

**Poverty among refugees and asylum seekers in
the UK**

An evidence and policy review

Jennifer Allsopp, Nando Sigona and Jenny Phillimore

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Abstract

This Working Paper reviews evidence on the relationship between poverty and refugees and asylum seekers in the UK. It focuses on i) the experiences of poverty among refugees, asylum seekers and refused asylum seekers, including women, children, unaccompanied asylum seeking minors, families, elderly, Lesbian Gay Bisexual Transgender (LGBT) people, disabled, and members of cultural and religious minorities; ii) how experiences of poverty change over time and differ across the UK; and iii) strategies to prevent and reduce poverty among forced migrants. The Working Paper demonstrates that the pathways into poverty faced by this marginalised group are many and often intersectional. Yet, for many, the asylum system itself is a source of vulnerability to poverty and destitution. This is especially demonstrable at points of transition. The review finds that reducing the incidence of poverty would i) improve the quality and fairness of the asylum process and ii) lead to improved refugee health, wellbeing and integration.

Keywords

Poverty; asylum seekers; refugees; destitution; migration

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Introduction

Asylum seekers and refugees have been the subject of heated and polarised public debate in recent years in the UK. Survey after survey has found immigration to be the most significant popular concern (e.g. British Future 2013; YouGov 2013), and perception on the impact of immigrants to be mostly negative, emotive and detached from evidence (Duffy and Frere-Smith 2014). While the tabloid media often headline reports that asylum seekers in particular enjoy luxury provision from the British welfare state (Gabrielatos and Baker 2008; ICAR 2012),¹ broadsheet papers pay more attention to the impact of poverty among this group.

A number of parliamentary inquiries have probed the relationship between poverty and asylum seekers in this period, such as the 2007 Inquiry into the Treatment of Asylum Seekers by the Joint Committee on Human Rights and the 2013 Parliamentary Inquiry into destitution among asylum seeking families.

Research suggests that strategies to tackle poverty within this group have been limited and partial. Recent years have seen the emergence of some innovative initiatives at the local and regional level, such as successful joined up working and the passing of motions by a handful of local councils (e.g. Oxford, Bristol and Sheffield) against policies which are deemed to cause destitution among members of this population (City of Sanctuary 2013). Yet there seems scant evidence that political will to reform the situation has developed. Quite the reverse, during its inquiry into the treatment of asylum seekers, the Joint Committee on Human Rights (2007: 110) concluded the government is 'practising a deliberate policy of destitution', intentionally pushing refused asylum seekers into extreme poverty to pursue what some observers have identified as a two-fold agenda: to force 'failed' asylum seekers back to their country of origin, and to deter potential asylum applicants from coming to the UK (e.g. Zetter *et al.* 2003; Bloch and Schuster 2002 Flynn 2005; Squire 2009; Spencer 2011). To confirm this conclusion, the Home Office states in its enforcement strategy that 'those not prioritised for removal [...] should be denied the benefits and privileges of life in the UK and experience an *increasingly uncomfortable* environment so that they elect to leave' (Home Office 2007: 17, emphasis added). Similarly, this year the UK government determined, once again, not to increase asylum support rates in line with incremental increases in the cost of living. In a recent judgement, handed down following legal action by the NGO Refugee Action, this decision was deemed 'irrational'; the Secretary of State has now been ordered to reassess her decision (Refugee Action and Migrants' Law Project 2014). A 2013 report by the British Red Cross and Boaz Trust (2013) calls the destitution of thousands of asylum seekers a 'humanitarian tragedy'.

This review shows that experiences of poverty among asylum seekers and refugees have multiple causes, one of which is the asylum regime itself, and that poverty impacts negatively on health, personal and family relations and access to vital support networks.

This paper reviews literature exploring the link between poverty and refugees and asylum seekers in the UK from 1997 onwards, with a specific focus on potential solutions. The year 1997 is chosen as a significant date in changes to welfare provision impacting asylum seekers and refugees (see below). The review divides this literature into three main thematic areas: livelihoods, housing and health. It is

¹ See e.g. <http://www.dailymail.co.uk/news/article-1293730/Somali-asylum-seeker-family-given-2m-house--complaining-5-bed-London-home-poor-area.html>.

preparatory work that seeks to generate data that can be included in the *Anti-poverty strategies for the UK*² which are being produced by the Joseph Rowntree Foundation.

Definitions

Poverty and/or destitution?

This review adopts the definition of poverty given by the Joseph Rowntree Foundation as:

when a person's resources (mainly their material resources) are not sufficient to meet minimum needs (including social participation).

Especially with reference to asylum claimants, poverty as such appears rarely in the literature we have mapped. The term 'destitution' is by far more common, for reasons we will briefly discuss below. For now, it is important to note that the Joseph Rowntree Foundation definition of 'poverty' is more inclusive than that of 'destitution' as defined in law, and that by adopting a more inclusive definition, we find that a significantly larger number of asylum seekers fall within the scope of our review, including many in the 'ordinary' asylum process.

The term 'destitution' is commonly used in research on asylum seekers and refused asylum seekers. This is mainly because it is the term used in government policy and in the courts in relation to support for asylum claimants and refused asylum seekers. The use of a common definition allows comparison between research across different regions and has also served, pragmatically, for the application of research findings to advocacy goals. According to section 95(3) of the Immigration and Asylum Act 1999:

a person is destitute if he does not have adequate accommodation or any means of obtaining it (whether or not his other essential living needs are met); or he has adequate accommodation or the means of obtaining it, but cannot meet his other essential living needs.

It is worth noting that while some researchers have defined destitution as the complete absence of state support, a situation which for many places them below even the UN global poverty target of \$1.25 a day (e.g. Gillespie 2012), others have argued that even those asylum seekers who are in receipt of government support – currently £36.62 per week for a single asylum seeking male over 18 claiming Section 4 support; £35.36 via vouchers for a refused asylum seeking male eligible for Section 4 support – are living in a state of absolute poverty or destitution (Still Human Still Here 2011). The lower rate for asylum support compared to mainstream welfare benefits is intended to reflect the fact that asylum seekers in accommodation do not have to pay for utilities. Yet Still Human Still Here³ (2009; see also Refugee Action 2006; Crawley *et al.* 2011) draw on Joseph Rowntree Foundation's research on minimum income standards to argue that support rates have become insufficient to meet essential living needs and are therefore causing recipients to live in a state of absolute poverty. For the Joint Committee on Human Rights (2007: 108), 'the institutional failure [...] to protect asylum seekers from destitution amounts in many cases to a failure to protect them from inhuman and

² <http://www.jrf.org.uk/work/workarea/anti-poverty-strategy>.

³ Still Human Still Here is a coalition of over 30 organisations campaigning against the destitution of asylum seekers in the UK. They produce regular reports mapping the situation in the regions and across the UK: <http://stillhumanstillhere.wordpress.com/resources/>.

degrading treatment under Article 3 ECHR'. Yet, historically, the courts have done little to reaffirm this principle, or implement either this, or their own legal definition of destitution in practice (see e.g. Cunningham and Tomlinson 2005; ASAP 2008; Morris 2010).

Refugees and asylum seekers

The paper defines refugees and asylum seekers according to the legal definitions adopted by the UK Government in accordance with its obligations as signatory of the 1951 Refugee Convention and its 1967 Protocol. According to these definitions, a refugee is a person who:

[o]wing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country.

An asylum seeker is someone who has lodged an application for protection on the basis of the Refugee Convention (or Article 3 of the ECHR) and is waiting for an outcome. They are part of an ongoing legal process.

This review also considers the experiences of refused asylum seekers. These are persons who have not been found to need refugee protection in the UK. This category includes both persons who are awaiting assisted or forced removal to their country of origin, and people that are stranded in the UK due to no fault of their own as, for example, in the case of those who have no country to return to, or those who are unable to return due to problems with travel documents or continuing armed conflict and repressive regimes. In some cases the UK Government itself recognises that it is not safe for these people to go home even though they have been refused asylum in the UK (Refugee Action 2006; Anderson *et al.* 2011).

Methodology

Asylum seekers and refugees are subject to several intersecting policy agendas in the UK and often have a range of complex support needs. This paper engages in intersectional analysis of the causes and experiences of poverty among this population; it pays particular attention to how these impact on different sub-groups within it. In particular, the review focuses on:

- Experiences of poverty among refugees, asylum seekers and refused asylum seekers in the UK, including women, children, unaccompanied asylum seeking minors, families, elderly people, Lesbian Gay Bisexual Transgender (LGBT) people, disabled people, and members of cultural and religious minorities;
- How experiences of poverty among these groups have changed over time and how they compare among the nations of the UK;
- Strategies to prevent and reduce poverty among refugees and asylum seekers, including individual and community based responses.

The review brings together academic and grey literature. Important contextual and conceptual discussions are coupled with empirical evidence produced in response to specific public policy challenges. The evidence stems from three main sources:

- *A call for evidence issued in November 2013* – we received over 30 submissions, mainly from NGOs, local support organisations, individual stakeholders and academic researchers who shared work in progress. On the whole this evidence took the form of existing reports, bespoke responses to the questions posed, annual reports and case studies. This evidence was manually coded. Where possible, we then drew on academic evidence to shed further light on emerging themes.
- *Academic and grey literature selected by a search of key terms on key social sciences databases* – searches were conducted using keywords on the Oxford Bodleian Library Solo database, which includes arguably the largest collection of grey literature on refugees and asylum seekers, and Google Scholar. While the parameters of this study were insufficient for a full systematic review of relevant literature in this area, this searching allowed us to ensure that we had not missed key texts on the main themes. We have reviewed over 100 relevant items found through search of key terms.
- *Academic and grey literature drawn from the research team’s existing knowledge and expertise in the area* – this was crucial for accessing evidence to contextualise our findings and situate them in broader academic discussions.

In particular, we have assessed evidence on the impact of interventions or policies on poverty where these have been costed or have robust outcome data, as well as addressing why these approaches have had a positive effect. Specific attention has been accorded to drawing out implications for the different nations in the UK where possible.

Research landscape

With a few noticeable exceptions (e.g. the Home Office’s Survey of New Refugees and SUNRISE – see Cebulla *et al.* 2010), the research landscape on poverty and asylum seekers and refugees is dominated by small-scale local studies, which emphasise lived experiences of poverty among this group, and qualitative research led by national non-government organisations (NGOs) and local authorities. Academic research in this field is highly interdisciplinary, spanning sociology, geography, social policy, economics, politics, law, migration and refugee studies, childhood and youth studies and gender studies.

The quantity of research in this field is not always matched by quality of evidence. Much of the research is small scale and fails to explore or outline methodologies. Much research also stems from NGOs who produce research based on their own practice and client base, leading to inevitable, yet rarely acknowledged biases.

In response to the policy of dispersal, an increasing amount of research has been conducted at the regional and local level, including in Birmingham, Bradford, Cardiff, Coventry, Glasgow, Leeds, Leicester, London and Nottingham. Researchers have also drawn attention to national differences. Whilst most research centres on England, there is a significant and growing literature on Scotland (e.g. Green 2006; Lindsay *et al.* 2010; Stewart 2012; Stewart and Mulvey 2013; various by the Scottish Refugee Council and Glasgow-based Refugee Survival Trust), and to a much lesser extent Wales (e.g. Crawley *et al.* 2011) and, lesser still, Northern Ireland (e.g. Malischewski 2013).

