Refused protection: destitute and homeless refugees in Scotland

Information for statutory and other agencies

“First of all, they must bear in mind you are also human beings.

They must know you are human beings rather than treating us like you are nothing.”

This document aims to improve awareness of those living in Scotland who have sought protection from the UK government but who find themselves destitute and homeless following the refusal of their application. It highlights the importance of considering their rights and entitlements, the need for staff to fulfil their statutory duties in respect of these people and the impact of their situation on health.

Refugees in Scotland

There have been refugees in Scotland for generations. From Jews escaping the Holocaust to the Vietnamese boat people in the 1970s, people have fled here from genocide and conflict, political oppression and religious persecution. The UN Refugee Convention of 1951 obliges governments to provide protection to those who face serious threats to their life or freedom in their own country.

Since 2000 most of those applying to be recognised as refugees in the UK have been dispersed across the country to live wherever they are sent. Some of them have been housed in Glasgow. This has contributed to Scottish society, with many motivated and resilient people from many countries now living in our communities, often bringing skills as well as a rich cultural diversity. Countries of origin are varied such as Iran, Eritrea, Zimbabwe, Iraq, China and Sudan. Many are impressed by the warm welcome they are given here. However, lack of understanding by the public or by statutory agencies of their background or the process they go through can result in a cooler reception or discrimination.

A tortuous process with constant fear of return

The asylum process itself is complex and often causes anxiety to those who experience it. It requires convincing evidence - often difficult to gather - of ongoing threat to life or liberty in the country of origin. Other vulnerable migrants who have sought humanitarian protection similarly live in fear of being returned to their country due to circumstances such as forced marriage, female genital mutilation, domestic violence or being a victim of human trafficking.

Life following the decision

Those who receive a positive decision on their application - around 50-60% after appeal - are then permitted to work and must move on to other accommodation, some choosing to stay in Glasgow or other parts of Scotland.

However since 2005 due to UK government legislation those who receive a negative decision on their application and appeal lose their accommodation and their entitlement to public funds for personal financial support. They are not allowed to work. They therefore become entirely destitute. This currently applies mainly to single adults or couples without child dependents, however when the Immigration Act 2016 is implemented in early 2017, families with children will be treated the same.
It is important to realise that someone who has claimed asylum or humanitarian protection, even if his/her claim is refused, is not here illegally. The claims of many in this situation are eventually acknowledged as genuine, some after more than a decade of living in limbo.

“Every day I asked myself whether I was going to eat anything that day and where I was going to sleep that night. I’ve always told the Home Office the truth about my case but for years they didn’t believe me. Not being believed is the worst thing that can happen to a person.”
Anne was detained, beaten and raped in the Democratic Republic of Congo (DRC) for condemning the forced recruitment of child soldiers like her son. She was refused asylum in the UK and spent three years living in destitution before eventually being given protection (‘At the end of the line’ report by the Still Human Still Here coalition)

These people are often traumatised. Some have experienced torture, rape or imprisonment; many have lost family, home and livelihood. Some have serious physical or mental health problems. Facing refusal and subsequent homelessness and destitution greatly exacerbates their difficulties as they become unable to meet basic needs.

Needs of destitute asylum seekers

Shelter

People in this situation need to find shelter. They are vulnerable to exploitation, abuse and violence due to their desperate situation. Most informal help or shelter they are given is short-term and unreliable. Night shelter is particularly important, however having somewhere dry and warm to go during the day with good company and activity is also crucial for health. Many experience boredom and frustration as well as practical difficulties such as where to go to the toilet or to wash, to cook food or do laundry.

“Destitution is horrifying especially as you are in a strange land. Friends deny you and do not want to talk to you or help you. How can a destitute person live without even a shelter over their head?” (48 year old woman from Zimbabwe)

“Eight destitute women reported that women sold sex in order to survive and of exchanging unpaid domestic labour in return for somewhere to stay.” (Sunday Herald 20.3.16)

“I have had nowhere to live for three years since [government] support was pulled away…I have slept at the bus station. Sometimes behind some shops. I was attacked last month- they split my head and I have 10 stitches.” (48 year old man from Sierra Leone, quoted in report by Still Human Still Here coalition)

Food

Lack of consistent food results in malnutrition and worsening of health problems. Many find basic food parcels from charities a means to survival but also demeaning. Some refuse to accept help due to a sense of shame.

Healthcare

In Scotland refused asylum seekers are entitled to full healthcare. However access to this provision is often frustrated by homelessness. Some GP surgeries will not maintain registration for someone who no longer has accommodation in their area. Some fall back on the services of the Homeless Health Team. Hospital appointment letters need to reach patients by post and this is impossible with no address. Those with long-term health conditions such as HIV, diabetes, heart disease and mental illness and women who are pregnant need not just medication but also nutrition and shelter in order to stay well.

