution but also the communities in which they are living.

- Destitution should not be used as a tool to coerce people to leave the country. Insisting that people sign-up to voluntary return in order to get support puts rejected asylum-seekers in an impossible situation. Most of them fear returning to their country and consequently feel unable to sign-up to voluntary return, as a result of which they become destitute. The decline in voluntary returns since 2006, despite the increasing length of time that some people are destitute, indicates that the threat or experience of destitution doesn't encourage voluntary return in any event.
- A revocable time-limited Leave to Remain should be granted to all asylum-seekers whose cases are rejected but who are unable to return or be returned to their country. Such leave would allow people to work and have access to adequate state support if unable to find employment. As well as alleviating destitution and enabling people to support themselves and pay taxes, this would bring people back into contact with the system. Such leave could be revoked when people were able to return or if their circumstances changed, such as when a fresh asylum claim was accepted and they became eligible for support again.
- Section 4 Support should be changed and ended in its current format. Rather it should be brought into the mainline support system for asylum-seekers and paid in cash at an adequate rate. This would form part of a continuum of support for asylum-seekers as suggested above.
- The UK Border Agency should interpret and apply existing provisions within immigration legislation to more readily grant leave to remain on humanitarian and exceptional grounds. This does not require any change in legislation but would ensure protection for many people fleeing horrendous situations such as those existing in Darfur or Zimbabwe.
- Asylum-seekers and refugees should be able to obtain appropriate health care based on assessment of clinical need rather than immigration status. Any ambiguity in current health regulations should be removed to make it clear to service providers and users alike that appropriate medical help can be provided. The current situation where health care staff are left to decide a person's eligibility based on their perceived immigration status is unfair on them and unworkable in practice.
- More intensive casework support should be offered to all asylum-seekers from the initial stages of their time in the UK. This could include assistance from the voluntary sector in a way that encourages and supports people in making informed decisions about their lives, including, where appropriate, considering the possibility of voluntary return.

- There should be access to good quality legal representation at all stages of the asylum process. The current level of access is limited by Legal Aid restrictions throughout the asylum determination process and many people are unable to get free legal advice as a result. We believe that asylum-seekers must be allowed the time and resources to have their cases more properly and fairly heard. The outcome of the recent UKBA pilot in Solihull strongly suggests that providing access to good quality legal advice early in the asylum determination process results in a much higher proportion of grants of leave to remain, and reduces the number of time-consuming and costly appeals.
- Local Authorities should be more adequately resourced to provide support for particularly vulnerable people who have no recourse to public funds. This should involve a clarifying of current regulations in a way that makes it easier for Local Authorities to make positive decisions about supporting these people. There should be central government funding for such provision along with training for staff who have to make the decisions.
- Arrangements between the UKBA and the Benefits Agency need to be streamlined in order to avoid the increasing phenomenon of people who have been granted refugee status becoming destitute because of bureaucratic delays in getting access to mainstream benefits.
- Continued representations should be made to UKBA to explore ways in which the administration of the asylum process can be improved to eliminate delays in getting access to support for those who are currently legally entitled to it. In particular, pressure should continue to be brought to bear on UKBA to establish a proper system of regionalisation of support structures, so that the present system of liaising with both Croydon and a regional office for eg Section 4 cases, with all its scope for delay and miscommunication, is brought to an end. The issues of administrative failure and delay are also addressed in the report of the Asylum Support Partnership, entitled The Second Destitution Tally, published on 14th May 2009.
- Central government and UKBA should be made reminded of the recommendations made by the Independent Asylum Commission in their reports released in 2008 and support should be given to the campaign by Citizens for Sanctuary to have these recommendations accepted and incorporated into national asylum policy.

There are other recommendations that we could make but these are the headline ones. In terms of taking the issue forward many of the organisations involved in LVSF contribute to national lobbying and campaigning on the issue¹.

¹ To find more material and information the 'Still Human Still Here' initiative has a good website (www.stillhuman.org.uk) with current advocacy material as do the major refugee organisations such as Refugee Action and the Refugee Council. In the statutory sector the 'No Recourse to Public Funds' initiative produces a monthly bulletin on developments and good practice (www.islington.gov.uk/nrpfnetwork).



4 Context notes

Destitution amongst asylum-seekers and refugees continues to be a major issue in the UK and much of the context for the Leicester experience remains the same as in 2008. Evidence from projects in other parts of the UK indicates that the Leicester experience is not untypical. We describe some of the national context below along with some recent developments.

Acknowledgement of destitution as an important issue: We felt, in 2008, that some progress had been made by the voluntary sector in bringing the issue to the attention of officials and politicians. Surveys such as those conducted by the LVSF provided evidence that agencies and groups could use to highlight what they continue to see as a humanitarian crisis. More recently, UKBA officials have shown a greater willingness to engage with the issue and discuss with the voluntary sector what approaches may help.

Two examples illustrate this. In Scotland the Refugee Support Trust and the British Red Cross analysed the cases of the destitute people that they had jointly supported over recent years². A significant finding was that over 60 per cent of the people that they had supported had become destitute because of administrative problems in the asylum system. Encouragingly, UKBA in Scotland have embraced the findings of the report and have committed themselves to work with the voluntary sector to amend some of the practices that have brought about this administrative destitution. There is a model here of engaging with UKBA regionally that may produce benefits for some of the destitute client group.