In spite of the enduring nature of poverty among this population, there is a dearth of longitudinal research in this area. The plethora of national as well as local studies nevertheless makes it possible to get a picture of how trends have evolved over time.

There are serious shortcomings in statistical data on asylum seekers and refugees in the UK, especially refused asylum seekers who fall out of the data net. Gillespie (2012) reports that over reliance on UK data has led to a particular dearth of statistical data on trends in Scotland. Some scholars have claimed that this inadequate data has stalled research which seeks to be representative of this population. Correa-Velez and Gifford (2007) propose that the poor data on this group, and on asylum seekers generally, stems both from operational problems, including the mobile nature of the population and reluctance to be counted, and also from political considerations. Whilst they stress that 'in the context of industrialized nations, access to reliable statistical data is fundamental for undertaking any meaningful analysis of asylum-seeking policies', they argue that few scholars have interrogated statistics in this area. In particular, they criticise the lack of attention to dependents (Correa-Velez and Gifford 2007: 45).

One source of quantitative information comes from regional and local studies, such as a British Red Cross and Refugee Survival Trust survey of Glasgow (Hamilton and Harris 2009). Surveys like these may carry a limited heuristic value in that they draw their samples largely from individuals who are already known to support organisations; furthermore, changes in figures may reflect changes in the capacity of organisations rather than changing patterns of user demand. However, they do give an indication of the high and also ongoing levels of destitution locally.⁴

Qualitative data is often fragmented regionally (Smart 2009) and according to the experiences of specific sub-groups, for example, child asylum seekers (Pinter 2012); refused asylum seekers (Bloch 2013); asylum seeking families (Reacroft 2008); disabled asylum seekers (Roberts and Harris 2002); pregnant asylum seekers and/or refugees (Phillimore and Thornhill 2011; Maternity Action and Refugee Council 2013) and female refugees (Querton 2012). Furthermore, a large and cumulative body of evidence exists on the experiences of refused asylum seekers, including on specific national groups (e.g. Doyle 2009 on Zimbabweans).

Much of the literature which explores the experience of poverty among refugees, asylum seekers and refused asylum seekers in the UK draws causal links with specific policies that have been introduced and implemented under successive governments. Areas of policy that have received detailed critical focus include the lack of the right to work for asylum seekers (Edwards 2005); contradictions between asylum policy and childcare principles (Cunningham and Tomlinson 2005); dispersal, detention and deportation (Bloch and Schuster 2005); dispersal, integration and housing (Phillimore and Goodson 2006; Cheung and Phillimore 2013a), problems with transitions over the course of the asylum process, e.g. the transition from NASS accommodation to the wider housing market (Phillips 2006), transitions into employment among refugees (Lindsay *et al.* 2010; Bloch 2002a), and the negative impact of immigration and citizenship policies on refugee integration (Stewart 2012).

⁴ Hamilton and Harris (2009) reveal, for example, that between January 2003 and June 2008 3,000 destitution grants with an average value of £80 were awarded to destitute people within the asylum process in Glasgow. Of these recipients, 31% had dependent children. Between 2009 and 2012, a further 1,849 'emergency grants' were given and recipients were mostly male and young. Meanwhile, in South Wales, Crawley *et al.* (2011) report that over the course of a four-week period of visits to five support agencies they encountered 118 destitute refugees and asylum seekers.

Demographic trends

From the 1980s onwards, the UK has been an important receiving country for asylum seekers and refugees. Numbers have fluctuated throughout this period.

Asylum seekers

From around 4,000 asylum applicants received per year during the 1980s, in the 1990s the number of applicants began to increase, with a peak of 43,965 applications (excluding dependents) in 1995 (see Table 1). Numbers of applicants fell in 1996 to 26,640. Some have argued that this fall was in response to the emergence of the ‘restrictionist regime’ (Zetter *et al.* 2003), whilst others have highlighted the changing patterns of forced displacement across the globe (Castles and Miller 2009). The number of applications steadily rose again, to more than 71,160 in 1999. As a result of the high numbers, a backlog of tens of thousands developed with widespread delays in processing asylum applications (Refugee Action 2006; Taylor 2009). This backlog still exists in some form today.

In the 2000s, numbers remained steadier, as demonstrated in Table 1 below.

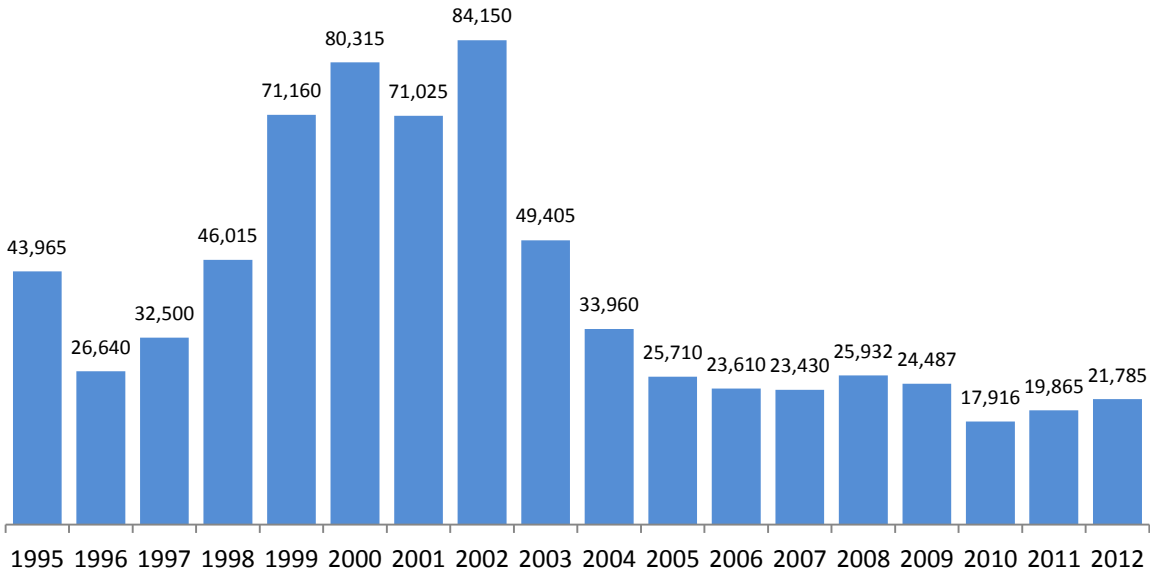


Table 1: Asylum applications to the UK excluding dependents (Home Office 2013).

Most individuals who seek asylum in the UK are male, single and under 40 years of age (Blinder 2013). This stands in contrast to global patterns, in which most refugees are women and children. Among refugee and asylum seeker families, many are single parent households. The UK is also host to thousands of unaccompanied asylum seeking minors (Pinter 2012, see Table 2).

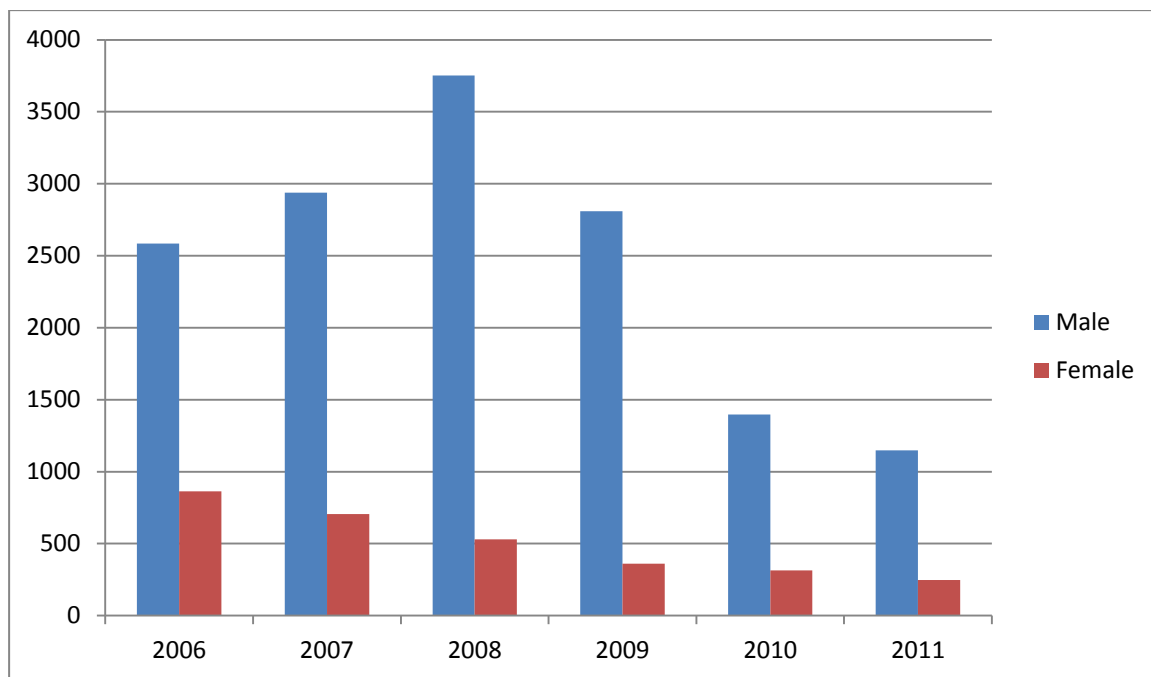


Table 2: Asylum applications by unaccompanied asylum seeking children by gender (Home Office 2013).

The main countries of origin for asylum seekers and refugees have changed significantly between 1997 and 2014. The nationality of asylum seekers changes as crises come and go globally, since asylum seekers come mainly from countries experiencing political and military conflict (Castles and Miller 2009). Demographic data show that main applicants are from conflict-ridden nations in Africa, Asia, and the Middle East, although a large share came from Europe in the early 2000s, due to conflicts in areas such as Kosovo (Blinder 2013). In 2011 the leading sources of asylum applicants in the UK were Iran, Pakistan, Sri Lanka, Afghanistan and Eritrea (Home Office 2013). The number and share coming from Iraq and Somalia have decreased since high points in 2002 for Iraq (14,570 applicants, 17% of that year's total) and 1999 for Somalia (7,495, 11% of total).

Refugees

At the start of 2012, the UN Refugee Agency (UNHCR) estimated that there were 149,765 Convention refugees in the UK.⁵

The number of successful asylum applications in the UK has fluctuated in the last two decades; however, since 1994 the majority of initial decisions have been refusals (67% of initial decisions were refusals in 2011). These initial decisions are often appealed: in 2004–2011, 75% of rejected applicants lodged appeals with a success rate of 22%. Over the course of the 2000s, successful appeals ranged from 17% to 23% of total appeals until increasing to 28% in 2009, 27% in 2010 and 28% in 2011 (Blinder 2013).

During this time, the *Gateway Protection Programme* has provided limited resettlement opportunities to refugees. Since its launch in 2004, it has provided sanctuary to over 2,000 refugees. At present, 15 local authorities are participating in the programme (UKBA 2014).

