


FROM PILLAR TO POST

Destitution among people
refused asylum in Scotland

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A photograph of a woman walking away from the camera on a city street. She is wearing a black hooded jacket, a white headscarf, and light-colored trousers. She is carrying two large, full plastic bags of groceries, one in each hand. The street is lined with multi-story buildings, some with shops on the ground floor. The scene is captured from a low angle, looking down the street.

‘I’ve been pushed
from pillar to post for
the past ten years’

Nadia, Pakistan

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BritishRedCross

Fasgadh

Glasgow Night Shelter

Rehoboth Nissi Ministries

Statement from the Destitute Asylum Seeker Service (DASS) Partnership

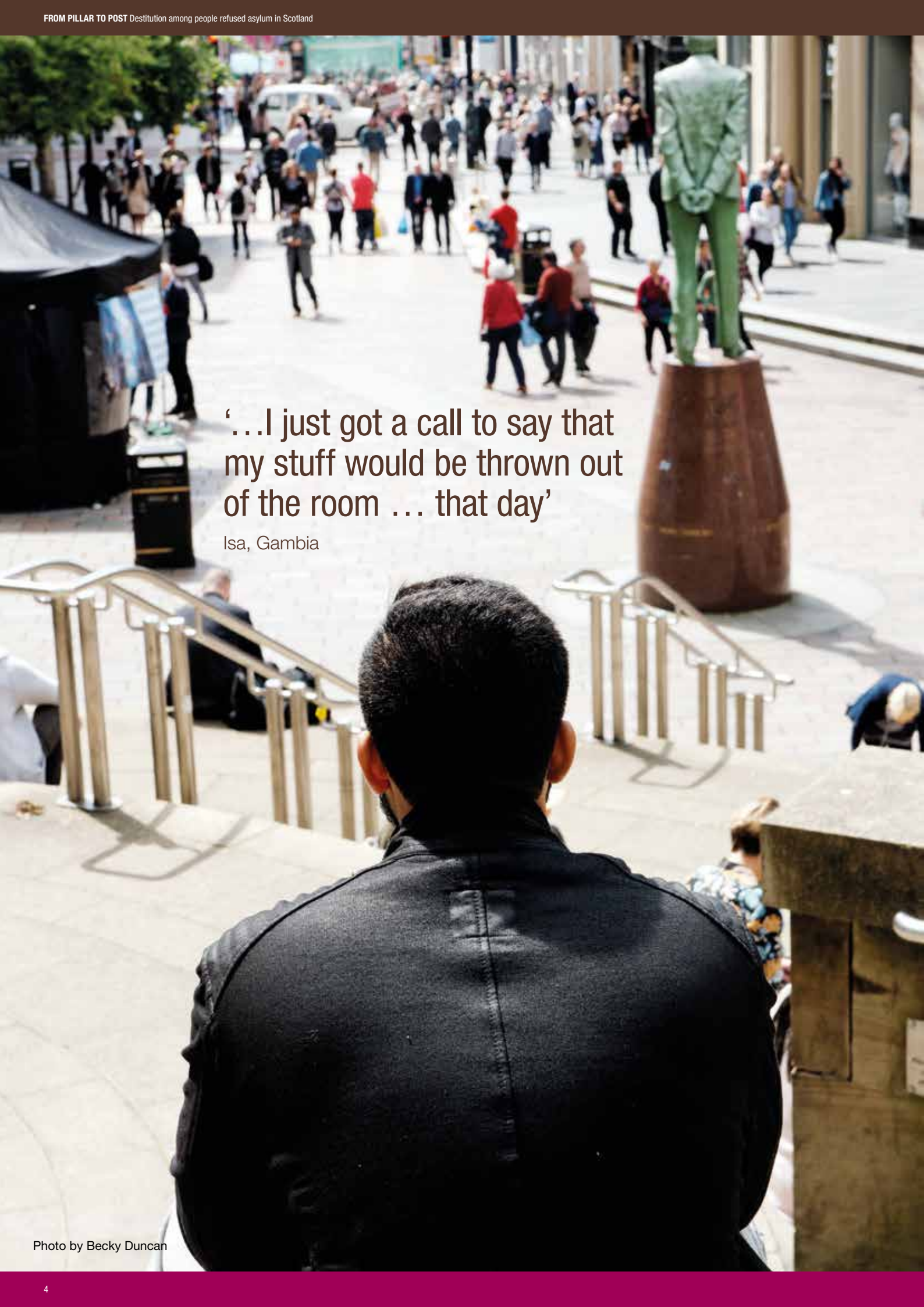
The evidence-gathering for, and drafting of, this report preceded the sudden announcement on 30 July 2018 by Serco, the Home Office contractor in Glasgow which manages asylum accommodation, to implement a policy of lock changes (locking someone out of their home in order to force them to leave) within its eviction process.

This policy change was to be applied to people in asylum accommodation who had an asylum claim refused and asylum support terminated. As organisations supporting people in these circumstances, we are opposed to the implementation of this dehumanising and disregarding policy which would potentially leave people street homeless.

This announcement blindsided the DASS partners and the wider refugee third sector. It gave no time to respond effectively to those affected to avoid the severe negative impacts that this policy would have on their physical, emotional and health needs. We were also concerned that such a process was unlawful, and indeed multiple legal challenges have been lodged on human rights and Scottish housing law grounds.

Following the legal challenges and wider political and public campaigning, Serco agreed to pause lock changes on 4 August 2018 with any commencement subject to the ultimate outcome of these legal processes. At the same time, Glasgow City Council set up an asylum taskforce to establish 'de facto' oversight of the Home Office and Serco's plans. It sought to convene relevant statutory, legal and voluntary sector partners to provide overarching support and coordination of responses to the women, men and children at risk of possible evictions action.

Given that this research specifically focuses on people who would be affected by the implementation of this policy, we believe that its findings and recommendations have even greater relevance in the current context. We hope you can support these.



‘...I just got a call to say that
my stuff would be thrown out
of the room ... that day’

Isa, Gambia

Executive summary

People who have been refused asylum face multiple barriers to exercising their rights and accessing support mechanisms. Refused asylum seekers lose their entitlement to Home Office accommodation and financial support 21 days after their asylum claim is rejected, with the expectation that they will make prompt arrangements to leave the UK. They are prevented from applying for mainstream benefits or homelessness assistance; they are not allowed to work or access education; and they face significant barriers to engaging with health and social care services.

Despite the difficulty of life in the UK, there are many reasons why people do not return to their countries of origin when their asylum claim is refused. They may face logistical barriers to leaving the country, or be working to gather evidence in order to make a fresh claim for asylum. They may believe the decision made on their asylum claim is incorrect and they will be in danger if they return home. For many people, living in destitution in the UK is a desperate survival decision, regarded as preferable to the violence and persecution that they fear will befall them if they return to their country of origin.

Research background and objectives

This report is the result of a collaborative research project, coordinated by the Destitute Asylum Seeker Service (DASS). DASS is led by the Refugee Survival Trust, working in partnership with the British Red Cross, Scottish Refugee Council, University of Strathclyde Law Clinic, Fasnagadh, Rehoboth Nissi Ministries, and Glasgow Night Shelter. The project assists refused asylum seekers to find a route out of destitution and to resolve their situation.

The objectives of the research were to explore:

- ▶ The extent to which refused asylum seekers experiencing destitution can exercise their rights and access support mechanisms in Scotland, to ensure that they can meet their basic needs and pursue their legal case.
- ▶ The extent to which destitution impacts on service providers' capacity to effectively work with and support refused asylum seekers to meet their basic needs and pursue their legal case.

The research adopts a broad understanding of services and support mechanisms including: health and social care, education, transport, third sector services, legal services, and services delivered by Home Office-contracted agencies.

Key findings

Refused asylum seekers have extremely limited accommodation options

Refused asylum seekers find it exceptionally difficult to access private, safe, and secure housing. Our research participants frequently relied upon friends and acquaintances to access accommodation, or had to make the ‘survival decision’ to suffer exploitation in order to access shelter. While the destitute men we interviewed could access Glasgow Night Shelter, there is no equivalent provision for women. A small minority were able to access community hosting, or temporary flats provided by DASS. Although some refused asylum seekers become eligible for Home Office accommodation and support, our findings show that people require extensive advocacy in order to apply for, and secure, this accommodation and support. The provision of such advocacy by third sector organisations limits cost shunting from the UK Government to Scottish public and charitable sectors.

Basic needs must be met before people can engage with their legal case and make informed decisions

Homelessness and hunger made it difficult for our participants to effectively engage with their legal case and to access services. Refused asylum seekers frequently struggle to meet their basic needs and, at best, must rely upon charities and friends to access food and clean, warm clothes. Unless these basic needs are met in an accessible way, it is almost impossible for people to engage with support mechanisms and make informed decisions relating to their asylum claim and other legal issues.

Destitution places people at risk of exploitation

Destitute asylum seekers are at risk of exploitation because of the precarity of their living situations. We found evidence of people experiencing sexual, domestic and labour exploitation in order to secure access to accommodation or to meet other basic needs. This finding reflects evidence given by Police Scotland to the recent Equalities and Human Rights Committee (Scottish Parliament) inquiry into destitution among those with insecure immigration status, which made it clear that people experiencing destitution were at risk of ‘being routed into areas such as prostitution, domestic servitude or forced labour’ (Police Scotland 2017, p.2).

Independent advocacy services are essential to prevent and mitigate destitution

Accessible and specialist advocacy services, based on holistic assessment and coordination, are essential to ensure refused asylum seekers, as well as others with insecure forms of immigration status, can access their rights. Without human rights-based advocacy provision, it is difficult to identify appropriate services and to support people to access them. For example, advocacy is essential to complete and submit applications for asylum accommodation and support, and to carry out follow-up administrative work. Those applying for support often experience delays in decision making, because of the high and complex destitution evidence thresholds set by the Home Office. This is compounded by administrative weaknesses in communications between the Home Office and Migrant Help, which is contracted to deliver information and advice to asylum seekers. Access to advocacy helps to mitigate such delays, reducing the time people spend in destitution.

Cost and responsibility shunting from the Home Office to dispersal areas should be prevented

The shortcomings of the UK asylum system leave people in destitution, placing significant service and resource pressures on local statutory and third sector organisations. These agencies are generally not funded or compensated by the UK Government for these impacts, as recently highlighted by the Home Affairs Committee (2017, p.18). This is an inappropriate and unfair cost shunting on to asylum dispersal areas that, like Glasgow, wish to continue to welcome and integrate asylum seekers. It is critical that any such cost shunts end and that preventative and mitigation resources are built into asylum dispersal funding mechanisms. This is particularly important in advance of the Asylum Accommodation Support Services contract 2019-2029, which was recently re-tendered and will begin in September 2019. If additional resourcing is not built in to future asylum dispersal, destitution will continue to exert an unfair and deeply harmful humanitarian impact on individuals. It will also exert significant costs on Glasgow's and Scotland's public and third sector services. This issue must be a priority in future inter-governmental communications, as well as in Home Office and Scottish local authority discussions on asylum dispersal.

Recommendations

Scottish Government to lead on the development and implementation of a Scottish human rights-based strategy against asylum and migrant destitution

This report provides further evidence of the pervasiveness of destitution in the UK asylum system. People who have been refused asylum, and rendered homeless, experience exceptionally high levels of risk and harm. It is imperative that Scottish Ministers begin to implement a human rights strategy against migrant destitution, as committed to in the initial response to the *Hidden Lives New Beginnings* inquiry report in May 2017 (Scottish Parliament Equalities and Human Rights Committee). This approach was endorsed by the Homelessness and Rough Sleeping Action Group in March 2018 (HARSAG 2018). This strategy should emphasise the need for trauma-informed work with all vulnerable migrants, and bring together Scotland's public and third sectors to work collaboratively around this human rights issue. Specifically, it should knit together the existing range of Scottish policies relevant to vulnerable migrants with no recourse to public funds (NRPF) conditions. The focus of the strategy should be on practical measures, especially the provision of accommodation by charitable and community organisations as well as statutory agencies. Accommodation should be provided in conjunction with specialist advocacy provision, based on holistic assessment and coordination. The strategy should include mechanisms for gathering and analysing data on the cost of preventing and mitigating asylum and migrant destitution in Scotland.

Scotland's public sector to build its capacity to prevent and mitigate destitution

The evidence in this report, both from those with lived experience of destitution and those working in the public, third and legal sectors, strengthens the need for capacity-building measures across key services. These measures should include clear, accessible national guidance and associated training for public service providers with responsibilities for vulnerable migrants, especially social workers, health professionals, and police officers, among others. They should also include protection pathways based on recognition that vulnerable migrants experience difficulties in accessing assessments of need and, therefore, support from Scottish local authorities. Finally, the regulators of key Scottish public services should promote accountability and good practice by developing quality standards.

Scotland's third sector to lead on maintaining and enhancing its advocacy services to prevent/mitigate asylum and migrant destitution

Refused asylum seekers experience a range of difficulties, including severe poverty, poor mental health, language barriers, and social isolation. This report has confirmed the need for accessible advocacy services, to ensure that refused asylum seekers can understand and access their rights, as well as other support mechanisms. This research has further reinforced the findings of the *Hidden Lives New Beginnings* (Scottish Parliament Equalities and Human Rights Committee 2017) report on the importance of advocacy for this group. In particular, the testimonies of those with lived experiences reflect advocacy as an essential, not optional, part of any effective plan against vulnerable migrant destitution in Scotland.

Home Office to reform, urgently, its contracts and practice to ensure genuinely consistent and rapid access to asylum support

This report has provided clear evidence of the inaccessibility of the Home Office's asylum support system to destitute asylum seekers. Since 2014, Migrant Help has been contracted by the Home Office to provide information and advice on the asylum process, as well as to support applicants to access asylum accommodation and financial support. There are two important prohibitions placed on Migrant Help under both contracts: (a) that it cannot engage in advocacy on behalf of clients and (b) that it is not allowed to support an asylum support application to gather evidence of destitution. Both of these prohibitions cause delays in the gathering of destitution evidence, which subsequently delays access to asylum accommodation and support, and prolongs destitution. It is not clear whether these prohibitions will be lifted in the 2019-2026 successor contracts. If not, destitution will continue to be embedded in the asylum support system.

This report sets out other barriers that prevent or delay refused asylum seekers from accessing asylum accommodation and support. High and complex evidence thresholds, as well as repetitive requests for further information, result in prolonged destitution. These problems are exacerbated by Migrant Help's telephone and online support model, with limited provision of face-to-face service delivery. This report reinforces the need for the Home Office to reform its present asylum support and accommodation contracts, as well as accompanying guidance. Successive contracts should promote genuinely consistent and seamless access to asylum support for all eligible asylum seekers.

Home Office should grant discretionary leave to remain to individuals who face barriers to return which are beyond their control

This report has illustrated the harmful impact of destitution on individuals. It has provided evidence of links between destitution and risk of exploitation. For those people who have been refused protection, but are unable to return due to practical or logistical reasons such as not having the correct documentation, their nationality is disputed or there is no safe route of travel, the findings of this report illustrate the ongoing challenges they face in accessing support and services. This means that, despite it being generally accepted that they are unable to leave the UK, they find themselves in a situation in which their rights are severely constrained, and they are caught in a perpetual state, or fear, of destitution. Given the risks of this situation on the individual, and the lack of control that they have to change their circumstances, this report recommends that the Home Office grants people discretionary leave to remain with a right to work and to access higher education if they have exhausted the asylum process, but cannot, after a period of 12 months, be re-documented, or there is a barrier to return that is beyond their control. This is in line with a previous recommendation made by the Red Cross in *Can't Stay. Can't Go. Refused asylum seekers who cannot be returned* (2017).

Homelessness and anti-destitution strategies to include clear accommodation options to meet asylum and migrant destitution

This report has evidenced the need for the public and third sectors to collaborate on an 'accommodation options' approach to service delivery, especially through insights from those with lived experience of destitution. This should be developed within the forthcoming Scottish human rights strategy against migrant destitution, and bolstered by the Scottish Government's 'Ending Homelessness Together' agenda. An 'accommodation options' approach should comprise a wide a range of housing options for refused asylum seekers and other people with insecure immigration status. This should be publicly-funded and ensure wraparound support, with safeguarding considerations held paramount. Housing options should include: (a) local authority accommodation and support for those assessed as having needs other than those stemming from destitution; (b) housing pursuant to statutory entitlements for those with particular needs, for example, domestic abuse survivors, people with communicable diseases, and survivors of trafficking or exploitation; (c) community hosting models, such as the 'Room for Refugees' scheme; (d) housing made available through partnerships with willing housing associations and private housing providers, which provide part of their stock to assist vulnerable migrants for a time-limited period; and (e) when necessary, night shelters that are sensitive to gender issues and supported via public sector and charitable sector resources. Those staying in night shelters should have access to wraparound services, including from social workers and health professionals.