A second example has been the engagement of senior UKBA officials with representatives of the voluntary and faith sectors at a national level organised under the auspices of the Still Human Still Here Campaign and the Archbishop of York. A dialogue has been continuing for the last year to explore ways to address the issue. These discussions should reach a conclusion by the summer of 2009. While it is still not clear how much can eventually be resolved (see political context below) it has been encouraging that politicians have mandated UKBA officials to engage on the issue, something that was not happening in the previous year.

Political climate: There have been both positive and negative developments in the political climate that affect the issue of destitution. Most commentators feel that we are now clearly in pre-election mode (there has to be an election before October 2010) and as such that it will be difficult to obtain any concessions from the Government on destitution. This is because it still sees asylum as an electorally sensitive issue on which it may lose votes.

This was perhaps best illustrated in the summer of 2008 where the refugee sector lobbied hard for a concession for rejected Zimbabwean asylum-seekers (of whom there are estimated to be 11,000 in the UK). By July 2008 the political, health and economic situation in Zimbabwe had deteriorated badly and this was well documented in the UK press. The British Government itself made a statement saying that it would not force people to go back to Zimbabwe at the present time

² The Report '21 Days Later' was published in January 2009 and can be obtained from the Refugee Survival Trust and the British Red Cross.

because of the situation there. Given all of this, many organisations approached the Government here to seek concessions for rejected Zimbabweans, broadly along the lines of allowing people to work or get access to support. However, despite the gravity of the situation in Zimbabwe and the British Government's statements, UKBA made no public concession or major change to policy. That the Government felt unable to make a concession for this group in these circumstances suggests it may have judged that politically this is not desirable.

However even though we are in something of a political limbo some recent statements have been encouraging. Ian Duncan-Smith's Social Commission reported favourably on the issue. The Mayor of London called for an amnesty for those people illegally (or irregularly) in the capital. Whether such pronouncements will ever get translated into policy is far from clear. What we can conclude is that sadly there will be few major changes to the policy context of destitution until after a General Election, whatever the result.

Number of destitute asylum-seekers and refugees: The number of asylum-seekers coming to the UK in this period still is relatively small compared to five years ago. In 2007 UKBA figures show that 23,000 people sought asylum here, a fifth of the totals at the turn of the millennium. UKBA statistics for 2008 show that there were 25,670 asylum applications made in the UK. In this same period there were 19,415 initial decisions made of which 13,510 were negative. However in 2008 only 10,825 people were removed from the country. Therefore the number of claimants being refused and left destitute and unable to work may have increased by as many as 3,000 in 2008 alone.

The reasons people feel unable to return to their country even after being refused remain the same, including: fear of persecution, no mechanism to return and unstable regimes unwilling to accept returnees.

In summary there appears to be no significant reduction in the number of refugees and asylum-seekers becoming destitute and there is every indication on current figures that the number will grow.

Overall it is not possible to ascertain exactly how many refugees and asylum-seekers are destitute in the UK. Surveys such as this one provide useful snapshots and enable us to estimate the number of people nationally who are relying on destitution support projects. On current reckoning that would be somewhere between 30,000 and 50,000. But given that many destitute people go under the radar and don't ever approach support projects the real number may be higher.

In a related matter, some suspect that the reduction in the number of asylum seekers in general is linked not to fewer people fleeing persecution³ but rather to the fact that it is harder to get to the UK to claim asylum. Others also feel that there has probably been an increase in the number of people entering the UK irregularly and never making an asylum claim but who are, none the less, vulnerable to exploitation and destitution when here.

³ In 2007 there were over 32 million people in the world of concern to UNHCR, in other words people needing protection from persecution.

Legal challenges to current policy and practice: As always there continues to be a range of challenges and counter challenges to Government policy through the courts. One success from 2008 confirming access to health care by rejected asylum-seekers was overturned at the next level in the Appeal Courts. Consequently there is a risk that access to health care for destitute asylum-seekers will be further restricted, although we are still waiting to see how Health Authorities will interpret this latest ruling. Information on recent judgements can be found at the excellent No Recourse to Public Funds website: www.islington.gov.uk/nrpfnetwork

Over the last year there was a rise in positive decisions being given to Zimbabwean asylum-seekers, some of which may have been brought about by legal challenges. Additionally, the AIT ruled recently that those who could not show that they were supporters of ZANU PF could be in danger on return. However, it is not possible to say at this stage whether this represents a significant change that will help many of the estimated 11,000 asylum-seekers from Zimbabwe whose cases were initially rejected. Recent UKBA country guidance in relation to Zimbabwe suggests that the influence of this recent court decision on immigration policy is very limited.

There is always a topsy-turvy nature to the legal cases associated with this issue and results can go either way. Legal challenges are, of course, vital in the push to end destitution but to date no one has succeeded in establishing that it is not lawful to make people destitute.