⁵ <http://www.unhcr.org.uk/about-us/the-uk-and-asylum.html>.

Notable is the widespread public misunderstanding regarding the numbers of asylum seekers and refugees in the UK and the estimated total population (Duffy and Frere-Smith 2014). A report by British Future in 2013 found that ‘many people wildly and worryingly exaggerate the scale of asylum’. Almost four out of ten people believe that more than 10% of the population are refugees, and one in 20 believe that more than half of us in Britain today have been granted asylum. In reality, refugees make up less than 0.4% of the UK population.

Mollard (2001) explores how adverse press coverage in certain sections of the press has contributed to a climate of fear and hostility towards asylum seekers, and to support for government policies which increase hardship and suffering among Scotland’s asylum community. Phillips (2006) and Finney and Robinson (2008) have argued that the media are important for integration of refugees and asylum seekers regionally. Research on the portrayal of asylum seekers and refugees in the media has included specific studies on Scotland (e.g. Coole 2002) and Wales (Speers 2001).

Refused asylum seekers

Although most asylum seekers do not receive leave to remain as a refugee or other category of migrant, there is evidence of a ‘deportation gap’ (Gibney 2008) between the numbers who are liable for removal and those deported from the UK, with some categories of individuals more affected than others by immigration enforcement (Sigona and Hughes 2012). This means that an unknown number of refused asylum seekers are in the UK (Refugee Action 2006). Of this population it is known that a large proportion is destitute (Still Human Still Here 2011; British Red Cross and Boaz Trust 2013). The best estimates come from refugee community organisations and national support organisations with local offices, both of whom, in recent years, have reported higher rates of service use (British Red Cross and Boaz Trust 2013). However, again, figures are indicative, as most live without formal support. In its report on destitution, Refugee Action (2006: 2) noted ‘unprecedented levels’ of destitute refused asylum seekers, concluding:

there exists in Britain a new and growing excluded class of people whose asylum applications have been refused, who are afraid or unable to return to their countries of origin, who have no contact with the authorities, no access to work or mainstream support services, and little prospect of their situation being resolved.

In 2005–2006, more than 46,000 asylum seekers and refugees contacted Refugee Action for advice; approximately 40% of these requests for help came from destitute asylum seekers (Refugee Action 2006). It is known that many of these individuals have been destitute for substantial periods.

Where in the UK?

In the 1980s and early 1990s, most asylum seekers and refugees settled in London and the South East (Zetter and Pearl 2000). As numbers of asylum applicants began to rise in the late 1990s, in response to the concentrated pressure on local services and housing, the government introduced a dispersal policy from 2000. This policy sent asylum seekers to 12 different parts of the UK where social housing was available. This was allocated on a ‘no choice’ basis. Seven local authorities that serve as major dispersal areas outside London feature in the UK’s top 20 deprived areas (Phillimore and Goodson 2006).

As Phillips (2006) reports, Greater London nevertheless proved a continuing attraction for asylum seekers finding their own accommodation, and thus falling outside the reaches of the dispersal system. The Home Office figures show that 71% of this group was living in the capital in June 2005 and the rest were spread fairly evenly throughout the regions. Most asylum seekers in Scotland live in Glasgow (Green 2006).

Fourteen years on from the initiation of the policy of dispersal, the demography of the asylum seeker and refugee population in the UK has substantially changed. Whilst it is estimated that London still hosts the majority of asylum seekers and refugees (Quevedo 2010), much of this population now lives among new diverse communities that have emerged in sites of dispersal (Vertovec 2007).

The sheer range of national and ethnic backgrounds that characterises Britain's new asylum seeking and refugee populations has led to what some observers have described as 'super-' or 'hyper-diversity' (Vertovec 2007; Stewart 2012). This has brought with it a diverse range of support needs which bring new challenges to existing services, and has led to the emergence of a large number of equally diverse Refugee Community Organisations (RCOs), estimated to total some 600 in London alone (Griffiths *et al.* 2005; Zetter *et al.* 2005).

Poverty as a deterrent - the context

While the evidence review is divided into three main sections which represent the main bodies of literature in this area, it is important to see each as part of an overall narrative of reduced welfare and hostility towards asylum seekers and refugees – part of an effort to create a 'hostile environment' (*Guardian* 10 October 2013) for them in the UK, as recently pointed out by the UN High Commissioner for Refugees, Antonio Guterres (*Guardian* 26 December 2013).

For some time, scholars have claimed that experiences of poverty, or 'enforced destitution' (Cholewinski 1998), among asylum seekers, and among refused asylum seekers in particular, may be a planned outcome of public policy, for example, aimed to 'disincentivise' these individuals to remain in the UK (Cholewinski 1998; Crawley *et al.* 2011) and to deter future arrivals (Bloch 2000). That the asylum system may be a source of vulnerability as well as/rather than protection has been explored by scholars. In particular O'Connell Davidson and Farrow (2007) have dissected policy and practice for unaccompanied minors, and Darling (2009) has exposed how the asylum regime produces the dehumanisation of claimants.

The Home Office's insistence that integration cannot commence until an individual receives refugee status (Home Office 2005, 2009) means that asylum seekers are intentionally segregated from the majority population despite significant evidence that suggests experiences during the asylum seeking period do impact on refugee integration (for a review see Phillimore 2011b). The ongoing *laissez faire* approach to refugee integration and absence of a national integration programme following the scrapping of the Refugee Integration and Employment Service (RIES) means that there is limited strategic and resourced support for refugee integration (Phillimore 2012). The scrapping of the refugee integration loan means that most begin their lives as refugees destitute, with no financial assets that can enable access to housing or household goods.

The support provided to asylum seekers and refugees may stem from the UK Border Agency (which was abolished in March 2013 and its functions taken over by the Home Office), the Department for

Work and Pensions or a local authority social services department, depending on the person's legal status and whether they are in the asylum system or have access to mainstream benefits.

1990s

From the mid-1990s onwards, tighter pre-entry deterrent measures have been matched, in-country, by more restrictionist welfare policy, both in the UK (Zetter and Pearl 2000) and in Europe as a whole (Bloch and Schuster 2002). Prior to 1997, the 1993 Asylum and Immigration Appeals Act, the 1996 Asylum and Immigration Act, and the 1996 Housing Act removed many of the legal and welfare entitlements which asylum seekers had previously enjoyed, especially with regard to welfare and public housing and housing benefits. The 1993 Act gave in-port asylum applicants (those who made their application for asylum as soon as they arrived in the UK) 90% of the welfare support accorded to citizens (Kissoon 2010), whilst the 1996 Asylum and Immigration Act reduced benefits for in-port asylum applicants to 70% of the Income Support to which British citizens were entitled. Local authority housing departments, traditionally the first point of access for refugees and asylum seekers, were barred from providing accommodation for asylum seekers, with a few exceptions. Zetter and Pearl (2000) report that 'housing chaos' resulted from the pressures on social services in London and the Southeast, and local authorities were dispersing people informally to surrounding boroughs. In London alone, over 57,000 asylum seekers were in the care of social service departments at the end of 1999 (Zetter and Pearl 2000). Appeal and High Court judgements mitigated the impacts of these statutes to a limited degree; but this created more uncertainty and an increasingly piecemeal and chaotic support system (Zetter and Pearl 2000).

Bloch (2000; see also Sales 2007) reports that on winning an election in 1997, the new Labour government did little to reverse the policies of the previous Conservative administrations. Labour continued with the dual approach of restricting immigration and curtailing the social citizenship rights afforded to asylum seekers in the UK. The 1999 Immigration and Asylum Act was 'ever more draconian' (Zetter and Pearl 2000). Again, the most significant changes concern housing and welfare support. Section 4 of the 1999 Act provided support for a limited number of refused asylum seekers on the grounds that they were: i) unable to leave the UK due to a physical impairment (serious illness or late stages of pregnancy); ii) unable to leave the UK due to there being no safe route of return to their country of origin; iii) complying with steps to facilitate return (applying for travel documents); iv) exceptional or compassionate circumstances for their remaining in the UK; or v) given permission for a judicial review of their asylum refusal. The support took the form of vouchers rather than cash in hand, and was later replaced by the current measure of a pre-credited 'Azure card'. The Home Office retains powers to deny support to failed asylum seekers and their dependents who fail to co-operate with removal directions.

Dispersal became official policy in 1999 through the creation of the National Asylum Support Service (NASS) which centralised housing and welfare support for all asylum seekers. People were dispersed on a no choice basis to areas where demand for council housing was low, often areas of housing deprivation and social exclusion (Zetter and Pearl 2000). Housing and support services were contractually delivered to NASS by regional consortia of local authorities, private landlords and housing associations. Dispersal was also meant to take into account social links in order to avoid compounding social exclusion; however, there is evidence that the latter not prioritised (Kissoon 2010; Zetter *et al.* 2005).

2000s

The Nationality, Immigration and Asylum Act of 2002 tightened support mechanisms further. Asylum seekers awaiting the outcome of their application were denied the right to work (if they had not received an initial decision on their asylum status after 12 months, the principal applicant could apply for permission to work). Meanwhile, Section 55 of this Act removed welfare support from individuals (though not families with children) who failed to apply for asylum 'as soon as is reasonably practicable'. Ministers claimed this would be implemented sensitively, yet in 2003, 9,000 were refused support, many of whom had applied for asylum within days of arrival in the UK (Refugee Council 2004). Cunningham and Tomlinson (2005) report that the Court of Appeal's ruling that Section 55 violated asylum seekers' human rights by making them destitute did little to change the situation on the ground.

The 2004 Asylum and Immigration Act reaffirmed the Home Office's powers to terminate all welfare support to failed asylum-seeking families deemed to be in a position to leave the United Kingdom. As Cunningham and Tomlinson (2005) point out, this undermined the Labour government's stated ambition to ensure that 'every child matters'. In an attempt to meet obligations under the United Nations Convention on the Rights of the Child, some assistance under the 1989 Children Act was still available.

Asylum seekers and refugees have long been entitled to the same healthcare as British citizens. Since April 2004, however, secondary healthcare has been on a charge basis for refused asylum seekers. Although they have a right to exercise discretion, NHS trusts, foundation trusts and primary care trusts providing secondary care (e.g. non-urgent services provided by medical specialists) are required to i) establish whether a patient is 'ordinarily resident' in the UK; ii) if not, to assess whether they are liable to pay for their treatment; and iii) charge those liable to pay. At the same time a number of services remain free of charge to refused asylum seekers including primary care services; treatment at an accident and emergency or casualty department; treatment of specific communicable diseases; compulsory psychiatric treatment; and treatment of sexually transmitted diseases. However, there is evidence that access may be denied (Sigona and Hughes 2012). Prior to 2012, refused asylum seekers were unable to access treatment for HIV/AIDS; however, this policy has been reversed since October of that year (National Aids Trust 2013).

Destitution amongst asylum-seekers rose enormously since major legislative change in 1996 (Robinson *et al.* 2003; Hynes 2011; Griffiths *et al.* 2005; Zetter *et al.* 2005). As we will see in the next section, evidence suggests that this situation has been aggravated since.

Integrating refugees?

