Our submission of evidence to the Equalities and Human Rights Committee Inquiry into Destitution and Asylum in Scotland
March 2017

We are a representative group of refugee and asylum seeking women, supported by Scottish Refugee Council, whose aim is to ensure that the voices of refugee women are heard. We work together to represent the views of refugee and asylum seeking women in Scotland to key decision makers and service providers to influence the policy and practices that affect our lives.

We present evidence of destitution currently experienced by members of our group, as well as wider community members with whom we engage with:

**Tell us about your experience of being destitute, for example, how long you were destitute and how you found shelter and food.**

“I am currently destitute while I try to get a fresh claim restarted. I rely heavily on food banks. Queuing up at food banks can be quite daunting especially in bad weather. Sometimes I can’t access the food banks because of lack of travel money to travel to food banks or to travel to the agencies who will make referrals for me to access them.”

Refugee Women's Strategy Group member, March 2017

**Where did you get support from when you were destitute, please explain what support helped most and why.**

“Glasgow City Mission is very helpful with hot meals. Positive Action in Housing helped briefly with £15 for using over two weeks but now have run out of money to help us”

Refugee Women's Strategy Group member, March 2017

**If you sought help from public services, for example, health care, what made it most difficult for you to get support?**

Although refused destitute asylum seekers do have some rights to access NHS healthcare, destitution erodes people’s physical and mental health which means
people find it difficult to access information about their rights, articulate their needs and therefore access health services.

These barriers to accessing healthcare have a severe impact on older refugee women. We feel that the experience of this age group often goes undiscussed. We know two elderly women aged over 60 years old, who are both destitute. They are not registered with a GP, because they move between friends’ addresses in different neighbourhoods frequently and this absence of address and local connection can still provide a barrier to them accessing a GP who will register them. They both have long term health conditions (e.g. diabetes) which are exacerbated by their difficulties accessing healthcare, and having nowhere private or comfortable to sleep.

There is no provision of emergency homelessness shelter for women only so there is no statutory-funded shelter where women’s safety can be assured and no temporary respite that short to medium term accommodation can provide.

Please tell us about of any other comments you feel are relevant to the inquiry.

We also wish cite evidence on refugee and asylum seeking women’s experiences of destitution we have previously published, as the issues cited remain current.

“From speaking to our members and from our own experience, we have no evidence that destitution encourages or enables people to explore their options or to leave the country. In fact, in our experience destitution actually hinders women’s ability to consider their options due to the extreme stress of dealing with destitution, impact on mental and physical health, lack of access to legal advice and lack of access to safe accommodation. In order to consider options, women need both time and space along with advice and support. Destitution provides absolutely no incentive for anyone to leave the country. We would also suggest that by making people destitute it will in effect make it more difficult for Home Office both to keep track of people and to remove them as they will have no way of knowing where they are.”

From our consultation response on Reforming support for failed asylum seekers and other illegal migrants September 2015

‘Being destitute for six years affected my health, my confidence and my self-esteem. Even many years later, I still suffer from depression and heart palpitations and attend health services for both of these – the sickness that I experienced during destitution is coming through my whole life. I am unable to work, I was a professional person with lots of skills and talent and I want to contribute but now I can’t do anything’. 
Refugee Women’s Strategy Group member From our consultation response on Reforming support for failed asylum seekers and other illegal migrants September 2015
“Destitution and a fear of destitution were also key concerns both for those within the asylum process and at the point of being granted status (move on) where there are often gaps in support”

Report from the Speak For Yourself Conference, 2014, which engaged 87 individual asylum seeking and refugee women and seven refugee-led organisations

We wish to emphasise that refugee women experience destitution even when they are receiving asylum support, as the cashless card system of £35 does not meet basic living needs:

“Concerns were also raised about the levels of asylum support with women feeling that the amount of money for asylum seekers was not enough and needed to be increased. There was also a lot of concern about Section 4 cashless support, particularly around a lack of cash to buy culturally appropriate food and to access public transport, which women felt had an impact on their safety and general wellbeing.”

Report from the Speak For Yourself Conference, 2014, which engaged 87 individual asylum seeking and refugee women and seven refugee-led organisations

Refugee Women’s Strategy Group, March 2017

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