“It is a breach of human rights to give people medication without proper accommodation and money for food.” (Zimbabwean member of local HIV support group)
“It’s not my HIV condition that is affecting my health, as a human being I need basic needs like a house and food, but I am homeless and with no financial support. The world knows about my country, it’s not safe, but home office doesn’t care.” (man from Eritrea)

“We are concerned about women who are pregnant, who are not entitled to support until a few weeks before their due date. We have seen high levels of destitution in pregnancy as well as a range of highly-exploitative situations.” (Phil Arnold, British Red Cross refugee services, Glasgow)

“Research suggests that though asylum-seeking women make up just 0.3% of pregnancies, they account for 12% of maternal deaths”. (Sunday Herald 20.3.16)

Travel

Refused asylum seekers are required to attend the local Home Office Reporting Centre on a frequent basis. Many end up walking more than 10 miles for this purpose due to no money for transport. Inability to travel a distance also hinders them from accessing medical, legal and other services and causes increasing social isolation.

Legal support

Good legal support with provision of legal aid, available in Scotland for people in this situation, is key. This can enable them to consider their options and pursue their need for protection. However solicitors can find themselves overwhelmed with the numbers and increasing barriers to achieving a positive result.

Information and advice

Effective sign-posting and accurate information is essential. However at the moment much of this is provided on the ground by small charities and community groups. There is a lack of funding and training for advice provision specific to this need.

Case study: Mr M

Mr M (41) is a homeless asylum seeker from Zimbabwe. He came to the UK around 15 years ago and is not able to return to his home country as he fears for his life.

In 2013, Mr M was moved to accommodation in Glasgow and, during that year, was diagnosed with HIV. At the time of his diagnosis he was very ill and was admitted to the Brownlee Centre for Infectious Diseases. The refusal of his asylum claim had led to enforced homelessness. He was then referred to a local HIV support charity Waverley Care who recognised that accommodation was an immediate need. He was assisted to access the Glasgow Night Shelter which is currently hosted by a church. However, he was only allowed to stay there during night time and had to leave early each morning and spend his daytime on the streets.

Life became so difficult for Mr M. Lack of stable housing and any sort of income not only made him vulnerable but also unwell. Adhering to HIV medication became very challenging due to fear of disclosure and stigma, and he became extremely anxious and depressed.

Mr M was given temporary accommodation whilst waiting for a decision on his asylum claim. However, when this was rejected, he again lost his accommodation. During this time, his health deteriorated and he was admitted to the Southern General Hospital. He was then transferred to Leverndale Psychiatric Hospital, where he spent two months. On discharge from hospital he once again found himself homeless and destitute.

Mr M then stayed for a considerable time at the night shelter and his health condition became extremely worrying. He was on the brink of losing total control of his life. He found it hard to remember to take his HIV medication and often missed appointments at the Brownlee Clinic. He was struggling to look after his personal hygiene, needing assistance for washing and dressing, and with the washing of soiled clothes. He began to fall asleep in the middle of conversations.
One of the most concerning aspects of this was that he was not able to represent himself and talk about his personal issues in a meaningful manner to bring about improvement. Destitution combined with homelessness had seriously undermined his health and wellbeing and threatened his life.

An application was put into social services outlining Mr M’s needs but no action was taken for some time. After a crisis involving the police, social services eventually became involved to house Mr M. Volunteers from the night shelter continue to give practical and emotional support and assistance towards pursuing his legal case for asylum.

What can be done?

Awareness and early intervention

Awareness of responsibility is needed at a national level across statutory agencies. Referrals to social services have often been rejected due to a misconception that no recourse to public funds implies no entitlement to any kind of help. Due to this, a person’s health problems can become unnecessarily critical. Early intervention could prevent deterioration in their condition and costly future intervention by various agencies.

Support for groups providing information and help

There are a small number of charities, faith and community groups who are using very limited resources to reach some people in this situation with emergency food, shelter, information, emotional support and advocacy. Many of these agencies are having to divert funds from their original purpose such as refugee integration and use them to support people in crisis. There is clearly a gap in publicly-funded charitable services.

Bureaucracy and negative attitudes also need to be overcome at all levels. A particularly urgent need is safe shelter for women. The night shelter which has been running since 2011 is permitted to take only men in its present location and the staff there are actively seeking night drop-in premises for both sexes in different parts of one building. Another charitable group is providing emergency housing on a small scale but had inexplicable difficulty obtaining an HMO licence. Barriers need to be overcome with the help of Scottish government in order for local authorities to facilitate rather than hinder such initiatives, acknowledging the importance of such interventions by voluntary agencies.

Understanding of the situation and appropriate signposting

Statutory agencies can seek to improve understanding among their staff of the impact of the current UK asylum system on the lives of refugees living in Scotland. Cultural awareness training and good interpreting provision are crucial. Signposting those in need of help to existing advice and practical support should be routine. Resources such as this document and the downloadable online GLADAN map can be used to inform guidelines for staff working in different settings or areas.

"After researching poverty for 10 years this was by a considerable margin the most extreme poverty that I have come across. I think something that people don’t understand is that destitution - if you are a refused asylum seeker - means you don’t have a penny, nothing." Morag Gillespie, Glasgow Caledonian University (quoted in BBC News Scotland 25.3.13)

For links to agencies currently helping destitute refused asylum seekers and a downloadable resource map

GLADAN Glasgow Asylum Destitution Action Network

www.destitutionaction.wordpress.com

Last updated February 2017