At a national level, refugee policy is grounded in the government's integration strategy, outlined in *Integration Matters* (Home Office 2005, 2009). This strategy largely focuses on increased access to services and support that will enhance the integration of refugees into society. At a regional level there are also strategies for refugee integration (e.g. see Migration Yorkshire 2009).

Refugees have not been subject to the same explicit curtailing of rights as asylum seekers since 1997, as they are entitled to the same welfare benefits as British citizens. However, refugees often live in situations of poverty and social exclusion (Kartalozzi 2013). Over the period covered by this review, changes such as the 2002 shift from refugee status as a permanent status to a five-year status (at

which point their case is reviewed), and cuts to ESOL classes in recent years appear to have had an impact, for some, on access to the labour market (Phillimore *et al.* 2007b; Phillimore and Goodson 2010; Stewart and Mulvey 2013). Prolonged waiting times for an asylum decision may also affect refugee integration. This is particularly relevant if one considers that in 2005–2007, 22% of those newly granted refugee status, according to the data from the Survey of New Refugees (Cebulla *et al.* 2010), had already spent five or more years in the country before receiving a decision on their asylum claim.

Perhaps the main concern for refugees is that once they receive their leave to remain they have a maximum of 28 days to leave their state-provided housing. Only those deemed ‘vulnerable’, generally the disabled or those with children, will get priority access to emergency accommodation, generally temporary or hostel accommodation. All other new refugees are expected to locate their own housing, with many having no financial assets whatsoever with which to cover rent deposits, meaning that they are unattractive to private landlords (Phillimore *et al.* 2006). Furthermore, refugees must receive a national insurance number before they can access welfare benefits, a process that can take up to 28 weeks (Phillimore *et al.* 2007b).

Livelihoods – experiences of poverty and destitution

This section reviews the largest body of literature on poverty and asylum seekers and refugees: evidence on livelihoods. This includes research on the impact of formal welfare support mechanisms described in the previous section, informal support networks, access to the labour market and regular and irregular employment practices.

We have seen in the last section of this review that there seems to be agreement on high levels of poverty and destitution among asylum seekers and refugees across the UK. Research nationally and across the regions repeatedly demonstrates that the everyday experiences of living in poverty impact on asylum seeker and refugees’ confidence and enhance fear, dependence and isolation (e.g. Refugee Action 2006; Lindsay *et al.* 2010). Common experiences of poverty among this group include being unable to plan for the future and living each day as it comes, dependency on others and breakdown in family, friendships or other support networks. Almost all research into destitution reveals shocking examples of hunger (e.g. Taylor 2009; Micro Rainbow International 2012; Phillimore and Thornhill 2011; The Children’s Society 2013).

In 2012, Refugee Action conducted interviews to establish what asylum seekers living on Section 95 and Section 4 were able to buy with their weekly allowance. They spoke to 14 people on Section 95 and 11 people on Section 4. They reported that ‘the majority of our respondents struggled to feed themselves and their children, and could not afford essential items including clothes, shoes, or medicine’ (Refugee Action 2013).

In a 2013 study, Pettitt reveals that over half of 84 surveyed torture survivors in the asylum system reported that they were ‘*never or not often* able to buy enough food of sufficient quality and variety to meet their needs for a nutritionally balanced diet’. Thirty-four were either *never or not often* able to buy enough food of any quality to prevent them from being hungry. In a 2011 study, Phillimore and Thornhill point to high levels of maternal and infant mortality in the asylum seeking population, associated with low birth weights and poor access to antenatal care. Interviews with asylum seekers and failed asylum seekers revealed that re-dispersal away from antenatal care and lack of cash to pay

for transport to hospital left such women vulnerable. Furthermore, after giving birth women were isolated and unable to attend check-ups or access healthcare if they or their babies were poorly, because they lacked basic equipment such as a pushchair or warm clothes for their babies.

Other material goods which asylum seekers are commonly reported to go without include clothing (Taylor 2009). Fifty-three of the 85 questionnaire respondents from Pettitt's study were *never or not often* able to buy clothing which is 'adequate to keep them warm, clean and dry'. Many were dependent on local charities for support or reported having only one set of clothes. Evidence submitted for this research includes accounts of asylum seeker children being bullied at school for wearing second hand school uniform (see also Children's Society 2013).

There is a significant body of evidence, largely commissioned by NGOs in recent years, to demonstrate that UK asylum support rates are insufficient to meet essential living needs, and well below the European average. Germany, for example, recently increased asylum support rates substantially after they were deemed unconstitutional. In the UK meanwhile, asylum support rates have fallen beneath 70% of Income Support, the level at which they were set in 1999 on the grounds that the support is for a short duration and housing and utility costs are covered separately. In 2011–2012, an asylum seeking couple with children received 59% of Income Support and a lone parent just 52% – around £36 a week. Unlike other benefits, asylum support rates have not been increased incrementally in line with the cost of living. While the year 2012–2013 saw a 5.2% rise in Income Support payments, for example, there was no increment to asylum support for the same period.

This year, following the Government's refusal to increase asylum support rates once again, the NGO Refugee Action initiated judicial review proceedings against the Government (Ghelani 2014). The judgement, which was handed down on 9 April 2014, concluded that a number of essential living needs, including non-prescription medication and child care items, had been underestimated in calculations put forward by the Secretary of State. It similarly found that she had failed to consider whether other items, including travel to public appointments, might also be essential living needs. Finally, the judgement raised numerous grave problems of data misinterpretation, finding that the Secretary of State had 'failed to take reasonable steps to gather sufficient information to enable her to make a rational judgement in setting the asylum support rates' (Refugee Action and the Migrants' Law Project 2014). The Secretary of State has been ordered to reconsider the level at which asylum support is fixed, in accordance with the grounds outlined in the judgement (Refugee Action and the Migrants' Law Project 2014). The outcome of this decision is pending; however, at the time of writing, the Secretary of State was not seeking permission to appeal the judgement. It is important to note that the judgement does not necessarily entail an increase in the Section 95 support rates, but dictates the need to retake the decision on whether to increase the rate, taking account of the points raised in the case.

Still Human Still Here and its member agencies (including Amnesty UK, Oxfam and the British Red Cross) have argued for several years now that increasing support rates to 70% of Income Support (around £45 for a single adult) and linking them to incremental rises in the cost of living would reduce asylum seeker poverty. Seventy per cent of Income Support, it is argued, should be seen as the absolute minimum. Based on research into their clients' experiences, agencies including the British Red Cross have similarly stressed that support should be end-to-end and less dependent on decision making in the asylum system; it should continue regardless of whether people are either granted status or required to leave the UK.

Asylum seekers living on state benefits, and those without, report that living in poverty has a detrimental impact on legal process (Refugee Action 2006; British Red Cross and Boaz Trust 2013). The inability to pay for travel (even when the costs will be reimbursed) is a barrier to asylum seekers attending appointments with their legal representative and reporting appointments with the UK Border Agency. Between January 2003 and June 2008, Glasgow based Refugee Survival Trust distributed grants to enable 527 people to travel to Liverpool just to submit their claim for asylum (Hamilton and Harris 2009). A range of evidence submitted for this review from the Refugee Survival Trust and others suggests that the provision of travel costs as part of the overall UKBA asylum support package would provide some remedy to this poverty effect. It is further argued, by way of solution to the uneven regional impact of travel costs, that the UKBA should allow all asylum claimants arriving in Scotland to submit their initial asylum claims in Scotland (rather than having to travel to Liverpool and Croydon as is currently the case).

Communication costs are another barrier, including the costs of maintaining contact with formal and informal support networks and sending important documents connected with legal cases (Lewis 2007; Hamilton and Harris 2009).

The cashless pre-paid Azure cards distributed to refused asylum seekers on Section 4 support have been especially criticised (e.g. Mulvey 2009; APPG 2012). Research repeatedly reports that such cards, which are only valid in a limited range of shops, heavily restrict people's ability to purchase essential items including travel, clothing, over the counter medicines, household cleaning products, toiletries and sanitary items (Doyle 2009) and prevent use of public transport (Phillimore and Thornhill 2011). Systematic problems such as the inability to carry over more than £5 from one week to the next; payment failures or delays; problems at point of sale; delays in replacing lost or stolen cards, and the stigma attached to use of the card have also been reported (Doyle 2009; Hamilton and Harris 2009; Mulvey 2009; British Red Cross and Boaz Trust 2013).

There is ample qualitative evidence of the stigma which asylum seekers and refugees experience as a result of their poverty. This is experienced as 'double jeopardy' among certain marginalised groups, including members of the LGBT community (Micro Rainbow International 2012; Stuart 2012). Refused asylum seekers who receive Section 4 support are repeatedly shown to experience stigma as a result of using vouchers or Azure cards (Refugee Action 2006). The British Red Cross (2013) is among those who have argued that the practical difficulties and stigma would be significantly reduced if all asylum support were distributed in cash and not pre-paid card or vouchers. They argue that it would allow all asylum seekers more autonomy in using individual strategies and local knowledge to meet their needs.

More research is needed into the impact of this poverty on social exclusion. Pettitt's 2013 study reports that nearly a quarter of torture survivors surveyed were *never* able to meet socially with family or friends, and a further quarter were *not often* able to do so. All of these aspects impact the rehabilitation of torture survivors (see section on *Health* below). Similar experiences of social isolation are reported in a 2011 survey of social exclusion experiences among LGBT refugees (Micro Rainbow International 2012) and in another piece of qualitative research on the experiences of LGBTI asylum seekers and refugees conducted by MBARC (Stuart 2012). The Joseph Rowntree Charitable Trust's Destitution Inquiry (see Lewis 2007) looks specifically at the implications of destitution for asylum seekers living in Leeds. It reports that 'social isolation' requires a support response which

local agencies struggle to meet because of their huge work load and need to respond to situations of urgent material need.

Poverty is shown to be present among some of the most vulnerable parts of the asylum seeker population, including pregnant women and newborn babies (Phillimore and Thornhill 2011; Maternity Action and Refugee Council 2013), children (Reacroft 2009; Pinter 2012; Children's Society 2013), LGBTI individuals (Stuart 2013) and torture survivors (Pettitt 2013). Out of 85 Freedom from Torture clients who took part in a 2013 questionnaire, 54 were receiving some form of support from the government. Of the 85, 67 described themselves as living in poverty. Only two said that they would not describe themselves as poor. Respondents described the poverty they had experienced in the UK in both 'absolute' and 'relative' terms. 'Absolute' in that they were unable to meet basic living needs for food, clothing and shelter, and 'relative' in terms of being unable to live according to perceived 'normal' and 'reasonable' standards of life in the UK.

Much research has focused on the specific experiences of children and young people, in families and independently, in relation to poverty. Children in families have repeatedly been shown to be living in destitution (Reacroft 2008; Children's Society 2013). Much research draws attention to Social Services' obligations under Section 17 of the Children Act 1989 to protect refugee children from harm caused by severe poverty and malnutrition. Meanwhile, unaccompanied children and others in care have been shown to be at high risk of destitution upon leaving it (Pinter 2012). Based on this evidence, the Children's Society has argued that support should be extended to unaccompanied asylum seekers and refugees as they transition to adulthood beyond the age of 18. Replication across the UK of the award winning Scottish Guardianship model, whereby unaccompanied asylum seeking and trafficked children and young people are allocated a guardian to support them individually and empower them to make choices as they navigate through the immigration and welfare processes, it is argued, would reduce transitions into illegality and poverty among the young.