Common sense of health sector and other statutory workers: Despite the negative nature of much of the legislation, recognition should continue to be given to the integrity and professionalism of many staff in the statutory sector who use their clinical judgment to alleviate suffering where they can.

The Asylum Model (NAM): During this period the Home Office fully implemented the Asylum Model⁴ for dealing with all new asylum claims. One hope was that this new way of dealing with asylum-seekers would lead to quicker resolution of cases, which in turn would minimise the incidences of destitution. However a recent survey⁵ by the Asylum Support Partnership⁶ has shown that, regrettably NAM has made little difference to the number of refugees and asylum-seekers facing destitution. There continues to be a mixture of end of process asylum-seekers becoming destitute alongside many still in the system but who cannot get access to support for administrative reasons.

Case Resolution – the Legacy: UKBA made considerable progress during 2008 in working through the so-called 'Legacy Cases' that they have on their records. This includes asylum-seekers who have never had a decision as well as many who were initially rejected but who are still in the country. Theoretically there are as

⁴ Previously known as the New Asylum Model or NAM

⁵ The Second Destitution Tally - published 14th May 2009 and will be available from the Asylum Support Partnership Co-ordination Team based at the Refugee Council.

⁶ The partnership of the key refugee assisting agencies: Refugee Action, Refugee Council, North of England Refugee Service, Scottish Refugee Council and Welsh Refugee Council.

many as 400,000 people in the legacy, although many think in real terms it is about half of this number. UKBA prioritised making decisions on over 5000 families in this category and these cases have now been worked through. Most have been given positive decisions of one sort or another. In practical terms the families were easier to locate than other cases in the 'legacy' since most were receiving state support anyway. The Case Resolution Team at UKBA has now moved on to trying to resolve the cases of single people and childless couples. It is assumed that a large number of people who utilise destitution projects fall into these categories and if their cases were resolved positively then they would cease to be destitute.

5 Conclusion

This fourth report on destitution amongst asylum seekers and refugees in Leicester confirms that there continues to be a huge amount of humanitarian suffering caused by this policy. Furthermore, the evidence suggests that the threat, or the reality, of destitution is not encouraging people to return to their countries or that the number of destitute people is decreasing. Many of these people feel unable to return voluntarily to countries from which they have fled trauma and atrocities. They would rather face a life of destitution on the streets of our cities than return.

Destitution is unacceptable in the UK in 2009 and appears to benefit no one. Without the continued support of the voluntary sector and faith organisations it is difficult to see how this group of people could survive. The evidence that these organisations have built up on the issue is vital in both informing the debate and advocating for change. Ultimately we need to alleviate this suffering and treat people with dignity and respect for the benefit of all. While the sector explores ever more imaginative ways in which to support those affected we must use our knowledge to influence those who can make decisions. It is not an easy task and may take a long time but it is certainly worthwhile. We hope that this latest survey in some way helps to bring a positive resolution a little nearer.



Survey results

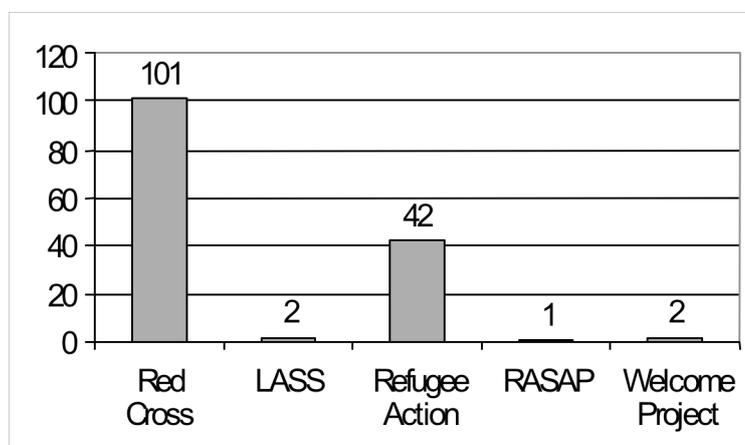
Note on methodology: Six voluntary sector organisations took part in the survey this year, which was conducted over a four week period between 2nd February 2009 and 27th February 2009. These organisations were the ASSIST Service, the British Red Cross, Refugee Action, LASS (Leicester Aids Support Services) the Welcome Project and RASAP (Refugee and Asylum Seeker Advice Project).

As in each previous year, staff assessed each individual asylum seeker and refugee who visited their service during this period, as to whether or not they were destitute. Those that fitted the criteria had their details recorded on the data collection form. (See Appendix C).

As well as giving tickets to participants, the collecting agencies double checked and cross referenced the details on their forms to avoid double counting. At the end of this process all monitoring sheets and the data were collated and analysed.

The following tables illustrate the responses to the questions contained in the survey. The numerical axis in each table illustrates the number of asylum seekers or refugees.