NHS Scotland to lead on rolling out trauma-informed training and interventions to public and third sectors to help prevent and mitigate asylum and migrant destitution

This research has enriched the current evidence base in Scotland on the adverse mental health impacts of destitution. This builds on previous evidence from the NHS Greater Glasgow and Clyde psychological trauma service, which was included in the *Hidden Lives New Beginnings* inquiry report. This was cited as pivotal evidence of the need to develop a Scottish human rights strategy against migrant destitution. There is already a high level of trauma among refugee and asylum-seeking populations because of experiences of forced displacement and arduous or exploitative journeys, as well as the severe poverty and social isolation often experienced within the UK asylum system. The report has identified the importance of unconditional access to healthcare and has highlighted the breadth and depth of health needs among, in particular, refused asylum seekers. It is crucial that trauma-informed and skilled approaches underpin third sector advocacy with people who have been refused asylum, and that this is the basis for training health professionals likely to have frontline contact with refused asylum seekers and other people with insecure immigration status. This recommended training should take place within the context of the Scottish Government and NHS Education for Scotland Transforming Psychological Trauma framework (2017).

Scotland's public sector, notably Police Scotland, with third sector agencies to collaborate to maximise safety and anti-exploitation/trafficking as integral in Scottish work against asylum and migrant destitution

The report has reiterated the chronic safety gap suffered by vulnerable migrants, providing insights into the survival decisions made by some refused asylum seekers that are, in reality, labour and sexual exploitation, and serious crime. While Police Scotland was not interviewed for this report, its constructive response to similar testimonies in the context of the *Hidden Lives New Beginnings* inquiry report resulted in a commitment to establish an 'Identified Intelligence Requirement' (Scottish Parliament Equalities and Human Rights Committee 2017, p.16). This would allow a better understanding of the nature and scope of exploitation experienced by destitute asylum seekers and other vulnerable migrants, including by organised criminal networks. The testimonies of exploitation in this report are harrowing, and convey the seriousness of the predicament and risks faced by destitute asylum seekers. This evidence confirms that it is imperative that Police Scotland and, more broadly, the rights of trafficking survivors are integral to the forthcoming Scottish human rights strategy against migrant destitution. Similarly, violations of safety and abuse against, primarily, women

with insecure immigration status need to be integral to this strategy, via funded accommodation as well as in protection pathways. Such an approach would be in line with recommendations made in the *Hidden Lives New Beginnings* inquiry report, as well as the Scottish Government/COSLA 'Equally Safe' strategy to prevent and eradicate violence against women and girls.

Scotland's legal profession and key institutions, notably the Scottish Legal Aid Board and the Law Society of Scotland, to collaborate with key third sector bodies to build capacity in the legal profession on asylum and immigration law especially via models of third-legal sector collaboration

This research has shown that it is very hard for an individual to effectively engage with their legal case and make informed decisions if they cannot meet their basic needs. This affects a person's ability to timeously and effectively gather new evidence, source witnesses and, ultimately, submit coherent fresh representations to the Home Office. In addition, there are procedural barriers in the Scottish legal aid system, which stem from the fact that legal work to prepare fresh representations is not 'templated' in the way that work on initial asylum claims is. Underlying this is a shared recognition across the third sector and the legal profession and institutions in Scotland that asylum law expertise is heavily concentrated in Glasgow, placing extra demands on this small group of firms. Such firms could benefit from third-legal sector collaboration, as piloted by the DASS project, to holistically meet the legal and basic needs of refused asylum seekers.

Scottish Government, especially through its anti-poverty and transport strategies respectively, to extend concessionary travel arrangements to destitute asylum seekers and people with insecure immigration status

This report evidences the extreme isolation experienced by people living in destitution, as well as the detrimental health impacts of walking long distances to attend appointments. Following the commitment made in the initial response to the *Hidden Lives New Beginnings* inquiry report in May 2017, Scottish Ministers should examine the feasibility of providing concessionary bus travel both to asylum seekers (those awaiting a final decision on their claim and those refused) and people with insecure immigration status. This will help enable access to crucial services, medical and legal appointments, as well as allowing people to participate in adult and further education and volunteering opportunities.

The Home Office and the Scottish Government, in collaboration with the Scottish Funding Council, Students Awards Agency Scotland, and sectoral representatives for universities and colleges, to ensure all migrants, including refused asylum seekers, are able to access adult and further educational opportunities

The Scottish Government has recognised the importance of English language learning to integration and participation in Scottish society in *Welcoming our Learners: Scotland's ESOL Strategy 2015-2020*. However, this research shows that people in the asylum system struggle to access education, especially ESOL at entry and lower levels. Those who are able to access ESOL often struggle to effectively engage with their education because of the harmful impacts of destitution. This research shows how important access to education is for those who have been refused asylum, both in terms of instilling feelings of self-worth and mental wellbeing, as well as facilitating engagement with services and support mechanisms.

Barriers to engaging with education should be identified and removed. The Home Office should end the practice of attaching 'no study' conditions to a person's bail when they are released from immigration detention. While this condition remains in place, Scottish Ministers should advocate with the Home Office for a guarantee that asylum seekers, including refused asylum seekers, will not have 'no study' conditions placed on them as part of immigration bail arrangements.

The Scottish Government should also explore ways to expand the availability of ESOL, as well as ways in which those fluent in English could access other educational opportunities. The Scottish Government should work with Education Scotland, the Scottish Funding Council, and Scottish colleges to ensure that there is clarity and consistency in the provision of fee waivers to destitute asylum seekers. Improved ESOL and education provision should be part of a breadth of holistic measures to support destitute asylum seekers, to ensure that people can effectively engage with their education.

‘...once we are out
of the system it is
like the dark for us’

Ali, Iraq



1. Introduction

This report is the result of a collaborative research project, coordinated by the Destitute Asylum Seeker Service (DASS). DASS is led by the Refugee Survival Trust, working in partnership with the Red Cross, Scottish Refugee Council, University of Strathclyde Law Clinic, Fasgadh, Rehoboth Nissi Ministries, and Glasgow Night Shelter. The project assists refused asylum seekers to find a route out of destitution and resolve their situation.

Figure 1: Overview of DASS services



Every DASS client has their needs assessed in the first instance, and is offered support with finding food and shelter. Referral into legal and accommodation services is on a case-by-case basis.

This research is based on qualitative and quantitative data gathered from DASS casework and DASS partner organisations. Several other organisations working with refugees and asylum seekers participated in the study, as well as staff from public sector, legal and Home Office-contracted organisations. Two peer researcher volunteers, who have personal experience of destitution, were recruited to the project to plan, carry out, and analyse interviews with people who have lived experience of destitution in the asylum system. The result is a truly collaborative piece of research, which provides a cross-sectoral insight into destitution in the asylum system.

People are made destitute at various stages of the asylum process. It can happen when people arrive in the UK and are unable to afford travel to Croydon, where asylum applications must be registered. Asylum seekers cannot access public funds and are prohibited from working, so often rely upon accommodation and financial support from the Home Office (known as 'asylum support') to avoid destitution. People can, therefore, become destitute if they experience barriers to, or delays in, accessing asylum support. Although able to access mainstream benefits, those with newly granted refugee status or those who have arrived on family reunion visas to join a refugee sponsor can also become destitute because of delays and administrative errors in accessing these benefits. At most risk of destitution, are those whose asylum applications are refused and who do not, or cannot, return to their countries of origin (Scottish Parliament Equalities and Human Rights Committee 2017). The report focuses on refused asylum seekers who, while sometimes eligible to access asylum support, are often left homeless and without access to money.

Destitution is a human rights concern. Those in the asylum system generally have 'no recourse to public funds' (NRPF), which means that they are denied the right to access welfare benefits or homelessness assistance. As people in the asylum system are also denied the right to work, asylum seekers rely solely upon the Home Office to provide accommodation and minimal levels of subsistence. When a person's asylum claim is refused, their entitlement to asylum accommodation and support is terminated. At this point, people often rely upon friends and the third sector to meet their most basic needs, such as access to food, warm clothes and a place to sleep. Such desperate living circumstances are the intended outcome of the Home Office's 'hostile environment' policy, which seeks to make life as unpleasant as possible for refused asylum seekers to try and compel them to return to their countries of origin.

However, there are many reasons why people do not, or cannot, return to their countries of origin when their asylum applications are refused. Logistical difficulties with transport can prevent people from leaving the UK, as explored in a recent report by the Red Cross (Blanchard and Joy 2017). People who are

stateless, or whose nationality has been contested by the Home Office, are often unable to acquire the travel documentation needed to return to their country of origin (Blanchard and Joy 2017). Even if they are logistically able to leave, refused asylum seekers often remain in the UK, as they believe the decision made on their asylum claim is incorrect and they will be in danger if they return home (Refugee Council 2012). In 2017, 35% of asylum appeals were successful (Refugee Council 2018), highlighting the deficiencies in Home Office decision making procedures. People may try to gather further evidence to submit to the Home Office (known as ‘further submissions’), in the hope that this will be accepted as a fresh asylum claim. For many of those in this situation, living in destitution in the UK is a desperate survival decision, regarded as preferable to the violence and persecution that they fear will befall them if they return to their country of origin (Crawley et al. 2011).

1.1 Research aims and objectives

The aim of this research is to provide a multidimensional insight into the experiences of refused asylum seekers who have experienced destitution in Scotland, demonstrating the barriers they face when trying to exercise their rights and access support mechanisms. The research also seeks to highlight the perspectives of staff who provide services and support to asylum seekers in this situation. This includes voluntary-sector, public sector, legal, and Home Office-contracted staff. The research shows the demand that destitution among refused asylum seekers places on public and third sector services, as well as drawing attention to the challenges it creates for other service providers.

Previous research has explored the experiences of destitute refugees and asylum seekers in Scotland in relation to: the causes and extent of destitution (Refugee Survival Trust and British Red Cross 2009 and 2011); coping mechanisms (Gillespie 2012); destitution among refused asylum seekers who cannot be returned to their countries of origin (Blanchard and Joy 2017); and destitution among pregnant women and new mothers (Fassetta et al. 2017). While building upon that existing work, this project is distinctive because of the multidimensional focus on the way in which asylum-seeking destitution impacts upon different sectors of Scottish society. Although offering insight into the impact of destitution on day-to-day life, the report places an emphasis on understanding the way in which destitution affects an individual’s capacity to exercise their rights and access support mechanisms, distinguishing the project from past research on this topic.

The research primarily focuses on the experiences of people living and working in Glasgow – the only dispersal area in Scotland. However, if the dispersal of asylum seekers widens beyond Glasgow – as the Home Office has suggested (House of Commons 2016) – this research will have implications for local authorities across Scotland.

Research objectives

The objectives of the research were to explore:

- ▶ The extent to which refused asylum seekers experiencing destitution can exercise their rights and access support mechanisms in Scotland, to ensure that they can meet their basic needs and pursue their legal case.
- ▶ The extent to which destitution impacts on service providers' capacity to effectively work with and support refused asylum seekers to meet their basic needs and pursue their legal case.

The research adopted a broad understanding of services and support mechanisms, including: health and social care, education, transport, third sector services, legal services, and services delivered by Home Office-contracted agencies.

1.2 Reflections from our peer researchers

Our engagement with people who had experienced destitution in the asylum system was carried out by two peer researchers, Saadatu Adam and Billy Kahari. Below, Saadatu and Billy reflect upon their personal experiences and their involvement in the research project, as well as drawing attention to some of our key findings.

My name is Saadatu Adam and I volunteered as a peer researcher on this project. I am a single mother with three kids and we currently receive section 4 support. I am waiting for a decision from the Home Office on my case.

I have experienced destitution in the past as, like asylum seekers and some other migrants, I am not allowed to work. At one point, my kids and I were on the verge of being homeless because I could not pay the bills. We had to depend on friends and visit foodbanks to survive. I received support from the Red Cross to apply for section 4 support and my caseworker suggested that I could get involved with the research as a peer researcher. I got involved with the research as I wanted to learn more about the different organisations involved in the project and because of my personal experience. I really wanted to be part of the research as a way to learn new skills and to give something back to those who helped me.

There are a few aspects of the research I would like to draw attention to. I would like to highlight the difficulties that families with children experience when faced with destitution, and the emotional and practical challenges they can go through when trying to apply for section 4 or get help from social workers. Human rights and children's rights should be at the forefront: no child should be made to feel isolated or different because of their situation.

Another important issue I want to mention is transportation. Public transport is very expensive and for those who are on section 4, with no access to cash, it can be impossible to get around. This makes it very hard to integrate and is a barrier to getting to appointments and accessing important services. For example, my son couldn't get a space at a school near our section 4 accommodation. His school is over an hour's walk from our house and so, without access to cash, it is really hard making sure he gets there on time. My lawyer is based in the city centre so attending appointments with her can also be very difficult.

I have benefitted from being a peer researcher in different ways. I learned new skills, for example, interviewing people. I became more confident meeting people and working in a professional way. I am really grateful for the opportunity because it gave me an independent project to focus on and the zeal to do more, instead of just waiting for my decision from the Home Office. I have also gained more knowledge about other organisations and what they do. I would be keen to undertake more training to be part of similar work in the future.

I really wanted to share my experiences in, and hopefully be part of bringing about, change. I hope we can make a difference through this research and improve the lives of people experiencing destitution.

Saadatu Adam (June 2018)

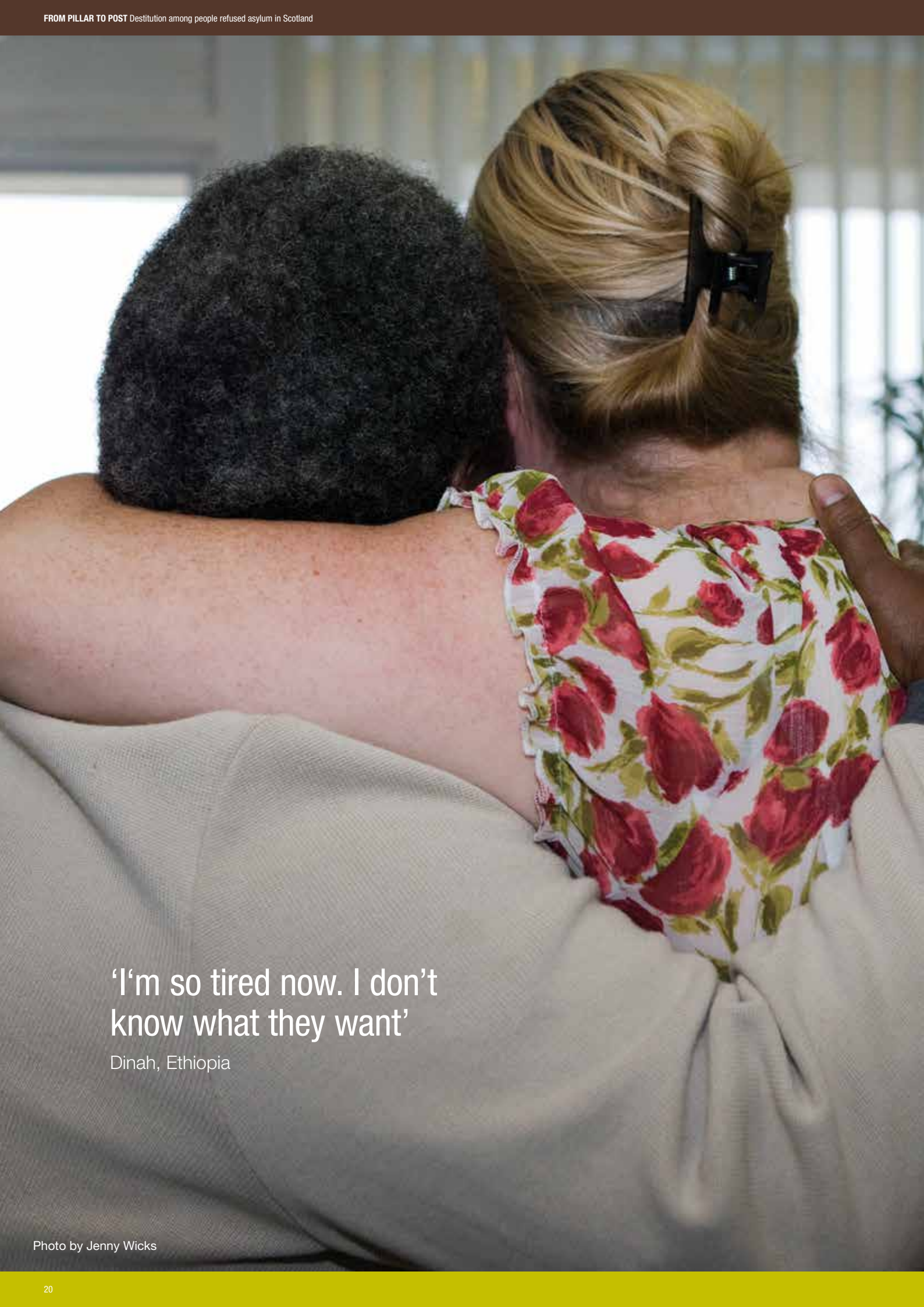
My name is Mr Billy Kahari. I was born in Harare, Zimbabwe, Africa and moved to the UK in 2003, at which time I claimed asylum. I have never been granted refugee status and my deliberations with the UK Home Office are continuing.