There is a gendered impact to family livelihoods. Women are recorded to go hungry in order to feed their children (Nottingham Citizens 2012; Querton 2012). Furthermore, destitute women are sometimes subject to sexual exploitation in exchange for resources such as housing or food (Phillimore and Goodson 2010).

Enduring poverty

Research shows that asylum seekers and refugees endure long periods of poverty. The experiences of those who have so-called 'legacy cases' is a case in point. Crawley *et al.* (2011) report that in July 2006, the asylum legacy of unresolved cases stood at around 450,000 cases. It seems 'likely that at least some of these "legacy" cases are living in situations of poverty and destitution', they claim. In addition, they point out that none of the available figures include children arriving with, or born to, asylum seekers over the past ten years. Drawing on Reacroft (2008), they point out that: 'it has been estimated that there could be more than 100,000 children caught up in the backlogged system, a significant proportion of whom may be living in conditions of destitution'.

The Joseph Rowntree inquiry into destitution between 2006 and 2009 also found destitution to be a phenomenon that was experienced by many for prolonged periods (e.g. Lewis 2007, Smart 2009). Crawley *et al.* (2011) report that many refused asylum seekers prefer to endure long periods of destitution in the UK rather than return to their country of origin – some for more than six months and even over two years.

There is evidence that individuals with mental health problems may be driven to suicidal thoughts and self-harm as a result of desperation at inadequate support over time (Institute of Race Relations 2006; Lewis 2007). A 2006 report by Refugee Action begins by detailing the story of a client, Esrafil, who in 2003 committed suicide in the organisation's offices, having had his asylum application refused and support cut off. Research by refugee community researchers for the Joseph Rowntree Foundation found that the combination of low levels of support, poor housing, stigmatisation by the state and racism left refugees and asylum seekers with a range of mental health problems (Phillimore *et al.* 2007a) for which they received very limited support (Phillimore 2011a), and also reduced their ability to develop their language skills or attend ESOL classes (Phillimore 2011b) thereby impacting upon their long-term integration potential.

The main cause of enduring poverty is delays in the asylum system leading, for many, to long periods of dependency on benefits with no right to work. Among individuals in Glasgow surveyed for a 2012 report by Refugee Survival trust and the British Red Cross, 43% claimed asylum in 2010 or later and 12% claimed before 2006, meaning that some had been in the asylum system for more than a decade. Over a third (36%) of survey participants had been destitute for more than a year. Gillespie reports that the risk of enduring destitution was higher among certain sub-groups, including 46% of those with a mental health problem and 43% of women (31% of men).

Access to asylum support

Several studies reveal that many asylum seekers and refused asylum seekers do not access the support they are entitled to. This can be attributed to a range of factors. Refugee Action (2006) reports that those eligible for Section 4 support may be reluctant to sign up because they are unwilling or unable to sign up to the condition of returning home, due to fear of ongoing persecution (see above). Many interviewed by Refugee Action (2006) were deeply unsatisfied with the legal process and felt that their cases had not been properly heard.

In the case of families, in particular those who have been refused asylum, parents may be reluctant to seek the support to which their children are entitled under the Children Act 1989 for fear of being separated from them (Nottingham Citizens 2012). Among those who do seek such support, there have been widespread reports of families being unable to access the support with the urgency with which it is required (e.g. Hamilton and Harris 2009; Still Human Still Here 2013). Social services must conduct a Child in Need Assessment in order to deliver such support, and this has been shown in some cases to be highly subjective (Nottingham Citizens 2012). Age disputes may also complicate access to entitlements for unaccompanied asylum seeking children and young people (Dorling 2013).

Delays are frequently reported at each transition in the asylum process (see e.g. Refugee Action 2006; Lewis 2007; Crawley *et al.* 2011; British Red Cross and Boaz Trust 2013). This problem is reported all across the regions. Between January 2003 and June 2008, 69% of Glasgow based Refugee Survival Trust recipients were entitled to asylum support, mainstream benefits or Section 4 support yet were still receiving no support (Hamilton and Harris 2009). Research consistently proposes, by way of solution, that provision of services and cooperation between services should be audited at all stages of the asylum process to identify administrative delays and ensure that errors do not lead to destitution, debts, arrears or hardship at points of transition.

Life in limbo: Inadequacy of refugee status determination

Several reports have explored the specific challenges of certain national groups of refused asylum seekers who are at once denied the right to work and unable to return home. This was the case of thousands of Zimbabweans left in limbo in the 2000s because of government policies which refused them asylum but barred returns back to Zimbabwe (Doyle 2009). Other refused asylum seekers are unable to return because of problems accessing travel documents or being recognised by their countries of origin (Still Human Still Here 2011).

The inadequacy and inconsistency of refugee status determination procedure is a key obstacle in tackling destitution of refused asylum seekers (Doyle 2011; Querton 2012; Still Human Still Here 2013). Unless people feel that their case has been fairly assessed and it is safe to return home, they will be unwilling to cooperate. This is a significant finding, given the high rates of decisions which are overturned on appeal. A review of the research interview notes of 125 interviews conducted by lawyers for a Refugee Action report in 2006 concluded that 66% of all cases seen may have some merit and should be revisited. More than four fifths of those interviewed (87%) felt that they had not been treated fairly during the asylum process. This demonstrates the importance of looking at aspects of the process as a whole and tackling the root causes of poverty.

The right to work and survival strategies

Much research has repeatedly demonstrated that many asylum seekers have skills which could be of great benefit to society (e.g. Phillimore and Goodson 2006) whilst other studies have looked in economic and societal terms at the argument for giving asylum seekers the right to work. Not being able to work has been repeatedly shown to be a great source of stress to asylum seekers which can inhibit social integration and increase poverty (McColl *et al.* 2008). Due to loss of skills, it has also been shown to impact confidence negatively and reduce prospects for integration later on in the case of leave to remain being granted (Micro Rainbow International 2012).

Research (e.g. Still Human Still Here 2010) shows that reinstating asylum seekers' right to work would reduce the risk of poverty among asylum seekers and facilitate labour market integration and guard against longer-term poverty among refugees. Extending the right to work to asylum seekers after six months has been proposed by a number of NGOs. There is, however, little evidence substantiating the case for such a particular time frame. By way of comparison, a new Asylum Bill in Germany contains a proposal to reduce the amount of time asylum seekers have to wait before obtaining the right to work from nine months to three months. More research is needed on the potential impact and importance of such a time frame and the process for extending the right to work to asylum seekers in practice.

Without the right to work and with scant benefits available, research reveals a wide range of means by which asylum seekers seek to generate alternative income. These strategies are revealed to be employed both by those receiving state support and those without (Lewis and Dwyer, forthcoming).

Crawley *et al.* (2011) argue that beyond irregular employment, including some sex work by men and women, asylum seekers generally do not resort to crime in order to survive, primarily because of a fear of interception by the police. A 2006 Refugee Action report argues that circumstances of duress should be recognised in the case of any irregular activity undertaken in order to survive; the report recommends that such acts should not be taken into account in decisions on legal status.

The gendered nature of survival strategies and of the experience of destitution generally, has been widely recorded. In her 2012 survey of gendered impacts of the asylum system, Querton found several women who had been involved in sex work as a means of survival. Significant levels of sex work have also been found in other studies nationwide (e.g. Refugee Action 2006; Pettitt 2013). Phillimore and Goodson (2010) found that while women had not engaged in sex work per se they were extremely vulnerable to sexual abuse, with favours expected in exchange for resources such as accommodation. Men on the other hand were more able to access informal employment.

It is known that many asylum seekers and refused asylum seekers work as a means of survival (Taylor 2009). To date, research in this area specifically on asylum seekers is scant. The exploitation among this group is well noted, although studies are small scale. Crawley *et al.* (2011) report asylum seekers in their South Wales sample working for an average of around £1 to £3 an hour in low-skilled jobs. They also report concerns of exploitation and transactional relationships. A forthcoming book by Lewis and Dwyer (2014) argues that the irregular work experiences of asylum seekers should be seen as ‘forced labour’, since by and large, such workers are compelled to enter work to meet their basic needs. Their survey of 30 such workers, coupled with detailed 12 month participant observation during which time they spoke to over 400 refugees, asylum seekers, volunteers and practitioners in Yorkshire and Humber, reveals evidence of widespread exploitation, including extremely low wage levels and the withholding of wages. They report that working for £10 to £20 a day was standard. Some of the situations encountered by their interviewees were not ‘forced labour’ as such, they argue, but the workers would nevertheless be living ‘in poverty’ trying to cover contributions to rent and food when taking home £50–£100 a week. Lewis and Dwyer reveal high labour mobility among this population and also concentration in a limited range of professions. Three-quarters of the labouring situations they observed were dominated by just six types of employment – making or serving fast food, domestic work, factory packing, care work, cleaning and food processing. The food industry accounted for 44 out of the 107 recorded labour situations.

Importantly, their research reveals that patterns in exploitative working practices do not vary hugely between asylum seekers and refugees who have a legal right to work; payment below the national minimum wage was revealed to be a normalised reality among many asylum seekers, but also among refugees with permission to work. Echoing Refugee Action’s 2006 findings, Lewis and Dwyer argue that this is problematic; particularly where refused asylum seekers are legally barred from working and have no recourse to public funds, yet might be engaged in forced labour which is a criminal offence in the UK.

Refugees and the labour market – difficult transitions

Research shows that the transition to refugee status for those who receive a positive decision on their asylum application can be difficult. Gaps in support at this time of transition include delays in the issuing of vital documents (Taylor 2009; British Red Cross and Boaz Trust 2013). Barriers to access to the labour market included the lack of interpreters, including sign language interpreters, lack of knowledge among Department of Work and Pensions staff about disability issues and long waiting times.

Stewart and Mulvey (2013) also point out that although refugees have the right to work, the move away from indefinite leave to remain to a five-year term followed by review makes refugees feel insecure and affects their ability to integrate in society, for example by reducing their appeal to

potential employers. Echoing Bloch's findings (2004a), Stewart and Mulvey (2013: 8) argue that 'this sense of temporariness exacerbates the existing problems of unemployment and underemployment among refugees as well as operating against the development of longer term goals and aspirations'.

In Glasgow, between January 2003 and June 2008, 14% of Refugee Survival Trust grants were given to new refugees awaiting mainstream benefits. In 2007, they report that some refugees had to wait for up to 16 weeks before their mainstream benefits were set up because of: i) particular issues around the processing of National Insurance numbers and misunderstanding amongst some JobCentre Plus staff about process and needs; ii) refugees with little understanding of English having to telephone a call centre to register their claim for mainstream benefits; iii) little or no support provided for completing benefit forms; and iv) difficulties and delays in setting up child tax credits with HM Revenue and Customs (HMRC). Gillespie (2012) details the resulting establishment of a cross-sector working group to tackle the problem as an example of best practice in this area. JobCentre Plus's response, he reports, was commendable: 'they established a centralised team, resourced to deal with the increased volume of applications from new refugees that bypassed the centralised phone system. The Scottish Refugee Council provided training to the JobCentre Plus staff team so they could gain a better understanding of the issues faced by people granted leave to remain'. Yet, it is reported that 'there was less success in engaging HMRC in tackling the difficulties experienced by new refugees in accessing child tax credits and this continues to remain an area of concern'.