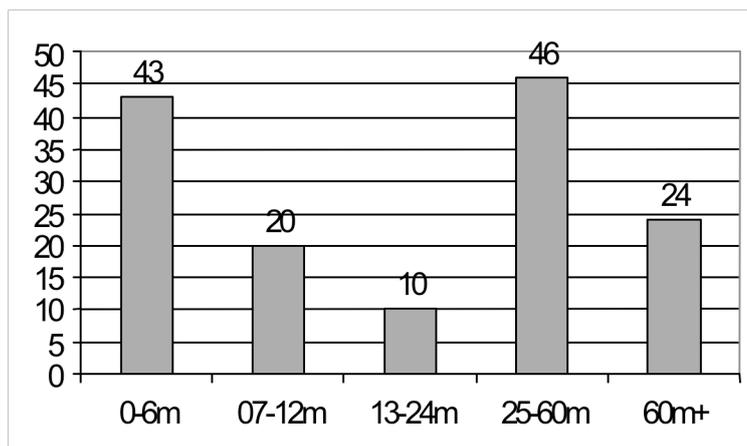
Table One: LVSF Survey Agencies and numbers involved



148 individuals presented and described themselves as being destitute (see survey definition). The number of destitute asylum seekers and refugees presenting during February this year is higher than in the 2008 Survey but lower than that recorded in the 2006 Survey (308). It is not entirely clear why this is the case, but what we do know is that during the survey in 2009 we experienced severe winter weather conditions which resulted in the closure of many schools and businesses in Leicester and the number of clients attending the offices of the collecting agencies was significantly reduced at times as a result.

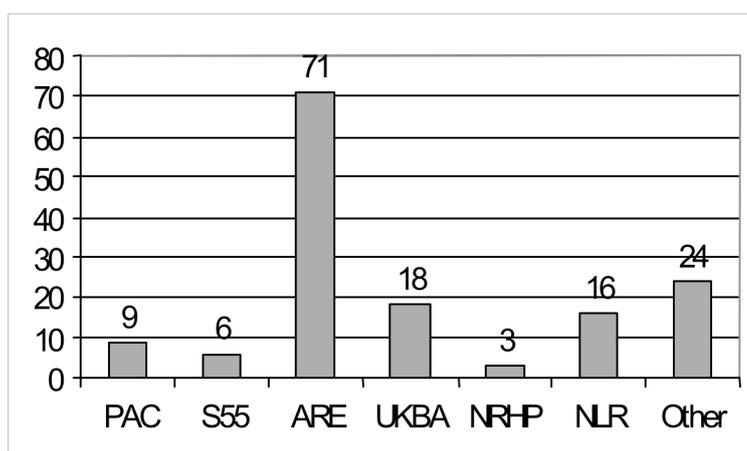
As noted earlier in this report, despite the reduced numbers of asylum claimants in the UK in 2007 and 2008, the number of refused claimants who were left destitute and unable to work in 2008 may in fact have increased overall by as many as 3,000. As reported in 2008, it is also important to stress that many 'end of process' and consequently destitute asylum seekers stop visiting refugee support projects when there is no longer any service or form of support that these agencies are realistically able to provide.

Table Two: How long have you been destitute?



- 29% of those surveyed confirmed that they had been destitute for 6 months or less.
- Approximately 13% reported that they had been destitute for 12 months or less.
- Just over 6% reported being destitute for between 1 and 2 years.
- 31% stated they had been destitute for between 2 and 5 years.
- Approximately 16% have been destitute for 5 years or more.
- 54% of those surveyed reported having been destitute for over 12 months.

Table Three: How did you become destitute?



The main circumstances through which people in the Survey became destitute are shown in Table Three above (please see Glossary below for acronym notes).

PAC (Pre asylum claim): denied support as a person has not yet been able to make an asylum claim.

S55 (Section 55): Asylum seeker has not claimed asylum as soon as reasonably practicable and therefore UKBA have denied support.

ARE (Asylum Rights Exhausted): Asylum seeker's initial claim and any appeals have been rejected.

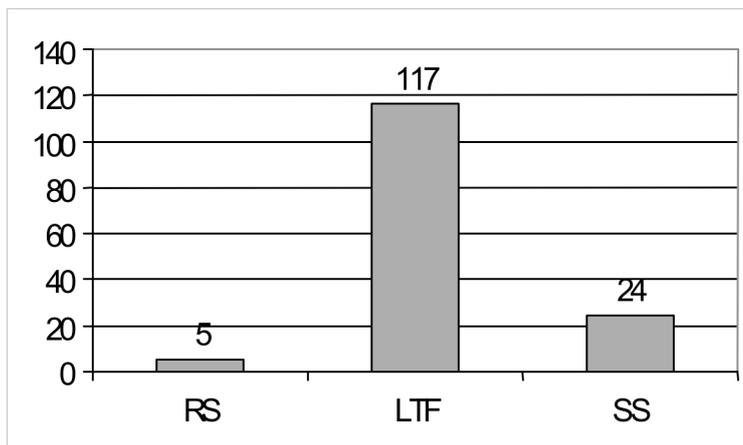
UKBA (administrative error): Support stopped because of an administrative error or delay by UKBA.

NRHP (New refugee housing problem): The asylum claim is successful and NASS support has stopped but there is a delay in accessing housing and or mainstream benefits.

NLR (No legal representation): Asylum seeker has new information for the Home Office to consider but is unable to find a lawyer to present this information.