As an asylum seeker I am prohibited from working, so doing the research gave me greater self-worth, as I was doing something constructive with my time. It was also an opportunity to understand in greater detail the experiences of others in the UK asylum system.

I now have a greater understanding of the day-to-day challenges that are experienced by those in the UK asylum system. Personally, being part of the research was an eye opener. I've grown as an individual, enriched by learning about the experiences of asylum seekers.

My research highlighted the need for a coordinated push to challenge government policy that renders people homeless and destitute. This can lead to health issues and crime. Agencies, such as charities involved with asylum seekers and refused asylum seekers, the police, politicians, the media – all need to work together to find a solution.

Billy Kahari (June 2018)



‘I’m so tired now. I don’t
know what they want’

Dinah, Ethiopia

2. Destitution and access to support

2.1 Defining destitution

This report adopts the definition of destitution provided in research by the Joseph Rowntree Foundation (Fitzpatrick et al. 2016). This definition is based upon interviews with 50 expert informants and a survey carried out with 2,000 members of the general public. A person is destitute if:

a. They, or their children, have lacked two or more of these six essential items over the past month, because they cannot afford them:

- ▶ Shelter (have slept rough for one or more nights)
- ▶ Food (have had fewer than two meals a day for two or more days)
- ▶ Heating their home (have been unable to do this for five or more days)
- ▶ Lighting their home (have been unable to do this for five or more days)
- ▶ Clothing and footwear (appropriate for weather)
- ▶ Basic toiletries (soap, shampoo, toothpaste, toothbrush)

b. Their income is so extremely low that they are unable to purchase these essentials for themselves or their children¹

This is a broader definition of destitution than that set out in section 95(3) of the Immigration and Asylum Act 1999 ('IAA 1999'), which states that a person is destitute if '[they do] not have adequate accommodation or any means of obtaining it (whether or not [their] other essential living needs are met) or [they have] adequate accommodation or the means of obtaining it but cannot meet [their] other essential living needs' (HM Government 1999). Unlike the definition of destitution outlined in the IAA 1999, part 'b' of the definition suggested by Fitzpatrick et al. (2016) takes into account that people may only be able access accommodation and essential items by relying upon charitable support. In such cases, Fitzpatrick et al. (2016) would maintain that an individual is destitute as they are financially unable to meet their basic needs, a view which was endorsed by the majority of the members of the public surveyed by researchers.

¹ Fitzpatrick et al. (2016, p.2) 'set the relevant weekly "extremely low" income thresholds by averaging: the actual spend on these essentials of the poorest 10 per cent of the population; 80 per cent of the JRF Minimum Income Standard costs for equivalent items; and the amount that the general public thought was required for a relevant sized household to avoid destitution. The resulting (after housing costs) weekly amounts were £70 for a single adult living alone, £90 for a lone parent with one child, £100 for a couple, and £140 for a couple with two children. [The researchers] also checked that households had insufficient savings to make up for the income shortfall.'

It is worth noting that Fitzpatrick et al. (2016) define an ‘extremely low income’ for a single adult as £70 a week after housing costs, which is almost double the £35.39 received by a refused asylum seeker in receipt of asylum support. A refused asylum seeker ineligible for asylum support receives no income beyond that provided by charities, and so would also fall into the category ‘b’ definition of destitution. In a recent inquiry report, *Hidden Lives New Beginnings* (2017), the Scottish Parliament agreed with evidence showing that destitution is ‘built-in’ to the UK asylum process.

2.2 Asylum accommodation and support

Section 95 of the IAA 1999 allows for the provision of support to destitute asylum seekers and their dependants (HM Government 1999). Those in receipt of section 95 support are provided with accommodation and £37.75 per person, per week. If a person’s claim is refused and any outstanding appeals fully determined, their support will be terminated after 21 days, provided they have no dependent children. If they do have dependent children, they will continue to receive section 95 support. However, this can be terminated if the Home Secretary certifies that the family has failed to leave the country voluntarily.

Section 4(2) of the IAA 1999 allows for the provision of support to people who have been refused asylum and their dependants (HM Government 1999). This type of asylum support – known as ‘section 4 support’ – consists of accommodation on a no choice basis and a weekly income of £35.39, which is loaded on to a payment card (the ‘ASPEN card’). People in receipt of section 4 support have no access to cash.

Refused asylum seekers can access section 4 support if they meet conditions outlined in the Immigration and Asylum (Provision of Accommodation to Failed Asylum-Seekers) Regulations 2005 (HM Government 2005). A person must be destitute, as defined in section 95(3) of the IAA 1999, and meet one of the following criteria, outlined in section 4(2) of the IAA 1999:

- a. He is taking all reasonable steps to leave the United Kingdom or place himself in a position in which he is able to leave the United Kingdom, which may include complying with attempts to obtain a travel document to facilitate his departure;
- b. He is unable to leave the United Kingdom by reason of a physical impediment to travel or for some other medical reason;
- c. He is unable to leave the United Kingdom because in the opinion of the Secretary of State there is currently no viable route of return available;
- d. He has made an application for judicial review of a decision in relation to his asylum claim;

- e. The provision of accommodation is necessary for the purpose of avoiding a breach of a person's Convention rights, within the meaning of the Human Rights Act 1998.

Refused asylum seekers often become eligible for support under section 4(2) (e) when they have outstanding further submissions. This is when a refused asylum seeker has submitted new evidence to the Further Submissions Unit (FSU) in Liverpool, which they would like the Home Office to consider as a fresh claim for asylum. It has been accepted that it would not be reasonable to expect a refused asylum seeker to leave the UK in cases when they have made further representations and the Home Office has not yet decided whether to record the representations as a fresh claim (ASAP 2016a).

At the end of 2017, there were 2,689 people in receipt of section 4 support, a figure that rises to 4,114 people if dependants are included (Home Office 2018a). It is not possible to discern how many of those recipients are based in Scotland, as the Home Office does not provide a regional breakdown of section 4 data.

2.3 Local authority support

In certain circumstances, refused asylum seekers may be able to access support from their local authority, under section 22 of the Children (Scotland) Act 1995 ('C(S)A 1995'), which regulates the promotion of child welfare by local authorities, or section 12 of the Social Work (Scotland) Act 1968 ('SW(S)A 1968'), which outlines the social welfare duties of local authorities (HM Government 1968; HM Government 1995).

The intersection between immigration legislation and that relating to child protection and social care is complex. Section 115 of the IAA 1999 prevents asylum seekers from accessing support under section 12 of the SW(S)A 1968 if their need for assistance has arisen solely because of destitution, or because of the physical effects, or anticipated physical effects, of destitution. Schedule 3 of the Nationality, Immigration and Asylum Act 2002 ('NIAA 2002') states that 'failed asylum-seekers' are not eligible for support under section 12 of the SW(S)A 1968 and section 22 of the C(S)A 1995 (HM Government 2002).

However, paragraph 3 of the schedule clarifies that this 'does not prevent the exercise of a power or the performance of a duty if, and to the extent that, its exercise or performance is necessary for the purpose of avoiding a breach of a person's Convention rights'. Indeed, section 6 of the Human Rights Act 1998 ('HRA 1998') makes it unlawful for a local authority to act in a way which is incompatible with a Convention right (HM Government 1998). Giving evidence to the recent Scottish Parliament inquiry into destitution among asylum seekers and those with insecure immigration status, Glasgow City Health and Social Care Partnership (GCHSCP) noted that asylum seekers with care needs other than

destitution 'had a right to be referred, assessed and receive social work services in the same way as any Glasgow resident' (Scottish Parliament 2017, p.29).

A legal opinion commissioned by the British Red Cross as part of research on destitution among pregnant women and new mothers, indicated that, unlike other parts of the UK, there is no Scottish-specific guidance on the way in which local authorities should use human rights assessments when making decisions about the provision of support (Fassetta et al. 2017). However, practice guidance for local authorities in England makes clear that, when assessing whether the local authority has a duty to support a person in need, the authority should carry out a human rights assessment to ensure compliance with the European Convention on Human Rights. The practice guidance, produced by the NRPF Network explains:

When concluding that the provision of care and support under the Care Act 2014 [equivalent to the Social Work Scotland Act 1968] is not required because a person can return to their country of origin to avoid a breach of their human rights which may be incurred if they remain destitute in the UK, then this must be clearly documented in the human rights assessment. Potential barriers to return must be addressed and a detailed assessment of return must be documented (NRPF Network 2018, s.4.6)

Further, the guidance goes on to outline that a human rights assessment must make clear the options that a person may be offered in order to avoid a breach of their human rights or EU treaty rights. This includes exploring whether:

Accommodation and financial support will be provided pending return [and] what method of return has been recommended and whether any additional support will be provided, for example, through a Home Office assisted return.

When the local authority determines that the provision of care and support under the Care Act is necessary to prevent a breach of the person's human rights or EU treaty rights, then support must be provided when the Care Act duty under section 18(1) is engaged, and the case regularly reviewed (NRPF Network 2018, s.4.6).

The Scottish Parliament Equalities and Human Rights Committee *Hidden Lives: New Beginnings* inquiry report recommended that local authorities undertake human rights assessments at the same time as initial needs assessments (Scottish Parliament 2017). Following this recommendation, the Scottish Government has provided funding to the Convention of Scottish Local Authorities (COSLA) to develop NRPF guidance for local authorities.

2.4 Destitution and human rights

Destitution among people who have been refused asylum should be considered a human rights concern. The right to housing is enshrined in the Universal Declaration of Human Rights, alongside rights to food, clothing, medical care, social services, and social security (United Nations (UN) 1948). These rights have been upheld in several other international human rights conventions (UN 1979; UN 1989; UN 2006). As the findings of this research demonstrate, and as the Office of the High Commissioner for Human Rights has emphasised, violation of the right to adequate housing affects a person's ability to enjoy many other rights, such as the right to work, to access education, or access healthcare, all of which are enshrined in the European Convention on Human Rights (1950).

The UN has made it clear that states uphold the human rights of people fleeing violence and conflict. The UN Special Rapporteur on adequate housing has called for a human rights-based response to people seeking protection, based upon international human rights and humanitarian law. The Special Rapporteur has further emphasised that the 'provision of housing should not be denied to undocumented migrants, [who] must be afforded a minimum level of housing assistance that ensures conditions consistent with human dignity' (Human Rights Council 2010, p.23).

However, refused asylum seekers in the UK are denied enjoyment of many of their human rights. Without recourse to public funds, they are not allowed to seek homelessness assistance or apply for benefits. People who have been refused asylum are also prevented from working. Although social work support does not constitute a public fund, evidence suggests that systemic misunderstandings of NRPF conditions often result in refused asylum seekers being denied support from local authorities (Scottish Parliament Equalities and Human Rights Committee 2017; Fassetta et al. 2017). Refused asylum seekers are not allowed to work and are prevented from accessing educational opportunities other than ESOL, which is only permitted at the discretion of individual institutions. If they are not eligible or not able to access asylum support, people who have been refused asylum rely solely upon the third sector and friends to access food, warm clothing, and to facilitate travel to health appointments. Although allowed to access healthcare in Scotland, as this research shows, destitution makes effective engagement with health services incredibly challenging.

Such experiences operate in contrast to the Scottish Government's aspirations to make Scotland a place that 'protects respects, promotes and implements internationally recognised human rights'. The Christie Commission Report on the Future Delivery of Public Services (Scottish Government 2011, p.56) argues that such an approach should be embedded in public services in Scotland and that

these services should be ‘a force for social justice’. The report states that the ‘the core principles of a human rights-based approach of participation, accountability, non-discrimination, empowerment and legality’ should be ‘embedded into the development, design and delivery of public service provision that dignity and fairness for all can be better achieved’ (Scottish Government 2011, p.56). The findings of the Christie Commission made clear that early intervention and preventative approaches to service delivery were key to delivering these bold aspirations. Scotland’s human rights aspirations can only be realised if people who have been refused asylum are able to meet their most basic needs, and to rely upon the rights afforded to them by international conventions.

2.5 The scale of destitution in Scotland

It is challenging to provide an accurate picture of asylum-seeking destitution in Scotland – and the UK more generally – because the Home Office does not publish data on the numbers of asylum seekers living without support. However, information is published on the outcomes of asylum applications, as well as on the numbers of people receiving asylum support, from which certain inferences can be drawn.

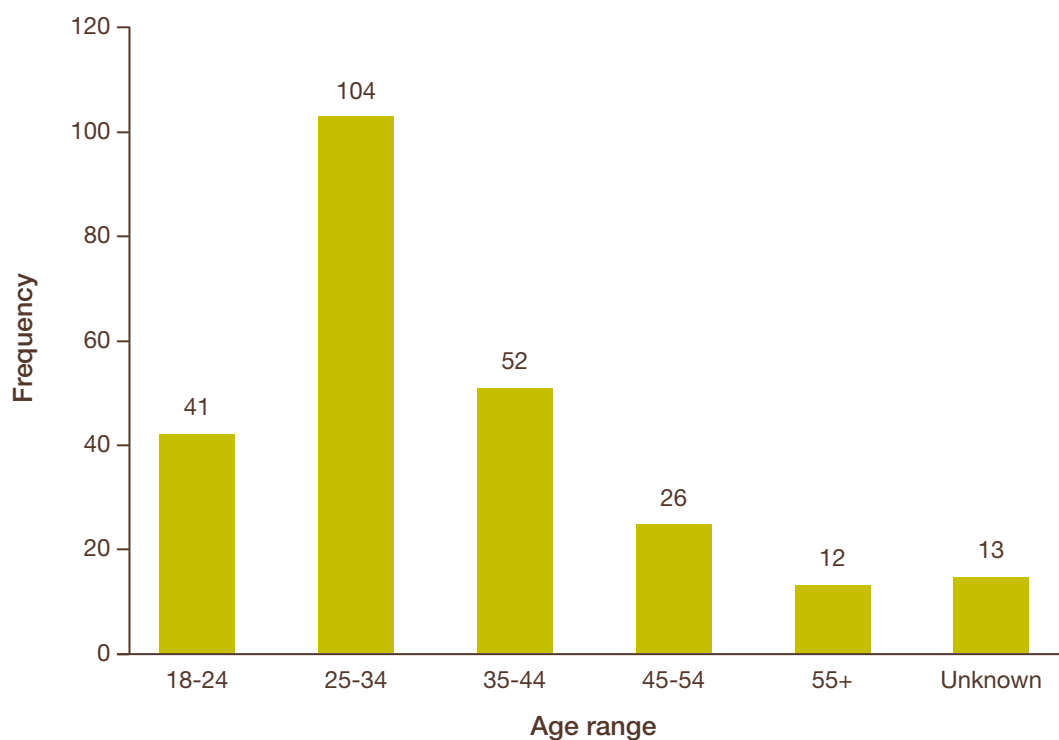
The most recent Home Office publication tracing the ultimate outcomes of asylum applications is based on data from 2016. While data is available from 2016 and 2017, it is not yet possible to discern the final outcomes of applications made during these years. As of May 2016, an estimated 15,624 (approximately 48 per cent) of the 32,733 (main applicant) applications made for asylum in 2015 were granted asylum, humanitarian protection, discretionary leave or other grants, either at initial decision or upon appeal (Home Office 2018b). An estimated 13,268 (approximately 40 per cent) were refused or withdrawn (Home Office 2018b). The outcome of 3,841 (approximately 12 per cent) applications is unknown (Home Office 2018b).

Of the 13,268 people whose applications were refused or withdrawn, there were 1,795 enforced removals and 785 voluntary removals (cumulatively accounting for approximately 20 per cent of those whose applications were refused) (Home Office 2018b). This suggests that up to 10,688 people potentially remained in the UK, at risk of destitution if they were ineligible for, or faced barriers to accessing, asylum accommodation and support. While the Home Office does not provide data on refused or withdrawn applications by dispersal area, recent data shows that around 10 per cent of asylum seekers in receipt of section 95 support are dispersed to Glasgow (Home Office 2018a). This would suggest that there could be around 1,000 people who have been refused asylum and are at risk of destitution in Scotland.

Data gathered by third sector organisations is also useful in providing an indication of the scale of destitution in Glasgow, and can offer more detailed demographic information about those experiencing destitution. DASS systematically collects data on the numbers of people referred into the service, all of whom are refused asylum seekers. Between September 2016 and August 2017 (the most recent full year of available data), 248 people were referred to DASS.

The majority of those 248 people were men (80 per cent), aged between 18 and 44. A more detailed breakdown of the ages of those referred to the service is included below:

Figure 2: Age of people referred to DASS



Data is also collected on the length of time people have spent in the UK and the length of time they have been destitute. It is worth noting that there are 19 people referred to the project who have been destitute for at least two years, and 25 people who have been destitute for at least five years.