In Pettitt's study (2013), 10 of its torture survivor respondents reported waiting from one month to more than one to two years for the UKBA to issue documents needed to claim mainstream welfare entitlements. Delays in processing these mainstream welfare claims are also reported due to lack of fixed address or bank account. Many refugees experience significant delays in being issued with a national insurance number (Nottingham Citizens 2012; British Red Cross and Boaz Trust 2013). Torture survivors may experience ongoing mental health problems which prevent them from entering the labour market. Such individuals are reported to experience problems with the Work Capability Assessment (Pettitt 2013).

Evidence for this review submitted by multiple organisations in the North of England suggests that the Home Office, the Department of Work and Pensions and Job Centre Plus could collaborate more effectively to support refugees' transition into the labour market. In particular, based on their clients' experiences they argue that the granting of National Insurance numbers alongside legal status would reduce harmful delays during a 'high-risk' period in terms of poverty. The same agencies have consistently argued that greater access to ESOL and collaboration between local and regional service providers would facilitate improved access to services and work.

Refugees have been shown to experience specific problems entering the labour market due to factors including lack of recognition of past qualifications or inappropriate qualifications (Bloch 2004b); lack of work experience (Dunn and Somerville 2004); and lack of references from past employers (Phillimore *et al.* 2006; Niace 2009). Policies such as the cutting of free ESOL classes have been shown to aggravate this experience (Phillimore *et al.* 2007a). Women are reported to experience specific challenges and also, as Hunt argues (2008), devise specific solutions, such as developing diverse social networks, including with support organisations and local people. Bloch (2004b) reports very low employment among refugee women, particularly among those less fluent in English and with foreign qualifications. An analysis of the Survey of New Refugees (SNR) (Cheung and

Phillimore 2013a) shows that women fare far worse in accessing employment than men and that refugees who had been dispersed had lower levels of employment, even over a year after gaining refugee status, than those who had lived with friends or relatives on a 'support only' basis while awaiting their asylum decision.

High levels of exploitation were also reported. The work that refugee women were doing did not reflect the skills that some brought with them on arrival to the UK. Before coming to the UK, 28% had been working. In relation to the nursing, teaching and medical skills of refugee women in London, Dumper (2002) concludes, in a report commissioned by the Mayor of London, this high level of unemployment and underemployment is a 'missed opportunity'.

Phillimore and Goodson (2006) report high levels of unemployment and underemployment among refugees who have stayed on in dispersal areas. This follows other research which has shown regional variations in this area. Evidence from the SNR clearly shows that refugees experience downwards social mobility once they access employment in the UK, with under-employment continuing 21 months after gaining leave to remain and being worse for visible minorities and Muslims (Cheung and Phillimore 2013b). The impact of unemployment (including lack of self-confidence and skills) has been researched in relation to specific sub-groups including torture survivors and LGBT individuals. In a survey of LGBT refugees in 2011 (Micro Rainbow International 2012), 50% of respondents reported that qualifications they had gained in their countries of origin were not valid in the UK, while 60% said obstacles to finding employment were the lack of UK-based work experience and qualifications as well as their refugee status, race, sexuality and gender which were intersecting issues that put them at the fringes of the job market.

The Refugee Support Network and the National Union of Students have highlighted the barriers faced by both asylum seekers and refugee students in accessing higher education. They argue that, following the best practice among several universities in dispersal areas across the UK (e.g. Manchester), asylum seekers should be reclassified as home students rather than international students for fee purposes and should have access to student finance. This, it is argued, would allow them to work towards medium and long-term employment, whether in the UK or following return.

Based on a survey of 15 refugee households in London, Indira Kartallozi (2013) concludes that for refugee families who are unemployed or living in poverty, the Welfare Reform Act 2012 that introduced the 'Benefit Cap', 'Universal Credit', 'Bedroom Tax' and abolished mainstream benefits is having a marked effect. As a result of the Benefit Cap and the abolishing of some benefits, refugee families participating in this research were found to be experiencing multiple forms of deprivation, including low income, living in insecure, poor, overcrowded and unaffordable housing, having no access to learning or jobs, and poor mental health.

Advice and the role of NGOs and RCOs

Because of the insufficiency of mainstream benefits, asylum seekers are at the centre of discussions of welfare pluralism (Bloch and Schuster 2002; Morris 2010). Asylum seekers and refugees are supported by mainstream voluntary sector agencies such as Citizens' Advice Bureaux and specialist voluntary sector agencies, such as those that work with Black, Asian and Ethnic Minorities. Refugee Community Organisations (RCOs) and NGOs are shown to play a key role in facilitating access to support along with faith groups (Snyder 2011) in addition to extended social networks.

Based on data collected in Manchester, Birmingham and London including an interview survey of 46 refugee/asylum-seeker tenant households and 21 RCO agencies, Zetter and Pearl (2000; cf. Griffiths *et al.* 2005) reveal that the RCOs played an important role even before 1996 in responding to the welfare needs of communities. Yet they also point out that the limited resources of RCOs means that they have historically struggled to meet the needs of asylum seekers and refugees: ‘the vital resources that RCOs could provide are often as neglected and marginalised as the groups they serve’, they argue. Their prediction, in 2000, that it would be hard for RCOs to change function is substantiated in further research which reveals limited access to public resources and, in some cases, lack of co-ordination and networking, and limited professional capacity. In the context of public sector service cuts, evidence reveals that many such organisations are increasingly struggling to function (Refugee Council 2010).

A large body of evidence was submitted to this review by non-statutory agencies and support networks. Best practice in this area seems to stem from regional responses which require strategic working partnerships between statutory bodies and NGOs, as in Glasgow and Nottingham, although the independence of NGOs and RCOs appears to be key to effective services (which are largely dependent on trust). Hamilton and Harris (2009) argue that the ‘regionalisation of UKBA teams to Scotland in particular has enabled much improved partnership working between organizations and, as a result, has significantly reduced destitution within the asylum process’. Much of this reduction would appear to stem from the agencies’ role in ensuring that people are able to access the support to which they are entitled more quickly (see above on impact of delays). Comprehensive data on reductions in the levels of destitution is scant, with most analysis based on anecdotal observations.

Evidence submitted to this review makes a particularly strong case that the Home Office could contribute to the prevention of street homelessness by acknowledging and responding to the financial strain placed on NGOs and, consequently, by making more resources for emergency support available. The homelessness charity Centre Point represents best practice in its integration of specific support for refugee youth into mainstream homelessness services, for example through a bespoke mentoring programme for young refugees.

A body of literature has explored the evolving role of these intermediary emergency support organisations as well as critically examining their role through the lens of refugees’ agency. Rainbird (2012) explores the paradoxical role of NGOs as inducers of further vulnerability; Zetter *et al.* (2005) have pointed out the need for RCOs to build strong links with other community organisations in order to avoid marginalisation; whilst Tomlinson and Egan (2002) focus on the shortcomings in employment support services for refugees, deconstructing the notion of ‘empowerment’. Some have argued that the role of NGOs and RCOs lies primarily as a signposting service to other support, since NASS and the mainstream welfare system are structured in a way that makes them hard for asylum seekers and refugees to access. Research in the West Midlands indicated that RCOs’ lack of understanding of institutional culture meant they were unable to work with the state to highlight the needs of their communities (Phillimore and Goodson 2010). However, RCOs have also been shown to play an important role in the West Midlands in helping refugees to access the labour market (Aldridge *et al.* 2005). Research repeatedly reports language problems affecting this access.

Asylum, poverty and human rights

A body of research has sought to address the specific challenges pertaining to the livelihoods of refugees, and in particular asylum seekers, on human rights grounds.

In her 2010 study, Sharma explores how the introduction of Section 55 coexisted with the Human Rights Act. Sharma argues that whilst human rights provided an effective means by which to challenge Section 55 and assert the social rights of asylum seekers, ultimately, welfare dependency as a coercive measure continues and the UK has failed to develop a sustainable culture of rights.

In contrast, Pettitt (2013) describes how poverty and powerlessness impede the realisation of torture survivors' right to rehabilitation guaranteed under international law. Article 14 of the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment reads:

1. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependants shall be entitled to compensation.
2. Nothing in this article shall affect any right of the victim or other persons to compensation which may exist under national law.

Edwards (2005) has drawn on human rights law to argue for a right to work for asylum seekers, whilst Gray (2013) argues that poverty itself should be seen as a human rights abuse among asylum seekers in the UK, especially among pregnant women.

In conclusion, the livelihoods of asylum seekers are drastically limited in the UK and most are forced into dependency on extremely limited welfare benefits. For those asylum seekers who are refused asylum, destitution may be aggravated as they fall out of the formal support system. Even for those granted refugee status, labour market experiences are restricted due to a range of factors, not least the temporariness of the refugee status.

Housing, accommodation and homelessness

Zetter and Pearl (2000: 678; see also Robinson *et al.* 2007) remark that an extensive research literature documents the importance of housing as one of the cornerstones of successful reception and resettlement processes for refugees and asylum-seekers: 'housing provides not just a physical need, but constitutes an important resource in re-establishing social structures such as the family and linkages to the wider community, and thus minimising dependency on welfare support'. Yet evidence suggests that many asylum seekers and refugees experience housing deprivation and insecurity.

Dispersal

Much has been written on the impact of the policy of dispersal since its introduction in 1999 and there is far from consensus on its role in exacerbating or reducing poverty among asylum seekers and refugees. Much literature which sought to trace the impact of dispersal soon after the policy was implemented argued that dispersal exacerbated poverty and dependency by cutting asylum seekers off from existing support networks (Zetter and Pearl 2000). Early on, it was noted that some areas in particular suffered from a lack of expertise (Zetter *et al.* 2005; Stewart 2012) with an absence of

interpreters or legal provisions which impacted negatively on the legal process. Phillips (2006) has demonstrated that the 'mutually supportive language clusters' envisaged were rarely established in practice. He cites research by Carter and El-Hassan (2003) into the housing of dispersed asylum seekers in Yorkshire and Humberside which demonstrates that the 105 Eritreans living in this region in 2002 were dispersed across eight different cities.

Much has also been written on the racism, violence and stigma experienced by many asylum seekers dispersed to areas of pre-existing social deprivation (Taylor 2009; Kissoon 2010), pre-existing social divisions and strife (e.g. see Malischewski 2013 on the situation in Belfast) and with high unemployment (Zetter *et al.* 2005; Phillips 2006).

Anecdotal evidence submitted to this review suggests that housing may be especially problematic for disabled asylum seekers. Kissoon (2010: 19) reports the story of a man with one leg dispersed to Bradford where 'his isolation was exacerbated by his mobility impairment'. In their 2006 report, Disability Action in Islington draw on their experience with asylum seekers to argue that individuals with disabilities should only be sent to accommodation which can fully meet their needs.