Other: Support refused or terminated for reasons other than the specific reasons given above.

Table Four: Where did you sleep last night?

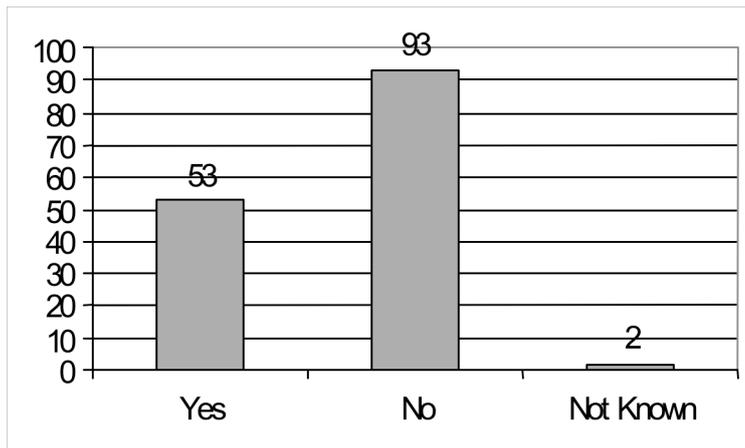


RS (Rough sleeping): This category includes people who reported sleeping 'rough' for example in the park, in a friend's car or in the bus station etc. Approximately 3% of Survey respondents reported that they had slept rough the previous night.

LTF (Limited time with friends): This category includes those who can stay with friends but only for a limited period and then have to make alternative arrangements. 80% of Survey respondents matched this category.

SS (Sofa Surfing): This category has been used for individuals who normally move from friend to friend, spending only one or two nights at a time sleeping on their floors or on sofas. This arrangement often requires that the destitute individual has to leave the house very early in the morning and stay out of the house until evening (either because they are not invited to remain in the house or to avoid problems arising through landlord visits and inspections). Approximately 16% described being in this situation on the day they responded to the Survey.

Table Five: Have you got an HC2?



Asylum seekers are entitled to free health-care, including free dental and optical care. To obtain this they must have a valid HC2 certificate to prove their entitlement. HC2s are valid for 6 months and then have to be re-applied for. At the time of this Survey refused (end of process) asylum seekers who were not eligible for support from the Home Office were also barred from accessing health care (with some exceptions for the seriously ill or expectant mothers etc.). Those individuals reporting that they have a current HC2 certificate are likely to fall within one of the exceptional criteria or may have become destitute within the 6 month period for which their HC2 remains valid.

Table Six: Mental health (MH) issues / self reporting

Participant agencies and staff did not attempt to diagnose or formally assess the mental health (MH) of those identifying themselves as destitute but did ask whether respondents were receiving specialist support or medication connected to poor mental health. 28 individuals described themselves as suffering from mental health related problems and a further 20 described physical symptoms suggesting the onset of mental health problems, such as disturbed sleep and nightmares.

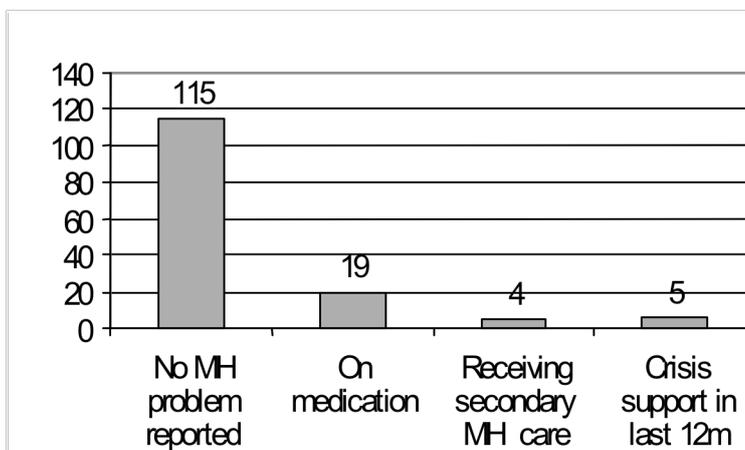


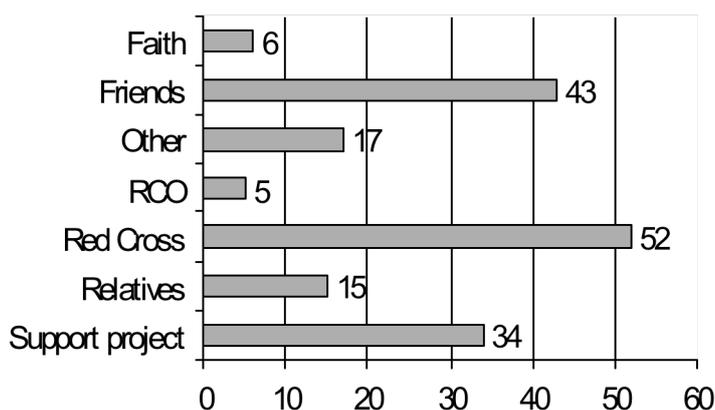
Table Seven: Physical health problems reported

The table below illustrates the range and simple categorisation of health problems that were reported by individuals consulted in the Survey. The categories are based upon the words and assessments offered by respondents themselves.

