Equalities and Human Rights Committee
Room T3.40
Scottish Parliament
Edinburgh
EH99 1SP

3rd March 2017

Via email: equalities.humanrights@parliament.scot

Re: Destitution, Asylum and Insecure Immigration Status in Scotland

Introduction

Waverley care is Scotland’s HIV and Hepatitis C charity.

Our work is focused on prevention, education, testing and support. Throughout Scotland we’re reducing new HIV and Hepatitis C infections, getting people diagnosed and supporting those affected in whatever ways they need. We’re also busy challenging stigma.

Since 2003, we have delivered specific services for members of Scotland’s African community. Through this work we have developed strong relationships with community based organisations to make the voices of our service users heard.

While the focus of our African Health Project is around HIV prevention and sexual health, we are in a unique position to listen to the whole range of challenges faced by African communities in Scotland, including immigration, poverty, homelessness and mental health.

It is in this context that we are responding to this consultation.

Identifying main challenge

A significant proportion of our African Health Project service users are asylum seekers living with HIV. In many cases, individuals’ immigration cases have been
refused by the Home Office and, as a result, they have lost all of their support, including accommodation. This has left individuals vulnerable to homelessness. In this situation, individuals turn to friends, to homeless shelters providing accommodation for asylum seekers and, in some circumstances, to sleeping rough. During the day, many service users report spending their time in libraries and community centres.

Alongside homelessness, the loss of financial support open to asylum seekers once they have been denied leave to remain leaves individuals vulnerable to poverty, with many dependent on food banks and charity organisations for support.

**Impact on Health and Wellbeing:**

Being homeless, destitute and living with HIV presents a desperate and critical situation for any human being.

Alongside the physical and mental health issues and inequalities associated with homelessness generally, being homeless and living with HIV presents additional health implications for our service users. For example, the loss of privacy associated with staying with friends or accessing homeless shelters makes adherence to HIV medications very difficult. As a result of cultural perceptions and stigma surrounding HIV, many people stop taking their medication altogether in these situations, as they are worried about disclosing their HIV status to others.

As a result of homelessness the people we work with are vulnerable and exposed to stigma, prejudice, fear and isolation. These factors have a negative impact on their general health and wellbeing. Most of the individuals we work with are living with myriad mental health issues including stress, anxiety and depression.

The poverty associated with homelessness presents further challenges for people living with HIV. While many individuals are able to access support through foodbanks, most will struggle to achieve a health, balanced diet. Good nutrition alongside adherence to medication can make a hugely positive difference to quality of life. However, a lack of food leaves individuals more susceptible to other easily preventable infections.

**Case Studies**

Please find below two case studies that represent service users:

**Case one: Mr M**

**Individual background**

Mr M. (41) is a homeless asylum seeker from Zimbabwe. He came to the UK around 15 years ago and has never returned to his home country.
In 2013, Mr M. was transferred to 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 Clinic. Shortly thereafter, he was referred to Waverley Care for further emotional and practical support.

**Individual issues and their impacts on his health**

Waverley Care assessed Mr M’s needs and priorities. Accommodation was an immediate need and Waverley Care assisted him to access the night shelter at Anderston Kelvingrove Parish 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.

At this stage, life was so difficult for Mr M. A lack of stable housing and any sort of income not only made him vulnerable but also impacted on his health and wellbeing. For example, adhering to HIV medication became very challenging due to fear of disclosure and stigma, leading to anxiety and depression.

Mr M. was eventually given temporary accommodation whilst waiting for a decision on his asylum claim. However, when this was rejected, he lost his accommodation. During this time, his general health deteriorated and he was admitted to the Queen Elizabeth University Hospital.

Shortly after his admission to hospital, he was referred to Leverndale Hospital which specialises in mental health care. As a result of his circumstances, he was continuing to struggle with anxiety and depression. After two months in Leverndale he was discharged and once again found himself homeless and destitute.

Mr M. is currently staying at a night shelter and his health condition is extremely worrying - he is on the brink of losing total control of his life; he finds it hard to remember to take his medication which manages his HIV; he often misses appointments at the Brownlee Clinic; and he is struggling to look after his personal hygiene. Recently, he has begun to fall asleep in the middle of the conversations. One of the most concerning aspects of this is that he is not in a position to represent himself and talk about his personal issues in a meaningful manner to bring about improvements.

**Case two: Ruth**

**Individual background**

Ruth has been receiving support from the African Health Project for the last four and half years. Things have been very difficult for Ruth since her second asylum appeal failed last year. She has provided the following account of her situation.
Individual issues and challenges

“Having no home to stay has made me suffer these difficulties: Mental health problems like depression and anxiety, especially when I am getting kicked out of accommodation I have settled in, including adjustments that I have made with the host families. It makes me have feelings of worthlessness and life not worth living. It also reminds me of poverty issues especially if the families have been good in making provision for food. Getting kicked and not knowing where to go has caused me lots of social problems. Financial difficulties have been there but it makes it worse when you are not able to afford food to support taking your HIV medication.”

Traumas and sleeping issues

“Since not knowing my future, most times hungry and taking HIV medication with food and having lots of worries and uncertainty has contributed to my not sleeping well. In most cases I slept on the floor with my former friends who supported me with one or two night’s accommodation. I have traumas, nightmares, flash backs about all I have been going through and the difficulties experienced during my asylum journey. Most times I fear that someone can come and do bad things to me.”

My HIV medication and treatment

“HIV medication is my life line, without taking my medication I will not be alive today. I appreciate Scotland for giving me and others a second chance to live. I still have lots of challenges as I don’t take them well because of the following reasons: It is so difficult to take HIV medication in presence of people just in case they ask me of why I take medication every day. Sometimes I set alarm to remind me to take them but I get gripped with fear of who will set the alarm if I am ill. It may take a long time for people to find out I’m laying on the floor. I am very concerned and afraid of being sent back. Medication is given to people who are loyal to ruling party, ZANU-PF, of which I am not a member. A side effect of medication has caused me weight issues, fatigue, blood pressure and depression. They have agreed to change my HIV medication. In my country, no such opportunities.”

Stigma, disclosure and discrimination

“I faced lots of rejection, stigma and discrimination issues with people I have lived with and communities associated with me. Not everyone knows of how HIV is transmitted and I don’t blame them. Fear of stigma also led me not to disclose to people who were close to me in the past as some of them have stabbed me in the back by exposing my status. This also contributes to lack of social support and social isolation which makes it difficult for me to cope. Fear of disclosure of my status makes my taking medication very difficult and thus affects treatment adherence.”