Figure 3: Length of time DASS referrals have been in the UK

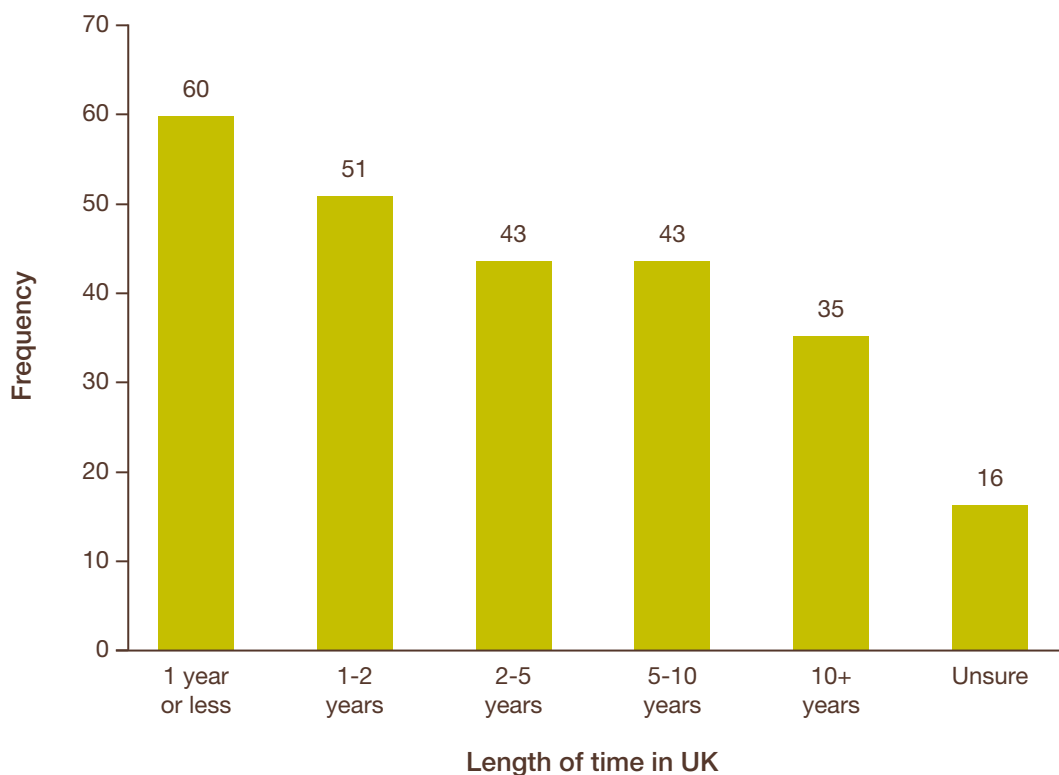
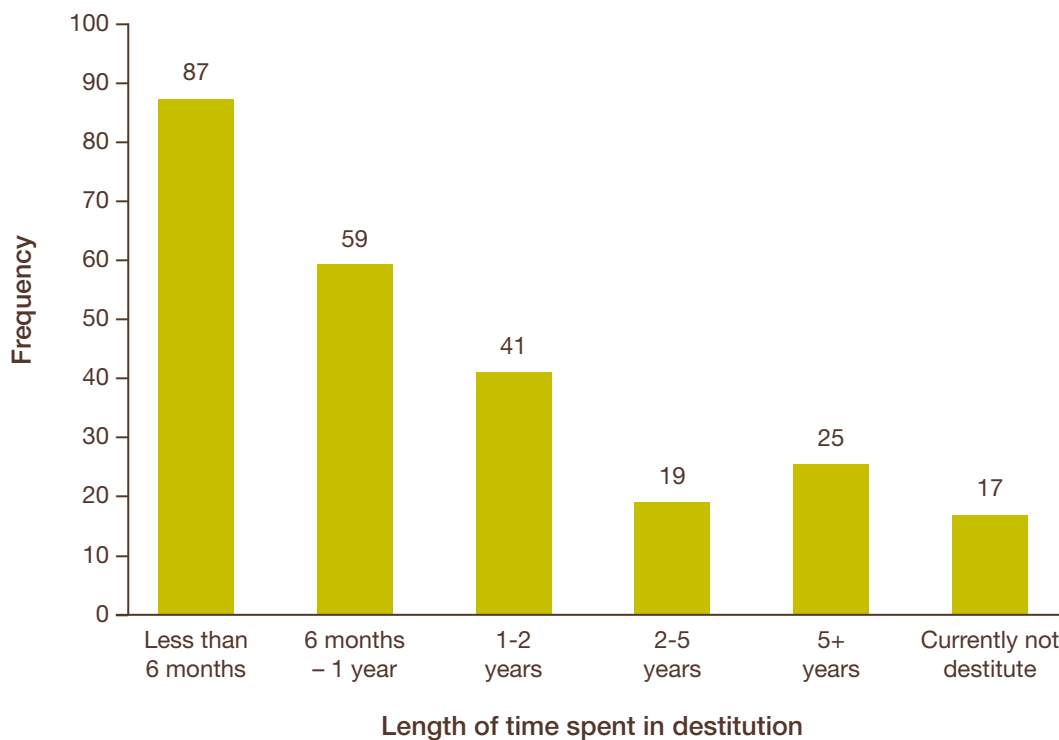
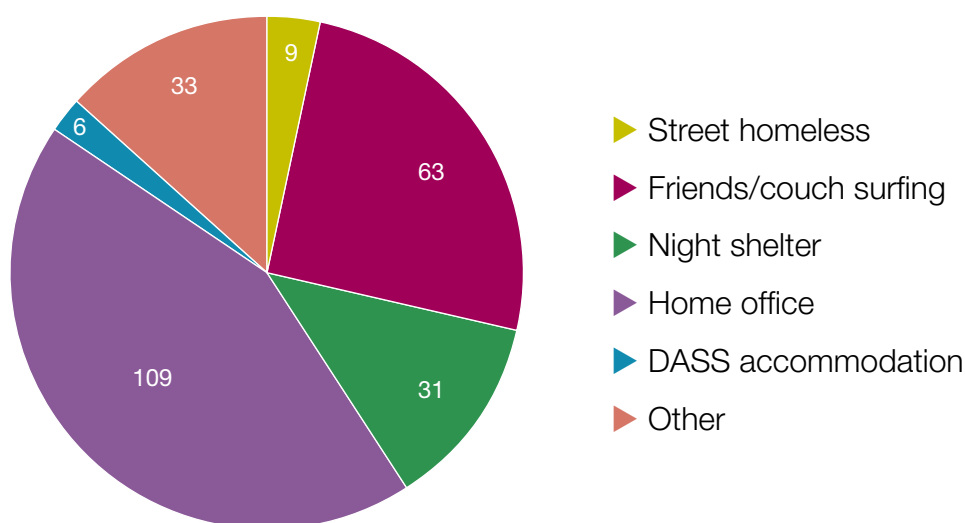


Figure 4: Length of time DASS referrals have been destitute



Only a small proportion of those referred to DASS are currently street homeless. The majority have remained in their Home Office accommodation or are able to couch surf with friends.

Figure 5: Living arrangements of DASS referrals



DASS has recently established a referral route with Serco, whereby all refused asylum seekers who lose their entitlement to asylum support and accommodation are provided with information about the service. This potentially explains the significant number of referrals who are living in Home Office accommodation. As discussed further in section 4.1, it is not uncommon for refused asylum seekers to remain in their Home Office accommodation after their support is terminated, without access to any financial support.

Glasgow Night Shelter

While Glasgow Night Shelter accommodates men referred by the DASS destitution advisers at Scottish Refugee Council, the shelter also accommodates people referred by a range of other agencies, as well as self-referrals. Looking in more detail at data gathered by the shelter provides further insight into the numbers of refused asylum seekers at risk of street homelessness.

147 different people slept at the shelter between October 2017 and March 2018, at least 49 (33 per cent) of whom were refused asylum seekers. Other men using the shelter include refugees who are struggling to access mainstream housing and benefits, people who have not yet claimed asylum, and EU migrants who are not entitled to housing benefit.

24 new, refused asylum seekers were referred to the shelter during the same time period. The age demographic of these referrals was similar to DASS referrals, with the majority of men aged between 25 and 44.

During 2017, an average of two new refused asylum seekers presented at, or were referred to, the shelter every month. This figure has risen in 2018: three new asylum seekers are now referred to, or present at, the shelter each month. By March 2018, the shelter had already provided 531 nights of accommodation to at least 24 refused asylum seekers who would otherwise have been street homeless.

‘...they give you hope
and then they dash it,
they take it away’

Clara, Zimbabwe



3. Research methods

The research is based upon data gathered from a range of different sources. Interviews were carried out with:

- ▶ 24 refused asylum seekers who had experienced destitution
- ▶ Ten caseworkers from organisations providing support to refused asylum seekers
- ▶ Nine immigration law practitioners
- ▶ 12 public sector staff, including health, social care, and education professionals
- ▶ Three people with experience of working for Home Office-contracted agencies

Full details of all participants are available in Appendix 1. Pseudonyms have been used throughout the report and personal details altered when necessary to protect anonymity.

Data was also gathered from a file review of nine cases currently held by the Strathclyde University Law Clinic. Each of the clients involved in these cases is trying to gather evidence for the purposes of making further submissions. The lead researcher conducted this file review, as well as the interviews with legal, public, Home Office-contracted and third sector staff.

Uniquely within existing research on asylum-seeking destitution in Scotland, interviews with people who had been refused asylum were based on a participatory research model. The rationale behind participatory research is that people who have lived experience of the subject of study (in this case, destitution in the asylum system) should actively guide the research. Participatory research seeks to bring together people with lived experience ('peer researchers'), practitioners, and researchers to jointly produce knowledge.

Evidence suggests that people are more willing to be open and share information with somebody they regard as a peer, rather than someone who has not shared their life experiences (Abdulkadir et al. 2016; Crawley et al. 2011). There is also ample evidence to suggest that being involved in peer research is a positive and empowering experience for people in the asylum system or with refugee status (Abdulkadir et al. 2016; Crawley et al. 2011; Sonn et al. 2013). It can

offer a sense of agency and control within a context in which people often have very little opportunity to make decisions about their lives.

Two peer researchers were recruited upon the basis of recommendations from caseworkers in the Red Cross and DASS. Both researchers had personal experience of destitution within the asylum system. The peer researchers received training in research methods and ethics before beginning to carry out interviews. The peer researcher and lead researcher worked together to devise a list of interview questions and discussion topics.

Interviewees were recruited based upon caseworker recommendation. Some interviewees were also recruited from the social networks of the peer researchers. This is an established method by which to engage with people who are not in contact with services or in receipt of formal support (Crawley et al. 2011). Some interviews were audio-recorded with the consent of the interviewee. Detailed notes were taken when interviewees did not want to be recorded.

Regular debrief meetings were held to discuss the findings of interviews. These debrief sessions were audio-recorded. Together, the lead and peer researchers analysed the interview and debrief transcripts, identifying key themes.



‘...I have forgotten 40 or 50 per cent of my English and much of what I learned at university’

Aram, Iran

Photo by Becky Duncan

‘...how can it be
that you don’t help?
I don’t understand it’

Joan, health practitioner

4. Findings

The research findings draw together the perspectives of people who have experienced destitution in the asylum system, as well as professionals working with people in this situation.

4.1 The legal situation facing refused asylum seekers

There are many reasons why a person with a legitimate protection claim may be refused asylum. In 2017, 35 per cent of asylum appeals were allowed, highlighting that the first decision made on a person's asylum claim is often incorrect (Refugee Council 2018). A mistake may be made by the initial decision maker or, with better advocacy and legal advice, the applicant may be able to produce more evidence in support of their claim. Research commissioned by the Solicitors Regulation Authority and Legal Ombudsman (Migration Work CIC 2016) shows that asylum seekers are often given poor legal advice, which can have a negative impact on their initial asylum application. Interpreting quality is also relevant and can have a detrimental impact on a person's claim if the interpreter speaks a different dialect from the applicant, or does not accurately interpret what they are saying (Refugee Council 2010). This may make it appear as if a person has given an inconsistent account of their experiences and lead to a negative credibility finding. In addition, it can be challenging for asylum applicants to evidence their need for protection if they have fled their country of origin at short notice, without bringing documents or other evidence of persecution.

All of the people involved in this research had been refused asylum and were working to resolve their legal case. Most participants had recently made further submissions, or were trying to gather evidence in order to do this in the future. This section explores the barriers participants faced when trying to make further submissions, and the way in which these barriers prolonged destitution. Throughout, reference is made to examples gathered from a case review of files held by the Strathclyde University Law Clinic. A table providing background information about each of these cases is included in Appendix 2.

Timeliness of making further submissions

For further submissions to be accepted as a fresh claim, an applicant must submit material not previously considered by the Home Office or an immigration judge at appeal, which has a ‘realistic prospect of success’ in front of either the Home Office or an immigration judge (Home Office 2017, p.6). A refused asylum seeker does not become eligible to apply for asylum accommodation and support until they have made further submissions or, in some cases, prepared further submissions and have an appointment at the Further Submissions Unit (FSU) (ASAP 2016b).

Our findings show that making further submissions can be an exceptionally time-consuming process, which often leaves people in destitution. Of the ten Strathclyde Law Clinic cases reviewed for the research, the average length of time a file had been open was 17 months. Two of the cases had been ongoing for two and a half years.

Graham, a private practice solicitor, explained:

[Making further submissions] can take a long time because it’s all depending on new evidence. There has to be something, as I’m sure you’re aware, that it’s not been in front of the Home Office or the judge before. It’s often difficult taking the time to go and get these documents.

Anna, a solicitor from a not-for-profit law firm, reflected on the harmful impact this could have on people:

During this period, if people are also destitute, if they’re [Appeal Rights Exhausted] and destitute, they’re struggling with the consequences, the health and mental health consequences of that on their lives, so they’re in a kind of legally hard position, they’re being asked to actually do something, or to gather evidence in an environment that is more difficult than when they made their initial claim ... and they’re also being asked to, when their physical wellbeing is probably degrading, their physical and mental health wellbeing is degrading as the process drags on.

Almost all of our interviewees had either recently made fresh submissions, or were trying to gather evidence to do so. Many expressed frustration about the long periods of time they had been destitute while trying to resolve their legal situation, and reflected upon the harmful impact destitution had upon their wellbeing. Ali, who was street homeless and trying to gather evidence to make further submissions, said:

I think people should know that we are all humans, everyone has their life, so why don’t we have the right to live like other people?

Medhi, who was from Iran and had recently made further submissions, said he would like to get married and have a family. However, the fact that his future was so uncertain meant that he could not offer a wife or children any stability. Medhi was in his mid-40s and said that he was worried ‘time was passing now’ and he would never be able to build a family. He explained:

I have come here to work, to get my livelihood ... I want to pay tax and do everything right. I came here to live, be happy, to hope.

Aram, who was in his early 20s, also from Iran, and had recently made further submissions, reflected:

This is the most important time in my life and I can't do anything ... When you come and claim asylum, you end up having to live in the past and the future and not in the now.

The sections that follow explore in more depth some of the reasons that further submissions can take so long, leading to prolonged periods of destitution.

Gathering new evidence

Interviewees often struggled to gather new evidence in support of a fresh claim, and described a range of issues related to this process. One of the peer researchers explained the difficulties faced by some of the people he interviewed:

It is difficult for you to make a fresh claim. Why? Because you have been here about five, ten years, 15 years. You don't have travel document, nothing. Your passport, you lost it, it expired. You have no communication with people in your country. It is a difficult situation because if you submit a fresh claim they want fresh evidence. So, after such a long time – where do you get fresh evidence?

For Dinah, a participant in her late 20s from Ethiopia, proving that she had suffered ill treatment in prison had been difficult. She explained:

When you go inside Ethiopian prison, put you in dark room, broken glass, you alone. No chance ... so at the time when police push me, cut your hand something like that. They sleep you on the floor. I told [the Home Office official] I can I show him ... but then he said I didn't show him the scratch. But I told him! I give him two or three picture, colour and black and white. But Home Office not believe. They know already, especially at the moment, it is very risky to send someone to Ethiopia. They asking me everything, ID, date of birth – I give them. I'm so tired now, I don't know what they want. I'm not lying, they know I am from Ethiopia, my passport is clear. Sometimes it is very hard to speak to Home Office people.

Aram had similarly found it challenging to gather new evidence of the persecution he would suffer as an atheist in Iran, saying:

There is a lot of work to gather evidence for the Home Office. It is very hard for an atheist whereas the situation is very different for Christians.

There could be further barriers to accessing paperwork from the client's home country, such as arrest warrants or identity documentation. Heather, an immigration solicitor from a not-for-profit law clinic, referred to Iranian clients as an example, explaining that government monitoring made it dangerous for clients' families to send official documentation out of the country. Clients could also be fearful asking their families about documentation over the phone, because of concern that such communications would be monitored.

Even if evidence could be provided from abroad, there could be challenges in authenticating official documents. Heather explained:

There was a paragraph in [the further submissions decision] that original documents are quite easy to obtain [and forge] in Iran, so even if the originals were presented, [they] wouldn't necessarily believe that either!