Reported health problem	Numbers reporting
None	58
Anxiety	2
Back problems	3
Colds	1
Dental problems	4
Eczema	2
Gastro	4
Headaches	7
HIV	10 (2 of these individuals also have TB)
Kidney problems	1
Pregnant	5
Post Traumatic Stress Disorder	7
Tiredness	2
Sleep problems	9
High blood pressure	3
Other	35

Table Eight: Where do you get support from?

This year a combined total of 141 respondents reported that they had slept the previous evening in the home of a friend and many of these described a survival lifestyle that the participant agencies describe as 'sofa surfing' i.e. moving from the accommodation of one friend to another and sleeping in an improvised bed, often on a floor or sofa. By implication, if not always explicitly stated in the Survey questionnaires, it seems evident that for many destitute asylum seekers their main source of support is their friends. As noted in last year's Report, the experience of participant agencies is that other asylum seekers are often the most frequent temporary providers of floor and sofa space for destitute peers and friends. This survival strategy is confirmed in the findings of several more in depth surveys over recent years, for example The Destitution Trap, (Refugee Action national survey 2006). The table below illustrates how destitute people explicitly responded to the question 'where do you go for support?'



Destitution Survey comparative results from previous years

The table below illustrates the results of each of the Surveys conducted in 2005, 2006, 2008 and 2009 (no Survey was conducted in 2007).

DATA / QUESTIONS	2005	2006	2008	2009
Numbers recorded in the Survey	168	308	135	148
Numbers with dependants	30		22	36
How long have you been destitute?				
<i>Up to 6 months</i>	80	88	58	43
<i>7-12 months</i>	23	100	16	20
<i>1- 2 years</i>	42	120	18	10
<i>3 – 5 years</i>	4		27	46
<i>More than 5 years</i>	0		16	24
How did you become destitute?				
<i>Pre asylum claim</i>	11		8	9
<i>S55</i>	1		2	6
<i>ARE</i>	118		91	71
<i>Delay UKBA</i>	10		11	18
<i>Refugee housing delay</i>	2		3	3
<i>Fresh claim no lawyer</i>			9	16
<i>Other</i>	26		11	24
Where did you sleep last night?				
<i>Stayed with F & F</i>			97	117
<i>Sofa Surfing</i>		200	29	24
<i>Rough</i>	32	100	4	5
<i>Other</i>		8	5	2
Have you got an HC2				
<i>Yes</i>			31	53
<i>No</i>			99	93
Mental health problems self reported				
<i>Well / no problems</i>			115	115
<i>Taking MH medication</i>			15	19
<i>Receiving help from MH unit</i>			1	4
<i>Have been seen by a Crisis team</i>			1	5
Physical health problems described				
<i>HIV</i>			3	10
<i>Gynae/Pregnancy</i>			2	7
<i>Liver/Kidney</i>			2	2
<i>TB</i>				2
<i>Associated with stress</i>			6	23
<i>Mobility/disability</i>				8

Some of the 2009 figures are especially worrying especially in relation to health issues reported or described by destitute individuals. Ten people identified themselves as being HIV+, one of whom is also pregnant and two of whom also have TB. Five people altogether volunteered that they are pregnant and two women have gynaecological problems. Twenty three respondents reported symptoms associated with stress. Twenty eight are receiving some form of help for issues connected with their mental health.

Recent court judgments on access to health and local authority care have further complicated the position in relation to access to free health care for asylum-seekers and have increased the number of cases where people are struggling to get either an appropriate assessment or support. Furthermore as times goes on we are seeing a greater number of clients who have been destitute for several years. This inevitably has a negative consequence for their physical health and mental well-being. What has been witnessed amongst clients in Leicester is, unfortunately, seen elsewhere in destitution projects in the UK.

The example of people suffering from TB illustrates the dangers of the current policy regarding destitution, both for individuals and the community. In order to effectively combat TB a patient needs to undertake a course of medication usually over a six-month period. Although the symptoms may clear up in the initial stages of treatment unless the patient continues with the course of medication the disease is likely to recur. Furthermore the TB itself becomes more resistant to the drugs initially targeted at it. For many destitute people it may be hard to obtain the appropriate medication in the first place and even harder to sustain a prolonged application of anything that is prescribed. Their lifestyle mitigates against consistent contact with the appropriate authorities. Professionals in the health sector are alarmed at this as it is likely to lead to an increase within the general population of drug –resistant TB, which would create a serious public health problem. Many such professionals would support ways to ‘regularise’ the situation of destitute asylum-seekers in order to help prevent this.