Various pieces of research have asserted that dispersal was synonymous with high rates of mobility, especially secondary movement back to London from regions like Yorkshire and Humberside and the North-East of England (e.g. Boswell 2001; Wilson 2001; Robinson *et al.* 2003). Robinson *et al.* (2003) tracked 56,000 asylum seekers over 21 months and found that a fifth had moved whilst waiting for a decision from the Home Office, mainly because of feelings of isolation from community and/or harassment in the dispersal regions. This level of secondary mobility has nevertheless been contested, and various sources report a lack of information on the numbers of refugees likely to remain in a region after a positive decision (Stewart and Mulvey 2013). Phillips (2006) has lamented that this lack of information hinders service delivery and resource allocation. He argues that Home Office guidelines to estimate the demand for 'move-on' accommodation and support in a region are likely to under-estimate demand because of the expansion of family units, the limited nature of data available to produce estimates (e.g. those living in NASS accommodation) and the complexity of post-decision migration by refugees (see Ott 2013 on a comparison with the USA). The SNR provides evidence that shows asylum seekers who lived in dispersal accommodation were more likely to have poor self-reported health than those living with friends and family (Cheung and Phillimore 2013a). In addition, poor quality and insecure housing post-decision also impacted upon health and wellbeing.

Recent evidence suggests more asylum seekers are staying in areas of dispersal, including for some following the grant of refugee status. Scholars have explored the contribution of asylum seekers and refugees to new 'superdiverse' areas and the regional differences in reception of asylum seekers have been noted and well documented (Phillimore *et al.* 2008).

Homelessness

Experiences of homelessness are commonly reported about asylum seekers. This is especially prevalent among some groups and at certain transition stages throughout the asylum system (e.g. McNaughton-Nicholls and Quilgars 2009; Gillespie 2012). Centre Point, a homelessness charity for young people in London, reports that in recent years almost a third of its clients are young asylum seekers or refugees. Many of these are young people who have fallen off the support ladder after receiving a positive decision on an asylum application or who have experienced a sudden drop in benefits as a result of ageing (Wade 2011; Pinter 2012; Chase and Allsopp 2013).

Refused asylum seekers who are not receiving Section 4 support are in an especially vulnerable position in relation to homelessness (Refugee Action 2006; Doyle 2009). Research reveals that some are especially vulnerable to violence (Taylor 2009). Studies frequently report the gendered nature of this homelessness (Refugee Action 2006; Querton 2012), with women working as prostitutes or enduring domestic violence for a roof over their head. The latter is especially problematic as asylum seeker women are unable to access mainstream support as victims of domestic violence (Musgrave 2012).

For most refused asylum seekers, Section 4 support claims were either refused, ended or awaiting a decision. Others had not applied – they were preparing fresh submissions or did not meet the criteria. A recent judgement ruled unlawful the policy of ‘delaying a decision on accommodation for a minimum of three weeks while the Home Office decide on further submissions’ (ASAP 2012) – this is a key reason for delay that leads to destitution (Gillespie 2012).

Housing conditions

Insights on the housing circumstances of asylum seekers who receive support through NASS and refugees in council housing can be gleaned from a range of local and regional studies focusing on particular groups (e.g. Garvie 2001; Bloch 2002a; Zetter and Pearl 2002; Phillimore *et al.* 2004; Stuart 2012).

Local authorities have been key players in the housing of asylum seekers and refugees through their involvement in NASS contracts. Other players, more recently, have included private companies who subcontract to private landlords or housing associations. Research has shown that among these providers, knowledge of the needs of asylum seekers can be limited (Nottingham Citizens 2012).

Housing conditions are repeatedly shown to be insufficient among those housed by NASS, including reports of overcrowding (Phillips 2006); damp and delays in repairs; lack of locks on bedroom doors (APPG 2012); pest infestation such as mice, cockroaches and bedbugs; lack of heating or hot water due to system breakdown; unacceptable risks in terms of fire (Garvie 2001; Wilson 2001); absence of smoke or fire alarms; and poor hygiene in common areas (Pettitt 2013).

Evidence submitted for this review suggests that local and regional interventions giving service users greater voice in the management of housing contracts, for example in Nottingham, have had some success in improving conditions and delivering greater accountability among private contractors. The evidence similarly suggests that housing associations and local authorities, where possible, may be best placed to respond to the housing needs of asylum seekers; and that services should establish clarity about the contractual role and responsibilities of private contractors and sub-contractors to help ensure good quality housing (see e.g. Nottingham Citizens 2012).

Out of 15 single asylum seeking torture survivors being housed by the Home Office who were surveyed by Pettitt (2013), a third were required to share a bedroom with someone they did not know. Clients and clinicians expressed serious concerns about the appropriateness of this given the trauma symptoms suffered by torture survivors including insomnia, disrupted sleep, nightmares and flashbacks. Overcrowding is also reported as not uncommon among pregnant asylum seekers and in families (Phillimore and Goodson 2010; Maternity Action and Refugee Council 2013).

The moving of people, including pregnant women, as part of the asylum system, has been demonstrated to have an adverse effect on survival strategies by divorcing asylum seekers from

established or recently forged support networks. Indeed, the evidence makes a strong case that pregnant women and their children would be better supported, and therefore at decreased risk of poverty, if such moves were stopped. Maternity Action and Refugee Council (2012) report cases of pregnant women being moved several times during their pregnancy, away from the father in each case, without sufficient orientation, including basics such as the issuing of a map to get to the hospital. Research in Birmingham for the Department of Health found that lack of access to antenatal care was exacerbated by constant movement and that a pregnant detained failed asylum seeker was denied both retroviral medication and antenatal care whilst in detention, threatening both her own, and her baby's, health (Phillimore and Thornhill 2011).

Medical treatment for torture survivors is also reportedly interrupted by moves (Pettitt 2013) or simply not available in dispersal areas where GPs have little knowledge about the psychological needs of asylum seekers and refugees (Phillimore *et al.* 2007a; Phillimore 2011a). The remoteness of certain housing, coupled with the costs of travel, means some struggle to get to appointments.

Housing refugees and integration: problems of transition

The UK government has explicitly identified housing as a key dimension of its strategy for refugee integration (Home Office 2005), the goal being to assist new migrants to access decent, safe, secure and affordable accommodation. Both the Home Office and Scottish Executive reports identify housing as a key dimension in the integration process (see also Cebulla *et al.* 2010 and Cheung and Phillimore 2013a).

The housing conditions and experiences of refugees clearly play an important role in shaping their sense of security and belonging, and have a bearing on their access to healthcare, education and employment.

Following the granting of a positive decision on refugee status, asylum applicants have 28 days to move from their NASS accommodation. Responsibility for housing them is transferred at this point from national to local authorities. Literature reveals that refugees experience frequent delays in moving on to local authority accommodation, during which time they may, like those refused asylum, be forcibly evicted (Phillimore *et al.* 2004; Phillips 2006; British Red Cross and Boaz Trust 2013). Some studies therefore advocate, by way of solution, that greater flexibility should be shown with these transitions, with refugees being able to stay on in housing provided through the Home Office for longer periods. It is similarly argued that the provision of support to refugees leaving this housing should include help to establish contact with mainstream housing benefit services in order to find new accommodation in a suitable area; and that Housing Services should not move new refugee families to properties with high and unaffordable rent in instances where this could lead to a cycle of deprivation and homelessness.

Phillips (2006) reports that refugees are often poor and that they occupy a relatively weak, marginal position when competing for decent, affordable accommodation. In the past, new refugees have fallen foul of 'local connections' rules. The government encourages refugees to stay in dispersal areas by 'creating', through the 2004 Asylum and Immigration Act, a local connection with the dispersal region for asylum seekers accommodated by NASS (Phillips 2006). However a 'local connection' does not guarantee access to social housing. Access is dependent upon whether applicants are assessed as having priority need, a category that relates to families with children and those deemed vulnerable.

Single people, who are over-represented amongst refugees, may not be deemed to be in priority need.

While many new refugee families will seek social housing, single refugees often have to turn to private rented housing. Support may be needed to help secure tenancies, provide stability, prevent landlord exploitation and prevent homelessness (Phillips 2006). Lack of money available to pay a deposit or rent in advance can be a serious hurdle to accessing private rental accommodation for new refugees, as can the lack of employment or a UK bank account, like other low-income households.

There is generally a lack of information about the housing careers of more established refugees, including the transition to owner occupation.

Again, as for welfare support, refugee community organisations and NGOs have been shown to play an important role in facilitating access to housing services (Zetter and Pearl 2000) and plugging gaps in mainstream service provision, more significantly at points of transition (British Red Cross and Boaz Trust 2013) and through services such as resolving tenancy disputes. Indeed evidence submitted for this review suggests that more joined up working between the Government, contractors and non-statutory bodies at the local, regional and national levels would be invaluable in facilitating the dissemination of up to date information about entitlements and collaborative working practices. Cross-sector regional forums can be productive for this, for example, the North East Migration Network.

Health status and access to healthcare

Many refugees come to the UK having fled situations which may have contributed to pre-existing health problems of a mental and physical nature (Burnett and Peel 2001). Burnett and Peel (2001) report that at the end of the 1990s, as many as 20% of asylum seekers and refugees had severe physical health problems that made their day to day life difficult. Common pre-migration adversities include war, imprisonment, genocide, physical and sexual violence, witnessing violence to others, traumatic bereavement, starvation, homelessness, higher risk of diseases that have increased prevalence in the country of origin (e.g. parasitic diseases, tuberculosis, hepatitis and HIV/AIDS (McCull *et al.* 2008)). Between 5 and 30% of asylum seekers have been tortured (Burnett and Peel 2001). They may have also experienced poverty, lack of preventative healthcare, particularly immunisations, and diseases prevalent in the region (Burnett and Peel 2001).

These pre-existing health problems can be aggravated by experiences in the UK, in particular poor access to healthcare (Refugee Council 2006) and lack of information about services (O'Donnell *et al.* 2007). In a 2012 study, Chantler (323) concludes, 'not only are asylum seekers' prior experiences likely to render them more vulnerable to mental distress, but that this is compounded by enforced poverty once in the UK.' McCull *et al.* (2008) class destitution and denial of healthcare as among the seven common post-migration adversities: the 'seven Ds': discrimination; detention; dispersal; destitution; denial of the right to work; denial of healthcare and delayed decisions.

Correa-Velez and Gifford (2007) argue that there is a significant lack of research into the health of asylum seekers in the UK, and that this stems from poor data gathering and disclosure by the government. They argue that the lack of accurate statistical data on asylum seekers has been an effective neo-conservative strategy for concealing the health inequalities in this vulnerable

population, indeed a strategy that renders this population invisible. They describe some alternative strategies that may be used by researchers to obtain denominator data on hard-to-reach populations such as asylum seekers. In addition there is no monitoring data able to track the outcomes of refugees (Jayaweera 2010), a situation in stark contrast to Scandinavia and Canada where the health outcomes of refugees are closely monitored.