Solicitors referred to the challenges of proving a client had visited a certain location. Mark, a private practice solicitor, explained that he had submitted a screenshot from a YouTube video, as evidence that a client had attended a political meeting. However, the Home Office concluded that this did not prove the person had attended for the duration of the meeting. Heather reported similar problems in proving that a client had visited the Ethiopian Embassy, in order to try and gather evidence of his nationality. She explained:

Yes, so a lot of people take photographs outside the embassy and obviously the Home Office says, 'Well, that's just a photograph outside the embassy, there's nothing else to prove you've been inside the embassy or what you said when you were there.'

The fact that destitute clients had limited access to financial resources was seen as a key barrier to acquiring new evidence. Neil, a private practice solicitor, also noted that, without financial resources, it could be difficult for clients to travel for the purposes of gathering evidence, for example, to political meetings or embassies in London. Graham explained:

We need the original document [from his home country]. [My client] has to find a way of getting money for a courier. He says, 'Well, it's going to take me three or four months'. It's been over a year and I'm still working with him. In the meantime, he's couch to couch.

This would suggest that, with better support and resourcing, people may be able to gather evidence in a more timely manner, allowing them to make further submissions and reduce time spent in destitution.

Sourcing witnesses

There were further barriers in providing evidence from witnesses. Both Mark and Heather explained that it could be challenging to find reliable and available expert witnesses. Furthermore, the evidence they provided was not always accepted. In a Strathclyde University Law Clinic case involving contested nationality, an expert witness had testified that he believed the applicant, Mosaab, was a member of a non-Arab Darfuri tribe in Sudan, and thus would suffer persecution from state-sponsored militias. The appeal judge concluded that the expert witness had veered into the territory of advocating for Mosaab, because he was so convinced by his case. Reflecting on this case, Heather explained that Mosaab had received a negative decision and this had impacted upon the expert witness' willingness to take on future cases. She explained:

I contacted him to be an expert in a different case and I must have caught him at a bad time and I could tell he was absolutely sickened. He said [he] was sickened by the whole system. He said he had just received a negative decision on the strongest claim he'd seen in years ... and it had been rejected and he'd obviously taken that quite badly. So, then it was his view that the other client's case wasn't strong enough for him to get involved and he was just going to keep his powder dry for the strongest cases.

Mark noted that most expert witnesses were overworked and that there may be only one or two with expertise on a particular country. In one case held by the Strathclyde University Law Clinic, the process of identifying an appropriate expert witness had been ongoing since December 2016, highlighting how long it can take to gather new evidence. The applicant had been unable to access Home Office accommodation or support during the time.

Witness statements from family and friends, as well as other people from an applicant's country of origin, could also be used as further evidence. These statements could provide evidence of, for example, membership of an ethnic or religious group, or political activity in the person's country of origin or *sur place*. Mosaab, who was mentioned previously, was working to gather statements from other Sudanese people who could testify he was a member of a non-Arab Darfuri tribe. Witnesses provided evidence about the dialect Mosaab used, his use of common Sudanese greetings, and his ability to cook traditional Sudanese meals. Several of the cases included in the Strathclyde Law Clinic file review involve people who are trying to gather witness statements to submit

as further evidence. In most cases, people were working to gather statements from people from their countries of origin, either to testify as to their ethnic or national identity, or in relation to historic or current political activity.

However, Mark discussed the problems that could arise with using these kinds of statements as evidence. He explained that he had found the Home Office would sometimes question the objectivity of statements given by people who had a personal relationship with clients. Mark found this response frustrating because, as he explained, it would be impossible for a client to gather a witness statement from a person with whom they had no pre-existing relationship. Heather also noted that written witness statements were often afforded less weight than oral testimony. However, witnesses were often unwilling to appear in court and undergo cross examination, or would be unable to do this if they were living abroad.

Damaged credibility

The legal professionals interviewed for the research explained that a person making further submissions was at a disadvantage, because their credibility was often damaged. Mark noted that once credibility had been disputed, any further evidence provided could be called into question on that basis. Discussing the difficulties of evidencing torture, Heather explained:

So if the judge is looking at [medical evidence] and say the person doing the medical assessment has said, 'Well, it could be this or it could be that', but hasn't said they think it definitely is [torture] ... If there's been other negative credibility findings, the judge might say, 'Well, on balance I'm not going to find in your favour on that point because it's also plausible that [the injuries] could be [caused by] something else'.

Sophie, a volunteer at a not-for-profit law clinic, similarly referred to the example of a man who had worked illegally in the UK. Although unrelated to his asylum case, this had damaged the credibility of his protection claim.

There is significant evidence to show that people who have experienced trauma and are suffering from PTSD, or other mental health conditions, can struggle to present their asylum claim in a way that appears credible (Herlihy et al. 2002; Naranjo Sandalio 2018). Herlihy et al. (2002, p.324) concluded that 'the assumption that inconsistency of recall means that accounts have poor credibility is questionable'. There can be discrepancies in the accounts of truthful witnesses, either because of the 'fallibility of human memory' or the trauma the person has experienced (Thomas 2006, p.5).

Several of the Strathclyde Law Clinic cases reviewed for the research involved people with past experience of trauma. Two clients were diagnosed with PTSD, while one had made four suicide attempts. One man suffered memory loss and

headaches because of the physical violence he had experienced when he was arrested in his home country, as well as from traffickers in the UK. One woman had internal injuries and reduced mobility, because of the domestic abuse she had suffered. Several of the people involved in these cases had previously received negative credibility findings. For example, in a case involving adultery in Iran, an applicant gave inconsistent answers about his age at the time he had a relationship outside marriage, which led to a negative credibility finding. In another case involving a woman fleeing domestic abuse, an asylum appeal judge said that the fact her husband allowed her to visit her sister in the UK demonstrated he was not as controlling as she had reported, and thus undermined her credibility. These findings would suggest that the provision of good legal advice and advocacy, as early in the asylum process as possible, is essential. This would ensure that applicants fully understood how significant an impact the information provided at their screening and substantive asylum interviews could have on their asylum claim, and were supported to engage with this process.

Legal aid

All the private practice and not-for-profit solicitors interviewed for the research emphasised that limitations on the availability of legal aid for fresh claims presented a challenge. Accessing an increase in legal aid for an initial asylum claim is ‘templated’, which means that solicitors do not have to ask the Scottish Legal Aid Board (SLAB) for authorisation to increase expenditure (provided the work is included in the asylum template). However, fresh claim work is not templated. Anna explained:

Okay, so when you make an initial asylum claim, the agreement with ... the Scottish Legal Aid Board, is that you get what’s called a ‘template increase’, so to do that piece of work, you are authorised to do work up to a certain amount of money: it’s £950. That doesn’t mean that the lawyer will be paid that, it just means that in general terms, the Legal Aid Board says, ‘If you do the work you’re supposed to do in this case, up to that amount you can do it’. In the further submissions context, there is not a template increase, so that means that initially you get £95 and for each other bit of work you want to do, you have to keep going back to ask for a top up.

Graham outlined the limitations that this system could present:

With the first claim there’s a set amount that you are allocated and the pressure’s right off you. You can just concentrate on [the claim]. With a fresh claim you have to justify every single meeting, every little bit of work. You can only get a little bit at a time. That also puts you under pressure as well, because we’re so busy you can only ask for more

money until 5pm. Try taking appointments from eight in the morning until nine at night. You don't find a second. It's not a quick task; it will take a good five to ten minutes to justify why you need that. [If it's refused] you then have to submit a reconsideration, appealing that [decision] and saying, 'Of course we need it, it has to be sent, or this meeting is essential, or this statement is essential'. Once you do that you find a few days later they'll come back and say, 'Right, fine, we'll grant you it'.

When asked what would happen if an appointment was scheduled and it was not possible to get SLAB authorisation beforehand, Graham said:

You would generally have to cancel the appointment. That's not always practical, because the person that you're seeing might be very vulnerable. That person might have a lot of mental health concerns. In any event it's very difficult because you're thinking 'well, I don't want to delay taking this guy's statement, so we'll just take a hit'.

Anna explained the way in which this system could deter solicitors from undertaking fresh claim work:

So, when you apply for an increase, you can apply for an urgent increase or for an increase in the ordinary course. If you apply for an increase in the ordinary course, which is what you should do unless it's truly urgent, it takes a few days anyway to get a response and you know as you can imagine at that stage, it then is urgent. So, if you are ... a typical solicitor has, you know, not ten cases, but, you know quite a lot, 40, 50, 80 cases and you're having to do this in every case ... the burden of that load becomes kind of overwhelming. Which is why you would rather work to a much easier template increase system.

All of the private practice solicitors interviewed said that they often did pro-bono work on fresh claims, but that the extent to which they could do this was limited. Anna said that she felt 'quite strongly' that 'the legal aid system [made] it less economic to take fresh claim cases than an initial claim for asylum or an appeal'. This would suggest that changing the way in which legal aid for fresh claims is administered could increase the number of solicitors available to prepare further submissions, and reduce the administrative burden of such work.

The impact of destitution

Legal professionals explained that it became difficult for clients to actively engage with their legal case if they were made destitute and unable to meet their basic needs. Mark noted that clients were too preoccupied thinking about where they were going to sleep or 'what happened to them last night' to focus on gathering evidence. It could be hard for clients to maintain contact and keep appointments. Neil explained:

The difficulty is that people lose their rights to accommodation, have no means of subsistence, [are] forced to live with friends, forced to do other things that are probably less desirable.

Some interviewees also noted that destitute clients often had health problems, which could have a further effect upon their ability to engage with their case. Heather explained:

I think all the clients we've seen, well maybe there's one or two not, but they all have some kind of mental health issue ... You can see they've deteriorated because of the position they're in.

Later in the interview she said:

If you break someone down to that extent, it's difficult for them to be able to engage, to access their legal rights if they don't have basic housing and enough to eat ... If they're ARE destitute, they're struggling with the consequences, the health and mental health consequences of that on their lives, so they're in a kind of a legally hard position, they are being asked to actually do something, or to gather evidence in an environment that is more difficult than when they made their initial claim ... and they're also, they're also being asked to, when their physical wellbeing is probably degrading, their physical and mental health wellbeing is degrading as the process drags on.

This was reflected in the testimonies of caseworkers, who sometimes found that clients struggled to understand or effectively engage with their legal case. Ewan, the manager of a third sector organisation, explained:

If you're homeless and you don't have enough to eat, it's very difficult to take in the information that you're being told by your solicitor, so I think it's quite rare that someone actually knows what's going on.

Caroline, a volunteer at a not-for-profit law clinic, reflected on the practical difficulties destitution could create:

We try to arrange a meeting so that we can do as much as we can when they're here, because we know they're not going to answer for another couple of weeks, few weeks, a month. Again, sometimes it's not even because they're not willing, because it's they can't. They might not have a phone, they might not have any means of communication except going through a friend.

Experiences of trauma could also impact upon a person's capacity to engage with their solicitor, as Beth, a third sector caseworker explained, when reflecting upon her experiences of advocating for clients at legal appointments:

He might break down in my arms, or we might decide he's too distressed to go on and I ... look after him for the rest of the day if he's in hysterics as can happen, does, has happened with particularly people who have been tortured or whose children are lost.

Tess, a third sector caseworker, was worried that destitution prevented people from fully considering their legal options, and would instead apply for Assisted Voluntary Return (AVR) to their country of origin:

People are accepting AVR and openly saying, 'I'm probably going to be killed when I go back' or, 'I'm going back to be tortured and killed' – and that is preferable to the life that they lead here. Which is just horrific.

These findings indicate that, in the event that a person's asylum claim is refused, access to accommodation and the means to meet their basic needs is essential to ensure a person can effectively engage with their legal case. Indeed, it is worth highlighting that all of the people who have been temporarily accommodated by DASS in the last year have been able to make a fresh claim, showing the way in which safe accommodation and holistic support can facilitate an individual to engage with their legal case.

4.2 Accessing accommodation and financial support

While all of our asylum-seeking participants were working to resolve their legal cases, only some were staying in secure accommodation. Nine participants had recently made further submissions and had access to asylum accommodation and support. Five were overstaying in their asylum accommodation, but had no access to financial support. Three were staying with friends, two were accommodated by Positive Action in Housing hosts, and one was accommodated by DASS in a shared flat. One was accommodated by a local authority following a hospital stay. Finally, three had no fixed accommodation, moving between friends' houses, Glasgow Night Shelter and street homelessness.

A lack of access to stable and secure accommodation had a significant and detrimental impact on our participants' wellbeing. Nadia, a participant from Pakistan who had been destitute on and off for a decade, spent the majority of that time moving between friends' houses and Positive Action in Housing placements. Nadia said that she 'had not spent one day of the last ten years at ease' because she had been pushed 'from pillar to post', and could not cope with the uncertainty of her situation.

Carol, a third sector caseworker, explained the impact of destitution upon the people she worked with:

I think it just adds to people's sense of utter desperation and despair if you haven't even got basic shelter. I can't even imagine it. How would that impact your mental health, your sense of safety, especially if you've already had traumatic experiences that have put you in jeopardy, which most people have? And then to be just out on the street and it's dark, and it's cold and it's not safe.

Although almost half of our participants had access to asylum support and accommodation, for many this was a cyclical process, interspersed by periods of homelessness. Discussing her interview with Clara, an asylum-seeking participant from Zimbabwe in her 60s, one of the peer researchers explained:

She [explained] how they give you hope and then they dash it, they take it away. They'll tell you they'll give you support and then they will refuse your claim and they will send a letter to you, which she showed me, and then you have to leave the house. You'll be vulnerable again, until she makes another claim, and then they give her the support.

Like Clara, several of our participants had gone through the process of making further submissions multiple times and thus had been able to access section 4 support intermittently. However, between making further submissions, participants like Clara had no access to accommodation and support, instead relying upon friends and the third sector for accommodation or, in some cases, sleeping on the street.

4.2.1 Applying for section 4 support

In order to access section 4 support, applicants must complete a 35-page-long ASF1 form and submit this with supporting evidence that they are destitute and meet one of the categories of eligibility. For example, if applying on the basis that they face a 'physical impediment to travel', the applicant must include a medical declaration from their GP with their application. If applying on human rights grounds, the person should include evidence that they have attended the FSU in Liverpool.

In practice, evidencing destitution often involves submitting letters from individuals and organisations that have provided the person with support, stating that they cannot continue to provide support on an ongoing basis. This can be a particularly arduous process if the person has been destitute for several years and has stayed in many different locations. Home Office guidance on section 4 support states that if somebody has been without support for a long time since their entitlement to section 95 support ended, then it is 'reasonable to consider

that they have been able to access alternative sources of support before their application for section 4(2) support was made and that they can continue to do so unless a good explanation is provided as to why such support is no longer available' (Home Office 2018c, p.9-10).

Section 4 applicants can access telephone advice and support from Migrant Help, which is contracted by the Home Office to deliver advice services to asylum seekers and refugees. Several third sector organisations in Glasgow, including Govan Community Project, British Red Cross and DASS advisers based at Scottish Refugee Council, also provide face-to-face assistance with completing the applications.

Challenges of evidencing destitution

Almaz, a participant from Eritrea who had experienced intermittent destitution since arriving in Glasgow in 2012, found the process of applying for section 4 support particularly difficult during a period of illness. Her initial application was refused, and she then had to go through an appeal process, which was unsuccessful. She was supported by the Red Cross and the Asylum Support Appeals Project during this process. She reflected:

I bring form ... I am so tired that you know when I finish ... the [tablets] – 'you can bring letter, you can bring letter'. I am on medicine! After that there is the [letter] to come [to] the London court. Too much [questions] ... Oh it's so difficult. So difficult. I am sick. I am taking the medicine ... when in the two weeks I see the [refusal] letter, sad letter, sad letter. That one sad. So sad.

Several caseworkers felt that the process of applying for section 4 was complex and difficult. Establishing eligibility for support was often the first hurdle, as Grace, a third sector caseworker, explained:

One of the big issues with section 4 is people come in and [say] 'I don't have a house or any money'. Then you have to try and figure out [what support they can apply for] ... I call in lawyers and [see] what's going on. Obviously, lawyers are very busy and it can be quite difficult.

Even when eligibility was established, providing evidence of destitution and a detailed account of the different places a person had accessed accommodation and support could be challenging. A third sector caseworker observed:

The form itself is simple enough, but it's the destitution statement, and all that bit that goes with it, that can get really complex, to try and get someone to chronologically track their journey without any gaps, without any omissions, without any contradictions. That's difficult, for the person to do that, and you always kind of send them off with a sinking heart,

thinking, how long is this going to take? How many rebuffs are they going to get?

Another third sector caseworker made a similar observation, and highlighted the distress caused to section 4 applicants by the interrogative nature of the application process:

The mental health problems people can develop through being street homeless ... then impacts on their memory. So, to get the mere timeline of everywhere you've stayed in the evidence, and the people you've stayed with, and the names and to remember everything, it can be very difficult as well. And having to ask those questions of a client can cause the client a lot of distress as well because they feel like they're – not being interrogated, but – to them, it feels like you don't believe them.

These findings highlight the importance of ensuring that section 4 applicants have access to intensive advocacy to establish eligibility for accommodation and support, advise on evidence requirements, and provide practical assistance with evidence gathering.