Appendix A: Brief biography of LVSF organisations involved in the Survey

The terms of reference for the Leicester Refugee and Asylum Seekers' Voluntary Sector Forum (LVSF) are summarised below:

- To provide a mechanism for co-operative working, networking and collaboration in order to effectively meet the needs of asylum seekers and refugees,
- To act as a consultative group on policies and procedures that affect asylum seekers and refugees,
- To actively participate in the regional structure on asylum seekers and refugees and engage with regional and national issues,
- To work closely with the MAF with particular reference to the New Arrivals Strategy
- To facilitate campaigning for resources and appropriate policies and procedures to meet the needs of asylum seekers and refugees and their communities across the city
- To define areas of specific inter-agency co-operation,
- To share information and concerns related to the issues of asylum and refugees,
- To deliver specific pieces of work deemed appropriate by the membership of the Forum,
- To raise awareness and promote a positive perception of asylum seekers and refugees, and
- To play an active part in the structure established to deliver the New Arrivals Strategy and make a positive contribution to the implementation of the strategy, particularly as it relates to asylum seekers and refugees.

The LVSF was initially established by Refugee Action in 2000 to consider how best to co-ordinate the growing services for asylum seekers and refugees. In July 2002 the LVSF merged with the existing Multi-Agency Forum (MAF) which covered some of the same ground as the LVSF and whose membership consisted of statutory,

private and voluntary sector organizations supporting asylum seekers and refugees. Alongside this merger, the LVSF has continued to meet as a separate group and this structure continues to the present day.

Refugee Action: Refugee Action is an independent national charity whose main focus is to enable refugees to build new lives through advice and information, community development, enhancing opportunity, and campaigning for refugee rights. It provides practical advice and assistance for newly arrived asylum seekers and long-term commitment to their settlement through work with refugee communities and organisations. The work of the Refugee Action Leicester Area team includes the provision of advice and information to newly arrived asylum seekers eligible for Asylum Support, to those supported by UKBA and to the increasing number of those refused asylum and/or affected by destitution who may be eligible for Section 4 support; a confidential service offering information, advice and support to asylum seekers and refugees who are considering voluntary return; working in partnership with other service providers, refugee groups and voluntary organisations to improve access to services for female asylum seekers and refugees; strengthening refugee community organisations' sustainability, fundraising and ability to deliver services through the BASIS project; offering a range of volunteering opportunities and providing training, support and resources to other agencies coming into contact with refugees and asylum seekers.

Leicester Aids Support Services (LASS): LASS is a specialist agency supporting those who have been diagnosed with HIV / Aids and providing assistance where possible. Offering training, counselling support and specialist reports among other services, the service continues to see destitute asylum seekers and refugees who are suffering from HIV / Aids.

British Red Cross 'Refugee Orientation Project': This project provides a range of assistance to asylum seekers and refugees in Leicester. This assistance increasingly includes supplying blankets, sleeping bags and emergency food parcels for the growing number of destitute asylum seekers. The British Red Cross is heavily involved in supporting those who are newly arrived in Leicester and intend to claim asylum. Many who have to make the journey to Croydon or Liverpool to lodge their claims do not have any funds to do so. In some cases, the British Red Cross is able to help them with travel costs and also to help prevent destitution during their first few nights in the UK.

The British Red Cross is a neutral and impartial humanitarian organisation. All work undertaken is carried out in line with these fundamental principles.

ASSIST: The Leicester Primary Care Trusts (Eastern and Western) set up an asylum health project called ASSIST. ASSIST registers all asylum seekers who present themselves and provides immediate and necessary health care on a triage basis. The specialist team sees people to identify health related problems and provides information on the network of voluntary sector organisations that exist to respond to the needs of individuals.

The Welcome Project: A volunteer led drop-in project, based in the Cathedral Centre in the centre of Leicester. The project, which has been going for 8 years now, is open on a Thursday and offers basic advice, friendship and support as well as food and clothing to those who need them.

Refugee and Asylum Seeker Support Project (RASAP): A project of the Racial Equality Centre, RASAP provides advice and guidance primarily for those granted permission to stay in the UK. It helps people with the transition from UKBA support to housing and state benefits.

Appendix B: Glossary and definitions

Asylum Seeker: An asylum seeker is a person who is fleeing persecution in their homeland and who has arrived in the UK, made themselves known to the authorities and exercised their legal right to apply for asylum. Someone continues to be an asylum seeker until their claim for asylum is 'fully determined' i.e. when all appeals processes are exhausted and a final decision is made. This process can take from a few months to several years.

Refugee: 'Refugee' describes a person who has proved they would face persecution if they returned to their home country and whose asylum application has been successful.

Illegal Immigrant: A national from another country who has intentionally not made themselves known to the authorities and who has no legal basis for being here. This category does not include asylum seekers, who are legally entitled to be in the UK for the duration of their asylum claim, despite what the tabloids sometimes suggest.

Economic Migrant: Someone who has moved to another country to work. If the person has a work permit they can legally work. If not, then they may be an illegal immigrant.

EU Nationals: European law permits citizens of the European Economic Area (EEA) to move among member countries without immigration control. These citizens are commonly referred to as 'EU Nationals'. If someone is granted refugee status in one of these member countries, they may become EU citizens and are then free to move to another member country. For example, in response to harassment in The Netherlands, many Dutch Somalis have moved to Leicester, where there is now an established Somali community. European nationals are not entitled to UK benefits for at least 2 years after arrival, except for work related credits and benefits for those who are working. Those who are not working are subject to the habitual residency test and will need to provide evidence of work they have been doing in order to receive support.