Maintaining health in the UK

Several studies point out links between poor housing conditions (see previous section) and low support rates (see section on *Livelihoods*) and the ability to maintain adequate health in the UK. Asylum seekers report that they are unable to purchase basic health and hygiene items. As cited above, more than half of those interviewed for a 2013 Freedom from Torture study (Pettitt) reported that they were *never or not often* able to buy items such as over the counter medicines, household cleaning products, toiletries, sanitary towels and nappies. Lack of money and living in remote locations also barred torture survivors in the asylum system from attending therapy and other health-related appointments, maintaining social contact, and participating in other activities which might support their rehabilitation. The report argues that chronic diet inadequacies lead to poor cognitive functioning, impeding participation and progress in therapy. Other health consequences which it reported to be caused by the asylum system included dependence, disempowerment and a lack of agency which exacerbate psychological health symptoms associated with torture.

Most of those interviewed for the 2006 study by Refugee Action reported that their health had worsened since arrival in the UK, even though they were generally young and had few health problems prior to arrival. Similarly, Cebulla *et al.* (2010) find that the perceived health of refugees was poorer than the health of the general population in England and Scotland.

Access to healthcare

Chantler (2012) reports that competing priorities of different pieces of legislation contribute to the confusion in both policy and practice regarding the entitlements of asylum seekers.

In April 2004, the government introduced restrictions on free secondary healthcare for asylum seekers whose claims are unsuccessful. A 2006 report by Refugee Action argued that such changes had a 'devastating impact' on individuals and families. In a two year period they reported working with 17 women denied access to maternity care and a shocking incidence of people denied care or put off from even trying to access it. They concluded that not only were the regulations preventing desperately ill people getting the help they need, but were also preventing people getting the care they are entitled to. In the current climate little appears to have changed. Many refugees and asylum seekers have trouble registering with a GP (British Red Cross and Boaz Trust 2013). Although largely anecdotal, taken together, evidence submitted by front-line agencies for this review makes a strong case that clarification is needed on healthcare entitlements. Improved access to ESOL to accelerate language acquisition and collaboration between local and regional service providers, including RCOs, could potentially help improve access to healthcare services.

A number of barriers prevent disabled refugees and asylum seekers from accessing services, including linguistic difficulties, mobility issues, cultural issues and lack of knowledge (Tansley 2005; Disability Action in Islington 2006). The inappropriateness of applications for Disability Living Allowance was mentioned by two respondents of a 2008 study (Ward *et al.* 2008). One highlighted

the information lost or misunderstood when applications are made in writing and not in person (Ward *et al.* 2008).

Disabled asylum seekers can request a community care assessment from the local authority, but must demonstrate that they have a need for services which is caused by something other than the lack of accommodation and financial support (ICAR 2009). This is known as being 'destitute plus'. Under Section 21 of the National Assistance Act 1948, asylum seekers are entitled to be accommodated by the local authority if they are found to be destitute and have community care needs. When assessing a case for destitution under Section 21, the local authority must not take into account any asylum support that may be available from the Home Office. If an asylum seeker is identified as having community care needs, then it is the responsibility of the local authority to accommodate and support them. In practice research has revealed this process to be complicated and time consuming (Ward *et al.* 2008; Nottingham Citizens 2012).

Research has found that women are particularly vulnerable to deteriorating health, and maternal deaths in the UK are significantly higher among refugees and asylum seekers than the population at large (Ramaswami 2012; Cheung and Phillimore 2013a). Contributory factors include previous lack of access to antenatal care, poor nutrition, and highly traumatic instances of pregnancy caused by rape (Kelley and Stevenson 2006). Recent evidence suggests that 'a significant proportion of refugee women living in the UK have experienced violence, including rape or sexual violence prior to arrival and they remain vulnerable to violence in the UK, their country of asylum' (Refugee Council 2012). Of the 54 women whom the Refugee Council worked with between September 2010 and September 2011 as part of the Powerful Women's Project, more than 70% had experienced violence either in their country of origin or in the UK, 44% had been raped, just under 30% had been tortured, half had mental health needs and over 20% had acute mental health problems, more than 20% were destitute and more than 20% had experienced gender based violence since arriving in the UK.

Refugee children have been shown to suffer more acutely from physical problems associated with their social deprivation before entering the UK, including malnutrition and disease, which is worsened by damp housing conditions in the UK and exposure to diseases they are not immunised against (Burnett and Peel 2001; Kelly and Stevenson 2006). Prenatal and post-partum care is also poor among asylum seeking women. Research by Maternity Action and Refugee Council (2013) makes the case that asylum support for new mothers should reflect fully the cost of raising a child and maintaining maternal health before and after pregnancy.

There is a significant lack of research on physically disabled asylum seekers and refugees in the UK, but scoping research demonstrates that there are thousands resident in the UK and considerable diversity within the population in terms of social characteristics (Ward *et al.* 2008). What little data does exist, together with anecdotal evidence drawn from specialists in the field in preparation for this study, indicates that this is a largely 'hidden' population, which faces particular and often multiple disadvantages. In particular, there appears to be a gap in knowledge about asylum seekers and refugees with physical or sensory impairments or learning difficulties (Disability Action in Islington 2006; Ward *et al.* 2008). Even where refugees have full rights to access healthcare, access can be poor because the UK primary care led model is poorly understood by refugees, who may believe that they are expected to pay for care themselves (Phillimore 2011a). Furthermore, healthcare providers have little knowledge about the rights, entitlements, needs and experiences of

refugees or asylum seekers and may struggle to provide sensitive or appropriate services or to access appropriate interpretation (Phillimore 2011a; Phillimore and Thornhill 2011).

Mental health

According to the social model of disability, which recognises the role of disabling environments as contributory factors, poverty has been widely recognised as a risk factor for mental illness (Murali and Oyebode 2004; Chantler 2012). Chantler (2012) argues that the focus on past stresses, in particular clinical diagnoses such as post-traumatic stress disorder, may have led to a failure to recognise post-migratory stressors such as poverty, homelessness, boredom and social isolation and incarceration, although there is now a body of evidence that points to the role of the asylum system in generating or exacerbating stresses which increase the risk of psychological illness (Phillimore 2011a).

The ample empirical literature on mental health among asylum seekers and refugees demonstrates that they are among the highest risk categories for suicide in the UK (Cohen 2008). Research also frequently reveals high rates of self-harm, including among asylum seeking children and young people (Pinter 2012). Clinicians report that destitution had an extremely negative impact on the mental health of torture survivors and increased their risk of suicide (Pettitt 2013).

Chantler (2012) argues that the creation of NASS appeared to have erroneously reinforced the view that asylum seekers are being supported via NASS and therefore do not require social work intervention. Furthermore, Humphries (2004) argues that social workers have unquestioningly accepted the role of gatekeeper to services, and function as an arm of immigration services, reporting failed asylum seekers to authorities rather than providing them with support.

In this vein, high levels of unmet need have been identified amongst refugees and asylum seekers with mental health difficulties in areas such as housing, finances, and social contact (Chantler 2012). Some commentators have argued that mental health providers need to work holistically with asylum seekers and refugees as therapy is unlikely to be effective if their additional needs are not addressed (Watters 2001). Addressing these needs is likely to involve the provision of advice on housing and welfare issues, advocacy work and social activities (Watters 2001).

Importantly, for rehabilitation to be effective, comprehensive long-term support is required. Evidence submitted for this review makes the case that legal status should be no obstacle to accessing this support. In particular, evidence from Freedom from Torture (Pettitt 2013) suggests that efforts should be made to ensure that individuals are able to build relationships with care workers over time, and that these are not jeopardised by transitions in housing or legal status.

Facilitating access to services

Asylum seekers with potential care needs can be referred by the Home Office to the relevant local authority for an assessment. Many are also referred by solicitors, refugee community organisations, advice services, refugee support organisations and other services. They can also refer themselves. In practice, research has found that there are often disputes between the Home Office and local authorities in terms of who is responsible for asylum seekers with community care needs, and there are high levels of subjectivity (Disability Action in Islington 2006; Ward *et al.* 2008) or

misunderstandings about rights and entitlements on the part of professionals (Phillimore 2011a, 2011b).

It is thought that RCOs and specialist disability RCOs, though few and far between and largely concentrated in London, are picking up the strain and attempting with limited resources to meet a range of disabled asylum seeker and refugee needs that are unmet by mainstream providers. Ward *et al.* (2008) report a range of shortcomings in the ability of RCOs and mainstream disability organisations to support disabled refugees and asylum seekers in London. Cambridge and Williams (2004) emphasise the importance of developing positive links with professional mainstream services, such as social services, health services and local councils. In a study of a health project for refugees and asylum seekers in south London, Hinton (2001) finds that the ability of RCOs to be proactive on health issues depended on working links with the health authority.

Conclusions

This review of evidence suggests that enforced poverty and destitution is a central feature of UK asylum policy, as comprising poor housing and a reduced level of welfare benefits. Many asylum seekers and refugees have endured severe persecution, including rape, torture, multiple loss and denial of basic human rights: their poverty does nothing to alleviate the ongoing physical and mental after-effects. This review suggests that reducing the incidence of poverty and destitution as a matter of urgency would i) improve the quality and fairness of the asylum process and ii) lead to improved refugee health, wellbeing and integration.

As well as considering statutory responses to poverty among this group, this review has explored evidence detailing individual and community based responses to poverty among asylum seekers and refugees, e.g. by localities, families and refugee community organisations (Zetter *et al.* 2005), multi-agency networks (Wren 2007) and faith based communities, and some ways forward have been highlighted in each section. The picture that emerges overall is that the burden of support is falling on refugee communities, faith groups, religious institutions and voluntary organisations. This is placing strain on the individuals and groups involved. Health and social services struggle to understand what they can or should provide. The evidence demonstrates that interventions are most effective when a regional cluster approach is taken involving statutory and non-statutory actors, although the independence of NGOs and RCOs is key to effective services.

The evidence shows that the pathways into poverty faced by this marginalised group are many and often intersectional. Whilst a range of pre-flight factors are of great importance to the causes and experiences of poverty among asylum seekers and refugees, the UK asylum system in and of itself emerges as a poverty producing machine. Since 1997, the asylum system has operated according to a logic of cut corners and social exclusion.

There is a significant gap between public understanding of poverty among asylum seekers and refugees and the reality. It is important to note that this area of social policy is particularly politicised. Policymakers consistently fail to acknowledge or respond to deepening poverty, while public opinion has become more detached from reality and more hostile to the provision of sanctuary. In spite of the political obstacles, this review of the evidence suggests that alongside concrete policy reforms, there is a need for policymakers to guide a reasoned public discussion about asylum seekers and refugees and their rights and entitlements.

Finally, the evidence suggests that the poverty phenomenon should be understood as a process over time, rather than taking a snapshot palliative approach to poverty reduction among this population. Poverty, and the likelihood of poverty, threatens asylum seekers, refugees and refused asylum seekers as they undergo various transitions during their time in the UK. This reality is echoed in numerous calls for 'end to end support' from service providers (British Red Cross 2010), including continued support and integration for those granted leave to remain as refugees (or other), and also ensuring that those who are refused asylum are still able to meet their essential living needs. Indeed it is the transition points which demonstrate the most acute failings of a system which is designed, in theory, to meet the needs of some of the most vulnerable, many of whom arrive in the UK with scant resources having been forced to flee.

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