Accessing assistance from Migrant Help

People applying for section 4 should be able to access assistance from Migrant Help, which is contracted by the Home Office to deliver advice and support to asylum seekers. However, some caseworkers raised concerns about the limitations of the service provided by Migrant Help, which is delivered via a telephone advice line. Zoe, a third sector caseworker, commented:

Migrant Help ... they've not been that good at passing along the requests for further information and then when I email, Home Office say, 'Oh, we sent that to Migrant Help about three weeks ago'. They have not told the client or they've tried to phone the client once and they've not answered, that sort of thing, so I think that holds things up.

Zoe also expressed concern about the emotional impact of answering invasive and personal questions over the phone:

They ask things like, 'Do you have a bank account? Have you ever worked?' When a caseworker asks you that in front of you, you can tell they're not trying to like ... you know, it's quite a sensitive question for a lot of people, and I think people can get quite frustrated at me if I'm asking. Over the phone it's quite impersonal and they don't know who they are speaking to, so I think the phone call, a lot of people get very frustrated with them.

Concern was also raised about the contract between Migrant Help and the Home Office, because this prohibits Migrant Help from advocating on behalf of clients in relation to the outcome of their application for asylum support, or qualitative trends in decisions about claims for asylum support (Home Office 2013, para 2.12.2). Sara, a former employee of Migrant Help, explained how this ‘no advocacy’ provision worked in practice:

You couldn’t defend the client. Oh, so a good example is the Home Office would send letters for further information to a victim of trafficking, who couldn’t remember previous addresses, because, you know, they might not even have known which city they were in, or the length of time, their memory is just blurry, they don’t remember anything. And if you were to say, ‘You can’t expect this lady to remember these seven years of addresses because she had no idea what city she was in’ that was like, no. You [had] to just answer the Home Office questions. I think as I was leaving they were getting more and stricter on that. I know the manager had to speak to a couple of caseworkers saying, ‘You need to think of a way to say what you want to say without it being seen as advocating for the client’.

Despite concerns about Home Office-contracted advice services, both caseworkers and people in the asylum system made it clear that there were specific staff, working within Migrant Help, who were responsive and helpful. For example, Tess, a third sector caseworker observed that, after asking for advice on an online asylum support forum, a Migrant Help caseworker had telephoned her directly to offer help and guidance with a particularly complex support application. However, our findings would suggest that the ‘no advocacy’ aspect of the Migrant Help and Home Office contract places structural limitations on the extent to which Migrant Help can effectively advocate on behalf of section 4 applicants and assist them with the evidence-gathering process.

Accessing assistance from Serco

Participants had mixed experiences of accessing support from Serco, which is contracted by the Home Office to deliver asylum accommodation. Vihann, an interviewee from India who was currently in section 4 accommodation, felt that the quality of accommodation and support had increased since Serco had taken over from Orchard and Shipman, the previous accommodation provider. He explained:

Orchard and Shipman were terrible. Once I had to call the police to tell them that the door was broken. Now the Serco staff will pick up a call even at night time. Now they prepare a box for you and the bed sheets were lovely. I was expecting the same experience as from Orchard and Shipman but now things are better.

Isa, a participant from Gambia, had a less positive experience:

There are some good people in the housing office. But one time I just got a call to say that my stuff would be thrown out of the room by five that day. Although I am separated from my wife, I was lucky that I was still able to go back to the family home to eat during this time.

Vihann observed that the level of support received from Serco could depend upon the individual housing officer. He explained:

We were not helped at all in moving our stuff from one place to another. We had to go and pick up our stuff ourselves. We were told that we would not get a taxi but we could come to storage and collect it. However, the housing officer was a kind person and he delivered all the stuff himself.

One of the peer researchers made a similar observation during a debriefing discussion:

Mostly it's about the housing officer. Once you get your refusal – you get a letter to advise you that your support will be stopped. Then the housing officer will give you a letter again saying you should be out. But if he is a good housing officer he will sit down with you and discuss with you. He wants to know what your lawyer is saying. Are you doing an appeal, judicial review or fresh claim? If there is something in progress they will say, 'Ok, keep me informed of progress. You can stay. But you won't be getting any support'.

Robin, a Serco representative who was interviewed for the research, confirmed that an extension could be granted if a person's support was discontinued while they were preparing further submissions. Robin commented that many people continued to stay in Serco accommodation after their entitlement to accommodation and support had been terminated. In such cases, people would have no access to financial support and so Serco organises a foodbank referral. When a person received a refusal, Robin said that Serco would make sure they were provided with information about their available options, including an information leaflet created by DASS. Serco will also refer people to DASS for advice and support.

During recent interviews, concern was raised that there had been a recent change in the way Serco engaged with people who remained in their asylum accommodation once their entitlement to support had been terminated. Beth expressed concern that Serco housing officers had begun telling people to leave their accommodation without following due legal process. She gave an example:

I was trying to support an older man who [is very unwell with a heart condition] ... A couple of weeks ago, [he] got a message from Serco to meet the housing officer the next day. At the meeting he was told he had to get out of his flat in less than a week ... The housing officer told him to sign a document, which she had with her and which she referred to as a 'new agreement' with Serco. I took hold of it first, realised it was an agreement to quit five days later, so told him not to sign but to come with me immediately to his solicitor. The solicitor had heard nothing from the Home Office, though she and the asylum seeker did learn officially of the rejection of the [section 4 appeal] a couple of days later. In the meantime, in the absence of the man from the flat, Serco turned off the heating and the hot water in a manner that we couldn't turn [them] on again. Every day there was a fresh message put through the door by Serco about getting out the flat.

Similar concerns were reported in *The Herald* newspaper in March 2018 (Goodwin 2018), which detailed claims that Serco had used 'harassment and bullying, rather than the eviction process laid down by Scottish law' to try and remove refused asylum seekers from their accommodation. The article followed a complaint made by Positive Action in Housing, which reported concern that people staying in asylum accommodation were being 'intimidated' and 'harassed' through unannounced visits by housing officers, and demands for them to leave properties despite them having nowhere else to go. The article contains reports of several asylum seekers being harassed by Serco housing officers. Representatives of Scottish Refugee Council and the Asylum Seeker Housing Project confirmed that they were aware of similar reports. Serco refuted these claims, stating that people would only be evicted from their asylum accommodation when they left of their own volition or if a court order was gained.

4.2.2 Accessing other sources of accommodation

As our participants explained, once people are evicted from Home Office accommodation, there are limited sources of accommodation. Ali, who was from Iraq, explained that he had struggled to find somewhere to sleep when his claim was refused, and had sometimes slept on the street. He said:

It's very difficult, once we are out of the system it is like the dark for us.

Several of our male participants currently, or had in the past, slept at the Glasgow Night Shelter. The shelter is open nightly between 8pm and 8am and accommodates men who cannot access homelessness services. There is currently no equivalent night shelter provision for women in the city. Valerie, a third sector caseworker, praised the quality of support that service users received at the shelter:

Some of our service users go to the Glasgow Night Shelter and they get great help. One of them is [a] guy who got some mental health issues. He has been in there – in the night shelter and the night shelter [worked] hard to get him [support from] the social work department. He now [gets] a space to sleep over.

Some caseworkers expressed concern that staying in the night shelter was not appropriate for all clients because of past traumatic experiences. When explaining why some of her clients slept on the streets, rather than going to the shelter, Carol said:

A lot of them have prior experiences that make them feel unsafe at the night shelter. Some of them are so new to Glasgow, they don't know anyone who they can stay with, or maybe they stay with someone, one night here, one night there, but mostly they're either street homeless, or the mosque.

Carol explained that the importance of having a room of one's own, where somebody could shut the door and spend time alone, 'could not be underestimated'. Her comments were echoed in the testimony of Mahtab, who was from Iran and who experienced destitution before being accommodated in a DASS flat. Mahtab explained that she found noise distressing because, in her own words, she was 'not well mentally'. For that reason, she found it easier to live alone.

As caseworkers explained, accommodation options for destitute women and men who cannot stay at the Glasgow Night Shelter are limited. There are eight bed spaces available in shared flats provided by DASS, which can be allocated to people who are working with Strathclyde University Law Clinic to resolve their legal case. Interviewees explained that another source of accommodation was the 'Rooms for Refugees' scheme, run by Positive Action in Housing. The scheme runs across Scotland and the UK, and matches homeless asylum seekers and refugees with hosts who have a spare room or empty property.

Zahir, a participant from Sri Lanka who had experienced destitution after being unable to access asylum support, talked about his experience of accessing a 'Rooms for Refugees' hosting:

So Red Cross ... talk with Positive Action in Housing regard[ing] our case, so the board organising make host housing, the host people provide their home. We stay four different hosts, so almost maybe June until December. Yeah nearly six months we stayed [at] four different host houses.

Both Zahir and his wife Sabina, who was also from Sri Lanka, were incredibly grateful for the support of 'Rooms for Refugees'. Zahir explained that they had maintained a relationship with host families:

They bought food for us, at the same time we are using their food also, so still we keep relationship with them, still up to date, they are visiting our homes, we are ... Yeah ... they look after us, we talking [to] each other, they visiting, we make small group [on] WhatsApp.

While all participants were clear that 'Rooms for Refugees' provided a lifeline to many people who would otherwise be destitute, accessing hosting required a significant amount of work on the part of the referring caseworker. This could present a barrier to referring some clients into the project. Carol explained:

It's quite a complex process. There's a lot of work to refer. The referral form's huge. There's quite a high level of detail. Positive Action [in Housing] needs to know that you know that person, which, quite often, you don't know that person very well. If they're just referred to us and they've nowhere to stay, especially if they're female, that presents a bit of a problem, but then, just trying to manage the client's expectations.

Caseworkers explained that, once they referred an individual into the 'Rooms for Refugees' scheme, they were then responsible for undertaking the casework associated with the hosting. Specifically, the referring caseworker would be responsible for organising and facilitating the introductory meeting between host and guest, making a safety check phone call the day after the hosting begins, and then maintaining contact with both host and guest throughout the duration of the hosting.

For smaller organisations with limited staff capacity, this level of casework input could be prohibitive to referring destitute people into the 'Rooms for Refugees' scheme. Ewan explained:

I've never made a Positive Action in Housing referral, or not since they changed the process, because we don't have the capacity to be able to make those referrals with the burden being on the organisation taking all the responsibility and having to go visit.

Suitability of accommodation

Caseworkers and health professionals raised concerns about the suitability of night shelters or hosting schemes for clients with physical and mental health concerns. Discussing Positive Action in Housing's 'Rooms for Refugees' project, David, a third sector caseworker explained:

I kind of feel good that they're perhaps likely to find something decent that's perhaps going to improve the situation. It becomes difficult when clients really have acute mental health problems and aren't perhaps able to access that service, because it's not appropriate to stay in an accommodation volunteer's house if there's a risk of suicide.

Joan, a homelessness discharge nurse, made a similar observation, referring to a case she had recently worked on:

There was a young man who was particularly woeful. He was staying with a sponsor, organised [by] Red Cross, he had a room, a sponsor, [but] they were having difficulties because he had very complex needs. He was a lovely man to chat to but he had very complex needs. He attempted suicide on several occasions and they were finding it really difficult to deal with. So, we were liaising with Red Cross and I felt like we were just putting terrible pressure on this person to take this man back, even though they were obviously struggling with him. You would struggle if someone kept trying to kill themselves while they were living with you – you know that's not an ideal situation.

When asked what happened when the young man returned to the host's house, Joan said:

He went back, he did go back, and he attempted suicide again. He came back in again and the person took him back again.

Joan also expressed concern about discharging patients to night shelters. Again discussing a recent case, she explained:

There was a gentleman who had a substantial metallic brace on his head and shoulders and it was felt appropriate that he could go and sleep in the night shelter, which is of course, completely not appropriate.

Two other discharge nurses, Callum and Olivia, explained that they would similarly not consider a night shelter to be a safe discharge:

Callum: In the winter, when the city council had their night shelter, we would direct people to that, we would just say you can go there because they will take them in, but that's only from about, is it October?

Olivia: We don't consider that to be a safe discharge.

However, Olivia explained that sleeping in a night shelter was 'better than going on the streets' and that this was sometimes the only option for refused asylum seekers being discharged from hospital.

These findings make clear the extremely limited accommodation options available to refused asylum seekers experiencing destitution. With NRPF and, therefore, unable to access homelessness assistance, even people with serious mental and physical health conditions often have to resort to sleeping in night shelters or third sector hostings.

4.3 Accessing money

As well as struggling to access accommodation, participants often struggled to meet other basic needs. For those without Home Office support, there are few means by which to access money. Even those in receipt of Home Office support are unable to access cash, as section 4 financial support is loaded on to a pre-paid payment card (the ASPEN card), which cannot be used to withdraw money.

Some of our participants with access to section 4 support said they could give friends their ASPEN cards to use in exchange for cash. Clara reported that she would stand in the supermarket and ask passers-by to use her card in return for cash. This had, on one occasion, invited hostility from another shopper, but on other occasions, been met with kindness, when shoppers had given her more cash than they had used from her ASPEN card. The peer researcher who interviewed Clara explained:

[It] was quite daunting for her, because she normally just stands in the supermarket asking strangers for help. She does sometimes get help from nice people and sometimes she doesn't ... She had an experience where a lady told her that if you're given the card to buy food, just buy food and don't disturb, so it was quite daunting for her ... But she said a lot of people ... sometimes they will just use the card and give you more. Like, more than what they've used.

Aram, Vihann and Isa said that relying on section 4 support made them feel different and embarrassed, especially on occasions when the card did not work at supermarket checkouts. Aram questioned why some people in the asylum system (those with access to section 95 support) could access cash, but those on section 4 could not. These comments are in keeping with the results of previous research, which has documented the restrictive and stigmatising impact of the Azure card (the predecessor to the ASPEN card) (Carnet et al. 2014).

Not having access to cash could impact on family relations. Both Medhi and Aram expressed frustration that the ASPEN card could not be used to top up their phones, because telephone contact was the only way in which they were able to stay in contact with their families. During a debrief session, one of the peer researchers explained that not having access to cash could prevent children from taking part in school activities. She commented that it was not possible to

use the ASPEN card in schools and that most extracurricular activity and trips had to be paid for in cash. Speaking from personal experience, she reflected that her children had stopped giving her information about school activities and events because they knew that they would be unable to attend.

Our participants explained that, for those without access to support, small grants from third sector organisations were the only safe and legal means by which refused asylum seekers could access cash. David gave details of two grants that could be applied for:

Grants ... from Positive Action in Housing. Their grant service has typically been very reliable in saying yes to destitute clients, both families and single male asylum seekers that I work with, and that's been helpful. I know that that's something I can go back to ... not every month forever, it's not going to be indefinite. But it's always a resource that I can hope to plug clients into. Same with [Refugee Survival Trust's] destitution grants, although they are sort of one-off.

Refugee Survival Trust provides 'breathing space' grants to asylum seekers and refugees who cannot access other forms of support. The grants are a short-term, one-off measure. The average grant amount during 2016-2017 was £86.87 (Refugee Survival Trust 2017). Likewise, Positive Action in Housing provides crisis grants to migrants experiencing, or at risk of, destitution. As David explained, this is an emergency relief fund, rather than an ongoing source of support. One of the peer researchers described his experience of accessing these emergency funds:

Once in a while, like in my case, I got £36 twice, in 2016, when I was in night shelter. It was one day when I needed food one day to take my tablets. Then in 2017 I got another £16, then the other week I was given £20. And that was that.

One of our interviewees was accommodated in a shared flat, provided by DASS. She explained that she was provided with £10 cash per week, which she used to purchase essential items or foodstuffs that she could not get at a foodbank.

Exploitation

There was evidence from the people that we spoke to that those without access to any form of regular income could be vulnerable to exploitation. We found evidence of people experiencing labour, domestic, and sexual exploitation.

Isa, who had been destitute for around 18 months, said that he had worked illegally in order to survive. During a debrief session, one of the peer researchers recounted his findings in relation to labour exploitation:

Some of them were not in proper employment. You can call someone to come in and clean for you and get £5 or £6 a day. In a house – through their friends ... The other man, from Iraq and Libya, they could help in the deliveries. Just from their friends. [They] could go to Birmingham to help with deliveries, get paid £10, £15.

Almaz had previously been forced to undertake domestic work and Nadia, who had been destitute on and off for a decade, said that she had ended up in domestic servitude as an alternative to street homelessness.

Tess, a third sector caseworker, recalled a client who had been offered sex work:

She's been left on her own with the children and no support at all ... a friend said [to her] 'oh why don't you get a job' and offered her a job as a stripper. And she got very angry and she turned this down, but I was telling her that's often how women end up in a sort of commercial exploitation situation.

Some of our female participants had been sexually exploited or found themselves trapped in abusive relationships. Nadia said that she had been 'misused' by men, and 'taken advantage of' by friends, because she was so desperate for a place to stay. Pauline, an ESOL practitioner at a Glasgow college, talked about a female student in an exploitative situation who had recently expressed suicidal ideation:

She is now living with an older man who's abusing her, and she fell to pieces in the class. Until then, she'd been very strong. It was just something...