Destitution: The definition of destitution is variable. The Oxford English Dictionary defines destitution as 'the state of being extremely poor and lacking the means to provide for oneself'. For the purposes of this destitution report, we have assumed destitution to be: 'the lack of any available statutory support mechanisms resulting in the need of an individual approaching charities, faith groups, communities and voluntary groups to get help and assistance in accessing some form of daily support'.

Rough Sleeping: The definition of rough sleeping used by Homelessness Units across the UK (Office of the Deputy Prime Minister) is:

'the number of individuals sleeping rough on a single night within a local authority's boundaries'. Individuals sleeping rough should include people sleeping, or bedded down, in the open-air, or in buildings or other places not designed for habitation'.

For the purposes of this report, an individual has been deemed to be 'rough sleeping' when they have verbally stated that they had to sleep outside for one night or more during the survey period.

Asylum Seeker – Appeal Rights Exhausted (ARE): The legal system that must be negotiated by all asylum seekers and refugees is complicated and provides a variety of legal avenues that can be followed if the initial application to the Home Office is unsuccessful. It is not the purpose of this report to explain these alternatives and exceptions.

However, there comes a point in many asylum applications where an asylum seeker will have no further appeal rights against the refusal of status and they will not be given any form of 'Leave to Remain'. The term used to describe this point in the asylum system is 'Appeal Rights Exhausted' (ARE). This term is also used to categorise people who remain in the UK after their asylum claim is finished and have not returned (voluntarily or by force) to their country of origin. They may currently be supported by UKBA, but this will soon expire. Many are living without any support, some of them whilst they wait for their Section 4 support to commence.

Asylum Seeker – S55 refusal (S55): Under S55 of the Nationality, Immigration & Asylum Act 2002 the Home Office is prohibited from providing support to an asylum seeker unless they have claimed asylum and they have done so 'as soon as is reasonably practicable' after entering the UK. When this legislation first came into force it was used to deny thousands of asylum seekers access to any support, including those who had claimed asylum within one or two days of entering the country. Numerous legal challenges were raised and, after a landmark House of Lords decision, the Home Office now uses this power to deny support much more sparingly. However, several hundred people each year are denied support and they face, at best, relying on the good will of family or friends or, at worst, a life of destitution on the streets.

Asylum Seeker – Section 4 (S4): This refers to asylum seekers whose cases have become 'ARE' and who are being provided with very limited support by the

Home Office under 'Section 4'. This support is subject to very strict eligibility criteria and is most commonly given to people who have signed up to voluntary return to their country of origin, who cannot arrange a return to their country at present because it is not possible or who have submitted a fresh claim for consideration by the Home Office.

Asylum Seeker – Discontinued Claim (DC): The experience of groups in Leicester has been that there are a growing number of asylum seekers whose claim is not continuing through the decision-making system as far as there is potential to do so. This term has been devised for this report to classify those who do not have adequate access to a legal representative and whose claim has become dormant. Many asylum seekers receive a negative decision after their first interview for a variety of different reasons that are not discussed in this report. Unless their legal representative continues to represent them (and many are unable or unwilling to do so), asylum seekers may find themselves trying to find a new representative at a time of tight deadlines. These asylum seekers may also experience destitution and are ineligible for support and liable to be forcibly returned in the same way as 'ARE' cases. The restrictions on Legal Aid and reduction in solicitor availability have contributed to the number of discontinued claims and are mentioned elsewhere in this report. For those affected, there is no way of knowing whether they would have been accepted as a refugee had their claim been fully and properly pursued.

Home Office: The section of Government responsible (among other things) for securing the UK's borders and controlling migration.

United Kingdom Border Agency (UKBA): The department of the Home Office responsible for asylum and immigration matters.

Asylum Support (still commonly referred to, by agencies and asylum seekers alike, as NASS): The department of the Home Office responsible for administering support for Asylum Seekers, from the moment of application until a positive decision or final negative decision.

Human Rights Claim: A Human Rights claim is an application to stay in the UK under an article of the European Convention on Human Rights (ECHR) e.g. Article 3, which prohibits torture or inhuman or degrading treatment or punishment. It is different to an application for asylum made according to the 1951 United Nations Convention.

'In Country': This is a type of asylum claim made after a person has entered the country, as compared to a 'Port of Entry' claim where a person declares themselves to an Immigration Officer as soon as they arrive in the country e.g. at passport control at the airport. In country applicants may have travelled to the UK hidden in a lorry, for instance, or may have been brought here by an agent who used false papers to get them through passport control and into the country. In each case they make their asylum claim at one of the Asylum Screening Units (which are in Croydon and Liverpool) rather than at a port or airport of arrival.

Destitution in the asylum system in Leicester

This report is part of ongoing work by Leicester Refugee and Asylum Seekers Voluntary Sector Forum to monitor the extent of destitution amongst asylum seekers and refugees in Leicester.

This is the fourth report on the issue and it sets out the findings of a survey of asylum seekers and refugees carried out by members of the Forum in February and March 2009.

Report written by Richard Malfait for Leicester Refugee and Asylum Seekers' Voluntary Sector Forum (LVSF)

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