Is the student [living] with that man because she has nowhere else to live?

Yeah.

Recalling his interviews with two female participants, one of the peer researchers explained:

I think they were exploited. They were promised things by men. Just like ... if you go out with a girlfriend and say, 'If we get married and have a child, I will put you on my papers'. Because she is vulnerable she will accept. Then she is pregnant, then you dump her. I didn't know about it, but when this girl gave the interview ... and the other one ... With women, they are very vulnerable. Very, very vulnerable. I didn't realise how bad it was until I started this. Most women who don't have papers are very vulnerable because of the system.

These findings draw stark attention to the precarity and extreme vulnerability experienced by destitute asylum seekers, reflecting evidence given by Police Scotland to the Scottish Parliament inquiry into destitution, asylum and insecure immigration status. Deputy Chief Constable Johnny Gwynne observed that it was well understood that ‘criminality (at all levels) preys on people who find themselves in vulnerable or destitute positions in life’ (Police Scotland 2017, p.2). He went on to explain that:

Destitution, in all its forms, undoubtedly increases an individual’s vulnerability to exploitation by criminals. Following consultation with a number of key departments within Police Scotland ... there was a consensus that those who face destitution, asylum and insecure immigration status are at risk of being routed into areas such as prostitution, domestic servitude or forced labour (Police Scotland 2017, p.2).

4.3.1 Accessing food and other basic needs

Those participants who did not have access to asylum support relied upon social support networks and the third sector to access food and other necessities, such as clothes and toiletries. 198 of the 248 people (87 per cent) referred to DASS between September 2016 and August 2017 were assisted to access foodbanks and providers of hot food.

Dinah, who experienced destitution after leaving immigration detention, explained how she accessed food:

I get some foodbank and I find some help from my church. I get from voluntary. I go to voluntary every week. Like that, I manage.

Similarly, Zahir described how he survived before he had access to section 4 support:

[My caseworker] advised me the mosque, every weekend, they give some food, so that I’ve been, and some, and she [gave me a] food voucher. As I said, when we in the host house so we using host food, so sometimes they asked me what food do you want, they just purchased it themselves.

Several of our participants were reluctant to rely regularly on friends to access food. Mahtab, who was now accommodated by a third sector organisation but was previously destitute for three years, said that she did not feel she could ask her friends for any more help, because she had relied upon them so heavily in the past. Likewise, Dinah commented, ‘Nobody help you every day. You feel shame if you ask every day to your friends’.

Two specialist TB nurses interviewed for the research explained that they would sometimes do a whip round, or ask staff to bring in extra tins, in order to make sure destitute patients suffering from TB could get enough food. They could also sometimes access charitable funding from the Dorcas Trust to purchase food and essential clothing for patients.

Graham similarly commented that his firm would sometimes buy food for destitute clients. He explained:

I'm your solicitor and that's it. I'm here to win your case and it's a balance between that and also just being a human being. It's very difficult to watch someone just leave the office and have nowhere to go. ... Whilst we can't give out money, we might go out and grab some groceries.

Some participants resorted to theft to meet their basic needs. Ali, who had been intermittently destitute for 18 months, said that he stole food because 'they forced me to become a criminal'. Later in the discussion he said:

Why does the Home Office make it so difficult [to get section 4]? The government forces us to do bad things ... What do you expect from me if you put me out of a house, without accommodation? Imagine you are living here without a house, without income and not allowed to work – what is the solution? What can you do?'

Ali explained that he tried to go to foodbanks but often the food was not halal. He said that he was too humiliated to beg for money, so felt that stealing food from supermarkets was his only option.

4.3.2 Clothes and personal hygiene

Maintaining personal hygiene could also be a challenge for participants without access to accommodation or a regular income. Both Clara and Almaz asked for assistance with toiletries during their interviews, because they could not afford to purchase soap and, in Almaz's case, sanitary towels. Clara also asked for help with sourcing a winter coat, as she was struggling to stay warm. Similarly, Hala, who had been destitute before accessing a third sector accommodation scheme, explained that the Red Cross had to assist her to buy clothes as she had no money.

Ali and Nadia said that it could be difficult to maintain a dignified wardrobe when you had to carry all of your clothes around in a bag and had limited access to washing facilities. One of the peer researchers described the difficulties his interviewees faced when trying to stay clean:

[Staying clean] is the most difficult thing, especially if you are sleeping rough. You can go to night shelter, but there are only taps, just the urinal and toilet, a sink where you can use a toothbrush. But for a shower, there is nowhere. That's common – everybody wants to have a shower and stay clean. They can try to get friends or relatives or go to the church. You have to fend for yourself.

Bridget, an ESOL practitioner from a Glasgow college, described the impact poor personal hygiene could have on learners who were experiencing destitution:

So for some students, absolutely, they feel embarrassed and ashamed about it and feel that it is very much something that they don't want to tell anybody because they are maybe worried about what people may think about them and I think when it comes to things, when it has the impact on things like personal hygiene and clothes and all of those things, then it becomes very difficult for some students and the mental pressure that they are under as well makes it very difficult sometimes to talk about that.

These findings show that people experiencing destitution find it difficult to stay warm, clean, and make sure they have enough food to eat. When meeting one's most basic needs is a daily struggle, it is unsurprising that many refused asylum seekers find it hard to effectively engage with the complex evidence requirements of both their legal case and, if eligible, an asylum support application.

4.4 Accessing transport

In addition to struggling to meet basic needs, our findings show that people who are destitute also face barriers to effectively engaging with key services and support mechanisms. A lack of access to affordable transportation could prevent people from engaging with other services, as well as socialising and getting out and about. This could be a problem for participants with and without section 4 support, because those with support cannot use their ASPEN card on buses.

College learners are eligible to receive a bus pass if they live over 2.1 miles from the college they attend. However, those accessing community-based or other ESOL classes often cannot access travel expenses. Refused asylum seekers who are over 60 may also be eligible for a National Entitlement Card, which allows them to access free bus travel in Scotland. Otherwise, refused asylum seekers are reliant upon the services and organisations they engage with to pay travel expenses. This can still present a problem if the person does not have cash to pay the initial costs upfront.

Dinah, a participant from Ethiopia, described the difficulties of getting around:

You can't walk every day. By bus half an hour, by walk one hour. You can't go one hour to house, on one hour there and I have hip problem when I walk too much. Most of the time I don't go out, I stay home.

Almaz, from Eritrea, also stayed home when she did not have access to transport:

When I am study[ing] I will get the bus pass. You know [without] bus pass ... where you going, you pay for that. Just you have ... to stay home.

Hala, a participant from Syria, explained that she had recently been granted section 4 support and was moved to Easterhouse, which is approximately a 30-minute bus journey from Glasgow city centre. Hala was desperate to be re-housed, as she could not afford to visit her friends in the area where she used to live, and did not want to change GP. Hala became very distressed when talking about how isolated she felt, crying during much of the interview.

Even for those with access to support and who had managed to access cash, the cost of public transport was prohibitive. Hanna, who was from Eritrea and had experienced destitution after being discharged from hospital, said:

I get £5 per day, but if I want to travel to the town I have to pay £4.50 each day. That's all the money. Instead of staying at home I would be going out, seeing the community, sightsee. Maybe I would see some different cultural places around the city. I could learn more about the city.

Being unable to get out and about had a detrimental impact on the wellbeing of other participants. Discussing her interview with Clara, one of the peer researchers recalled:

She said ... staying at home makes her feel like she can, she's really depressed, she [feels] like she should just kill herself or something like that.

Valerie, a caseworker from an organisation supporting people with long-term health conditions, similarly commented:

[Destitute people] have many challenges. Transport, for example. They cannot go out to socialise with other people. This is the stigma of being destitute ... keeping them isolated from their communities, their friends ... It's affecting the mental health, [they feel] worried and depressed.

Several of our participants travelled regularly on foot, which could sometimes have harmful health implications. Tess, a third sector caseworker, talked about the physical effects of excessive walking, often without access to appropriate footwear:

People talk about aches and pains, sore backs, sore feet, legs, and maybe if someone walks around a lot because they don't have anywhere to go during the day, [they] wear through their shoes really fast.

James, a community ESOL practitioner, explained that a lack of access to transport could result in people walking long distances to access services:

A guy a few years ago, summer, it was Ramadan, it was hot here for a change and I think he was living in Easterhouse and he'd walked in. At the time we were based in George Square, but still it was four or five miles, and I think he had health problems as well. He'd walked in, during Ramadan, and wouldn't take any water or anything ... We were trying to persuade him, 'Just have a little sip of water it's okay'.

4.5 Accessing education

Several of our asylum-seeking participants described barriers to accessing, and engaging with, education. The majority of participants sought to access English language tuition, either to begin learning English or improve their skills in the language. Refused asylum seekers can sometimes access fee waivers to study English for Speakers of Other Languages (ESOL) full-time or part-time.

Two significant barriers to accessing ESOL tuition emerged from our interviews. There is a shortage in the provision of ESOL in Glasgow, which presents a barrier to anybody looking to learn English. Further, and specifically in relation to asylum seekers, high levels of trauma and precarity can make it difficult for learners experiencing destitution to fully engage with their education.

Shortage in ESOL provision

Each of the three ESOL practitioners interviewed explained that there was a shortage of ESOL provision for learners at entry and beginner levels. Pauline explained:

We have a glut in the city at the moment of lower levels, and there's just no way that I can force any more into a room ... we're limited to 24 in the class. So that's one of my limitations – the second one is funding. The main one is funding. Because I just can't take any more students in.

Those who want to learn English have to register their interest on the ‘Glasgow ESOL register’. The register is a centralised system, which allocates college and community ESOL classes to learners. Describing the rationale for setting up the register, James explained:

Part of it was to evidence there’s a huge unmet demand and there still is and especially at the lower levels ... So, part of the reason for setting up the register was to say we have, this is solid evidence, look we’ve set this system up, here are the people that are waiting, here are the levels they’re at, this is how many there are. That has flagged up that there’s thousands and thousands and thousands of people waiting – there is no place for them.

Pauline confirmed that, as of November 2017, 11,422 people were on the ESOL register. 4,226 (37 per cent) were currently in learning and 7,196 (63 per cent) were not in learning. Discussing these figures Pauline said:

I think the more people who are aware of that long, long waiting list, the better. So, the more we can get that information out there ... So, I’m delighted to share that kind of information.

Our asylum-seeking participants described the frustration of long waiting times to access college. Aram, who had been destitute for a short period before accessing section 4 support, described his experience of waiting for an ESOL place in college:

I registered for college a year ago and have now been waiting to get in for a year. I have had nothing to do for all that time except some courses run by charities.

Bridget emphasised the importance of ensuring access to ESOL, because of the positive impact of access to education upon a person’s life:

I think for many people, coming to college is a real lifeline, something that they do every day or four times a week, they see people, they are engaged in something that’s positive and sometimes they, my experience is, sometimes they don’t really want to say everything else is falling apart in my life.

Engaging with learning

For those people who were able to access an ESOL class, effectively engaging with learning could sometimes be a challenge when destitute. Medhi, who had been destitute for a year, explained that he had been studying ESOL at college but had to drop out as he could not cope with the demands of learning while life was so precarious. Similarly, Dinah, who had been in immigration detention for four months and became destitute upon her release, found it too hard to return to college. She explained:

At the time I did not want to go any more, because I was very angry. I was very lonely. Someone to ask me something. I feel cry.

ESOL practitioners also made reference to the strain that destitution could place upon a person's capacity to learn. Bridget reflected:

It takes a long time for people to learn a language and it takes even longer if their external factors are not stable so, for example, if people are still waiting to hear about their claim or if people are made homeless.

Bridget went on to explain:

So many of [the students] are suffering from post-traumatic stress. On top of that, there are the massive levels of grief and loss, anxiety, depression, all of those things which are not unexpected given the context that they are in. I think destitution has a huge impact on our students because they just, that's in the forefront of their mind, and very often they won't be sleeping well, they won't have anywhere to do their homework, or even have access to food, so it has a huge impact.

Alternative learning opportunities

Refused asylum seekers cannot access the fee waiver available to people still in the asylum system, who wish to undertake a part-time college course in a subject other than ESOL. Aram, Vihaan and Isa were all fluent in English and expressed frustration that ESOL was the only educational opportunity open to refused asylum seekers. Each participant felt that they were unable to put their knowledge or skills to use, or learn new skills.

Aram was in his early 20s and expressed particular frustration because he had studied a technical subject before leaving Iran, and was now unable to use his skills. He explained:

It is torture for me at this time of my life that I cannot make my career. Now I am not even able to support my mother and my little brother. In Iran I was a graduate of a technical university but now I have forgotten 40 or 50 per cent of my English and much of what I learned at university I have forgotten too.

Sandra, a third sector caseworker, referred to a client in a similar situation. He had completed the highest level of ESOL provision available, and now wanted to study plumbing. However, he was unable to do this because he could not access a fee waiver.

Discussing this topic during a debrief session, one of the peer researchers reflected on the importance of education in facilitating integration and giving people something tangible to focus on:

There's a lot more menace in society if people can't integrate ... How do you integrate if you can't access education? It will affect everybody, not just destitute people. You reach that situation where you have to do something to survive.

'No study' immigration bail conditions

Before the publication of this research, the Home Office published updated guidance on immigration bail (Home Office 2018d). People who are detained for immigration reasons can apply for immigration bail. However, if their application is successful they are required to obey at least one condition. The conditions applied to a person's bail can contain a restriction on study, which is defined by the Home Office as including any 'courses which may lead to a qualification for adults, including English for Speakers of Other Languages (ESOL) courses' (Home Office 2018d, p.13). The updated Home Office guidance makes clear that conditions prohibiting study should 'only be applied at the point an asylum seeker becomes appeal rights exhausted' (Home Office 2018d, p.14). While this did not affect any of the people interviewed for this research, it is worth drawing attention to because of the future potential for this restriction to prevent those refused asylum from accessing education.

4.6 Accessing statutory services

4.6.1 Healthcare

Refused asylum seekers can receive free primary and secondary healthcare in Scotland. All homeless people in Glasgow can access Hunter Street Homeless Services, which includes a dedicated GP service. Free dental care is also available to refused asylum seekers via the NHS Low Income Scheme.

Of the 248 people referred to DASS between September 2016 and August 2017, 17 per cent had a diagnosed physical health condition, while 11 per cent had a diagnosed mental health condition. 51 people (23 per cent) were supported to access homeless or specialist health services. 11 (45 per cent) of the 24 refused asylum seekers who newly presented at Glasgow Night Shelter between October 2017 and March 2018 reported health concerns, including diabetes, PTSD, depression, and physical injuries suffered as a result of torture.

Many of the asylum seekers interviewed for this research reported that they were receiving treatment for mental or physical health concerns. Tharindu, who was from Sri Lanka, had suffered two heart attacks in the time he had been living in the UK, and Almaz was receiving ongoing treatment for TB. Two participants,

Sabina and Nadia, were diabetic, while Clara suffered from arthritis. Nadia also suffered from Hepatitis C. Several participants reported that they were receiving treatment for depression, including Mahtab, Clara, and Tharindu.

Access to healthcare

None of our asylum-seeking participants reported problems registering with a GP. When asked about access to healthcare, Dinah expressed gratitude for free healthcare, explaining ‘sickness is free in this country’. However, destitution could present barriers to accessing and engaging with healthcare provision. Fiona, a GP working with homeless patients, explained that health was ‘low down on people’s list of priorities when they are homeless and have no food’. She noted the difficulties destitute asylum seekers could face when trying to access health services ‘in the midst of the chaos of their lives’, such as struggling to make or remember to attend appointments, not having enough money to travel to the surgery, and facing language barriers.

Megan, a third sector caseworker, similarly drew attention to some of the barriers destitute asylum seekers could face when trying to attend health appointments:

Just simple things like not knowing where it is, forgetting where it is, or the day and time, and not asking for help, not being able to phone us, for example, and say, ‘Actually I don’t know how to get there’.

Several of the caseworkers who took part in the research reported that health advocacy was a key area of their work. Beth, a third sector caseworker, explained:

I will go with them to their appointments with their psychiatric social nurse or whatever. Others, they can be depended on to go on their own. So many of the men are chaotic that they wouldn’t make it to an appointment unless they were being reminded repeatedly and then met.

Sandra explained that an important part of her role was supporting people to attend health appointments. She explained that she had assisted women to change GP after they moved into their new accommodation, and had also provided support to attend ongoing hospital appointments. Sandra had supported one woman to access an emergency asthma inhaler when she became unwell suddenly.

Effective advocacy could be particularly important on occasions when an interpreter was not provided:

I have been with somebody to a GP practice. It was to see a practice nurse, but nonetheless, there wasn’t an interpreter there and they didn’t offer the phone interpreter, which they should have ... I was able to communicate a bit with the person and because I was supporting them before that point she knew why we were there and what I was going to say.

Inconsistency in the provision of interpreters can present a problem for anybody who does not speak English. However, it is especially problematic for people who are destitute and already face a range of other barriers to engaging with health services.

While not necessarily specific to destitute asylum seekers, it is worth flagging that some interviewees expressed concern that people in the asylum system could face prejudice and discrimination when trying to access healthcare. Joan, a discharge nurse, recalled a time when she had made an adult support and protection referral for a suicidal patient, who had experienced long-term destitution:

I was dealing with a patient who had attempted suicide and I was really concerned on the information I had got from Red Cross about this man ... I felt he was a vulnerable adult. So, the psychiatric nurses came up to assess him and I said, 'This is what I have been told, this is the background information, the doctor is very concerned'. See their attitude, it was just like ... I said I think we should do an adult support and protection referral and they were like 'why?' and ... this is going to sound terrible [one said], 'He's sitting there like a meerkat looking to see who is coming to help him next. Why is this sudden change in behaviour?' You know not taking it at face value, this poor man who has tried to kill himself several times, there's this kind of mistrust, [the assumption] that he's 'at it'.

When asked what had made the psychiatric nurses feel the patient was evasive, Joan explained:

He hadn't even spoken to them yet ... That was based on them walking past him on the ward.

Joan said that, while ward staff were generally sympathetic, there could be some suspicion towards 'failed asylum seekers'. She said:

Sometimes people ... they think there is a bit of dishonesty there, maybe they trust the authorities to make the right decision in the first place and if that's the decision, that's the decision. That wouldn't be wrong.

Joan's experience highlights the stigma that can be directed towards people in the asylum system, and the confidence often placed in the quality and accuracy of Home Office decision making. This is problematic given that, as discussed, high numbers of initial refusals are ultimately successful upon appeal. Joan's reflections, as well as the earlier comments by Beth, Megan, and other caseworkers, show the importance of good advocacy in ensuring people are able to effectively engage with health services, when facing multiple barriers.

Impact of destitution upon health

Many of the healthcare professionals interviewed for the research expressed concern that destitution caused, and compounded, ill health. Rose, a healthcare professional working in the NHS Psychological Trauma Service, commented:

I think that we would be very concerned that it's decreasing people's mental health, it's decreasing people's physical health, so it's exacerbating the problems that they maybe already had or is introducing new problems that they didn't have because destitution by itself is very toxic to mental health. We'd be very concerned about that. There's practical issues as well in terms of where is somebody staying, and whether or not letters get to people, and whether they access appointments. There's lots of practical areas that then happen as well.

Tess, a third sector caseworker, expressed similar concerns:

The majority of people we see will have mental health [concerns], depression, anxiety. Sometimes they'll be a little bit more difficult to deal with because of what they've experienced, because they've had to ask so many organisations and people for help and they've been told 'no' so many times, or they've had to defend themselves, they've had to, you know, develop a protectiveness to live on the streets, to survive that situation.

Mahtab, an interviewee who had been destitute for around three years, suffered from several health conditions including a heart condition, depression, and migraines. She explained that she also suffered from high cholesterol, and her doctor had advised her to eat lots of fruit and vegetables. However, she could not afford to buy fresh food. Mahtab showed us around ten packets of different medication that she had to take daily, crying heavily throughout her interview.

Valerie, a caseworker from an organisation supporting people with long-term health conditions, made similar observations:

Homelessness means people cannot adhere to their medication. The medication should be kept in the fridge. If they are having to spend a night with a friend, there is an issue of disclosure. Sometimes they hide their medications and they stop taking them.

Almaz, who was receiving ongoing treatment for TB, explained that the stigma of the disease meant she could no longer rely on friends for help with buying food. Fortunately, she had recently been supported by a third sector caseworker to access support from the local authority.

Healthcare professionals also emphasised the difficulty of managing long-term health conditions while destitute. Fiona explained that homeless people were more likely to forget to collect repeat prescriptions, have their medication stolen, and experience shame and stigma which, in turn, could prevent them from accessing support networks. She emphasised that homeless people had poorer health outcomes than the general population, which is reflected in research on the topic (Fazel et al. 2014; Homeless Link 2014; Queen et al. 2017). A recent study based on data gathered from a specialist homeless health centre in Glasgow found that, although the average age of patients was 42.8, their levels of multimorbidity (the presence of two or more long-term conditions) were comparable to members of the general population aged 85 and over (Queen et al. 2017, p.8). Patients had an average of 2.8 long-term health conditions (Queen et al. 2017, p.3), highlighting the importance of ensuring that destitute people have access to healthcare and are supported to manage long-term health conditions.

Frustrations with current system

Several of the healthcare professionals interviewed for the research expressed frustration at the systemic lack of support available to refused asylum seekers experiencing destitution. Rose said:

I think people find the ways in which sometimes our own processes here, our asylum process, and what we're talking about today, about the way destitution is sometimes built into the whole process, I think, it feels very difficult ... It feels like it's doing the opposite of trying to help people recover. It's making problems even worse. It is very frustrating.

Talking specifically about the difficulties accessing support when discharging destitute asylum seekers from hospital, Olivia explained:

[It's] frustrating and you get emotionally involved at times as well and the ward staff get emotionally involved as well and what we get is 'there has to be somewhere', and sometimes the message is there's nothing, there's nothing, but that's a very hard thing.

Joan expressed incredulity that, in her experience, NRPF conditions prevented people from accessing local authority support after discharge from hospital:

How can it be, how can it be that you don't help? I don't understand it.

Joan was also concerned that the lack of available support placed unnecessary demand upon the healthcare system because discharges were delayed. Joan recalled several cases when destitute patients had not been discharged from hospital because they had no accommodation, commenting:

I mean there's a man still at Gartnavel [Hospital] who has been kept in as a delayed discharge because he doesn't have support.

Joan's experiences highlight the extreme lack of accommodation options available to destitute asylum seekers and the demands this can place upon the NHS.

Navigating the third sector

Healthcare professionals explained that it could be challenging to keep abreast of the different services offered by organisations working with destitute asylum seekers, and that a centralised support and advocacy service could help them to better support asylum-seeking patients to engage with other agencies. Rose observed:

We have several people that we're working with who are destitute ... we might be either giving people a range of other resources ourselves, or telling them about foodbanks, or telling them about the destitution and support service at Scottish Refugee Council, or whatever it is. We would be trying to link them in with other services. I think, overall, it feels like there's a lack of a coherent support and advocacy service that would certainly help us in our work. It would also, I think, benefit asylum seekers and refugees.

Joan explained that she had put together a folder detailing various agencies and organisations that could offer support to destitute asylum seekers, to ensure that other discharge nurses could access this information. She explained:

It has been a bit of a learning curve because maybe the patients we dealt with first got a bit of a raw deal, but as time has gone on we have discovered more and more things we can do to help, just by being very annoying. The first few people we dealt with, it was just lots of back and forward and then just having to get them some money to try and find a hostel to stay in.

Rose explained that access to good advocacy was particularly important since the Home Office contract for asylum support services changed to a telephone model:

The contract allowed for more of a support service. I think, since the contract's been reduced, and it's been Migrant Help being only able to offer telephone contact, there's just been a decrease in the amount of support and advocacy provision available.

Rose's comment further emphasises the need for face-to-face, holistic advocacy provision for destitute asylum seekers, to ensure that people can access and engage with existing support mechanisms.

4.6.2 Social work support

As mentioned earlier in the report, in some cases, destitute asylum seekers can access support from their local authority. Four of our asylum-seeking participants had been supported by Glasgow City Council. Hanna had been accommodated by social work after being discharged from hospital, and Almaz was receiving weekly food parcels, while overstaying in Home Office accommodation. Zahir and Sabina, along with their two children, had been accommodated by social work for a short period of time when they faced delays in accessing asylum support.

The majority of caseworker participants and all three of the discharge nurses interviewed for the research had ample experience of making social work referrals for individuals and families in need.

Understanding of NRPF

There was concern from both third sector caseworkers and health professionals about the way in which NRPF conditions were interpreted by social workers, and that this could be a barrier to accessing support. Grace, a third sector caseworker, explained:

I find, or we found, that a lot of social workers don't know ... that the no recourse to public funds comes below the needs of the child, so we get quite a lot of people going to social work and getting rejected. Then they come back to us and we have to write a letter explaining their legal obligation. Again, it's frustrating. It can elongate the process.

Joan referred to another case in which a hospital social work team had recommended a patient be discharged to the Hamish Allan Centre², where assessments of housing entitlement are carried out for people experiencing, or at risk of, homelessness. Local authority housing and homelessness assistance are public funds and so, as Joan explained, the person would have been turned away:

Sometimes social workers don't have a grasp on it either. So, the ward staff, they'll maybe phone social work and they'll say 'tell them to present at the Hamish Allen'. So, this did happen, but I was in the ward when they took the phone call and I said 'no, they can't do that'. Because what they had suggested is that you discharge to the Hamish Allen and they'll be given accommodation from there. But it's the same situation, they wouldn't be given accommodation. So, they would have been telling the patient to 'go there, you'll be given accommodation' and they would have rocked up and been told 'no'.

² The Hamish Allan Centre closed in September 2018 and its services have relocated.

Discharge nurses found that confusion as to which services constituted public funds could present a barrier to patients receiving needs assessments. Joan described her experiences of referring refused asylum seekers for an assessment:

[They will] generally not carry out an assessment in the first place. Generally [they] say, 'This patient has NRPF and there's nothing we can do'. That's not to say that the individual duty workers won't do their best to try and raise funds and do bits and pieces for them. It tends to be only if people are saying, 'No we don't feel that, it's not acceptable' and keep batting it back to them ... but it just feels like it delays the inevitable which is a bit depressing.

Like Joan, other health professionals and caseworkers identified specific social workers who tried exceptionally hard to access support for destitute asylum seekers. However, there was concern raised about the structural barriers created by a systemic lack of knowledge about NRPF conditions and how this impacted upon a refused asylum seeker's ability to access support.

While it was not possible to interview frontline social workers for the research, we were able to interview one senior official from each of Glasgow City Health and Social Care Partnership (GCHSCP) and Glasgow City Council (GCC) Social Work Services. Both interviewees reflected that there could be challenges in ensuring there was a consistent response to people with NRPF across the city. Andrew, a senior official from social work services, observed:

You probably find with the area teams, it's maybe something that they don't deal with a lot in a day-to-day basis. Because they're maybe dealing with Glaswegian people, children and families, all the stuff social workers deal with. So, when they come across people who are destitute, I think people see NRPF, they kind of ... they step back, can't do anything.

Leigh, the senior official from GCHSCP, said there had been challenges in making sure frontline staff followed GCC policy on NRPF. Leigh said that the policy was available to all staff but, like Andrew, felt that it was not an issue that social workers faced on a day-to-day basis and so there were issues in making sure all staff had read the policy.

Andrew explained that GCC was in the process of implementing new guidance and accompanying training on NRPF. Key to this guidance was making sure that an assessment was carried out:

It's saying that, the main bit is that people need to do an assessment. So, we can't just, if somebody comes, if they come into my team for instance. And somebody walks in and they've not got leave to remain (LTR). And we do get people in, sometimes Serco bring people down ... My team might say, 'Sorry, you've not got any recourse to public funds'.

And they go away. So, people are getting shunted about a wee bit. I think we need to then direct them and say, 'Go to your area team' ... but we shouldn't just be saying, 'You can't get a homeless application, cheerio'.

Leigh emphasised that there were ongoing pressures on local authority budgets, commenting that GCC shared the Scottish Government's aspirations in relation to NRPF and a human rights-based response, but that money was needed to support these aspirations. Currently support for people with NRPF had to come from the mainstream social work budget.

Leigh also made reference to the influence of immigration legislation upon social work engagement with refused asylum seekers. Leigh said that GCC has made decisions to support that its legal team says are illegal, but is confident could be defended with reference to the UN Convention on the Rights of the Child and obligations under section 22 of the Children Scotland Act 1995. However, Leigh noted that immigration legislation is primary legislation, whereas the 1995 Act is devolved legislation.

It is worth highlighting that, in a legal opinion commissioned by the Red Cross as part of previous research on destitution, Janys M Scott QC opined that the provisions within immigration legislation that apply to local authorities do not 'prevent the provision of support or assistance to a child, in line with the Secretary of State's duty to have regard to the need to safeguard and promote the welfare of children in the UK in exercising immigration and asylum functions, in terms of section 55 of the Borders, Citizenship and Immigration Act 2009' (Fassetta et al. 2017, p.46). Further, the legal opinion states that these provisions do not 'prevent the exercise of a power or performance of a duty if this is necessary for avoiding a breach of the person's rights under the European Convention on Human Rights' (Fassetta et al. 2017, p.45).

Understanding of the asylum support system

Concern was also raised about a perceived lack of knowledge among some social workers about the extent to which refused asylum seekers could access accommodation and support from the Home Office. Megan recalled her experience of supporting a client who was destitute and ineligible for section 4 support. The client had a young child and so Megan had made a social work referral. She recounted what happened next:

Social work demanded that there be a section 4 application made, despite the fact that [the client] doesn't meet any of the criteria and they're refusing to accommodate on a permanent basis until there's an outcome on that. [This] seems ridiculous given that, as I say, they don't meet the criteria for [section 4] anyway.

Referring to a different case, in which a family was unable to access asylum support, Megan said that the social workers she had engaged with misunderstood the role of Migrant Help in the support system. She said:

I think a huge part of it was a misunderstanding from social work about what Migrant Help do [and] don't do, and they repeatedly gave misinformation. 'Migrant Help can give you money' and I had to say, 'That's not what they do and they don't actually give accommodation, and they don't make decisions about accommodation'.

As Megan made clear, confusion among social workers about the limitations of the asylum support system compounded the barriers already created by misconceptions about NRPF conditions.

Experiences of accessing social work support

Neither Hanna nor Almaz commented extensively on their experiences of accessing social work support. When asked who she could ask for help and support, Almaz said 'Red Cross and now social care'. Hanna was accommodated in a bed and breakfast and, while expressing relief that she had somewhere safe to stay, said that she would like access to cooking facilities as readymade food was expensive.

Zahir and Sabina were unhappy about the way in which they had been treated by social work services. Zahir recalled his experience of presenting as homeless at the Hamish Allan Centre. He said that he had waited in the centre all day until somebody was able to speak with him:

The one lady took me inside, but she's behaving, she's treat me as animal. She not give respect to me, hopefully she just used the words as rude, a kind of harsh word, it touched my heart, she broke my heart. So I feel upset, I cry myself, she not do anything, end of the conversation she gave me two voucher, something, this is a voucher, you have to come if you will eat food, will eat food there.

Eventually Zahir and Sabina had been accommodated in a hotel, until they were able to access asylum support payments.

Our findings suggested that good advocacy was important in accessing support from social work. Zahir, Sabina and Hanna had all received extensive casework and advocacy support from third sector organisations. Zahir recalled:

Yeah, I mean, when, few times I've been myself, that time they rude, using words very hard. When, uh, with [my caseworker], they still rude but not [as] much. But think about how the change in them – because they know someone behind, taking notes.

Hanna received support and advocacy from the Red Cross when trying to access social work support. The Red Cross paid for her to be accommodated in a hotel until the referral was successful. A discharge nurse also advocated for her, making sure her discharge from hospital was delayed until accommodation could be organised.

David suggested that it could be challenging for destitute people to engage with social workers without support and advocacy:

I was at a meeting yesterday of a network of folk trying to set up a section 22 project, and advocacy project. And that had some professionals at it, some activists at it, and some service users/activists at it, and they had experience of having gone to social work without any kind of support – without advocacy support – and it sounded dreadful. It really did sound terrible. It sounded like they had every possible immigration enforcement question, child welfare question. Like, really quite invasive, discriminatory, oppressive sort of dealings with social work.

Accessing support for adults and children

Caseworkers felt that it could be easier to access local authority support for a child in need, than an adult in need. David explained the difficulties of getting one of his clients a community care assessment:

With adults I've had the briefest of engagements with social work, that I'm [now] looking to pursue more heavily around community care, and adult support and protection social work. So, the community care situation that I was trying to get somebody a community care assessment, and I was very, very close to getting them to do an initial screening assessment. But then the team leader stepped in and said that they wouldn't do it unless there was evidence from another professional, in this case I think it was an occupational therapist, to do an assessment ... But that, I put in a community care referral months and months ago and heard nothing, and had to actively – again – had to actively chase it up. Similarly, with an adult support and protection referral I put in a couple of weeks ago, that has disappeared. I've never heard a single thing ... It's been much more clear and much more prominent in the children and families situation because there's a much clearer obligation, whereas I think with the adult social work stuff – I think the whole community care system is a mess anyway, and the thresholds they're looking at to get people community care service are so high.

Ewan, another third sector caseworker, made a similar observation:

I happened to refer them individually, individuals in the past, but it's too difficult and it's not worth ... well, it would be worth my time, but it's not just not something I have the capacity for. For families it's, yes, it's if you know the relevant frameworks and if you say that you're a manager then usually referrals get accepted.

At the time of our interview (September 2017), Leigh confirmed that GCC was supporting 35 families with NRPF and three or four individuals. Both Andrew and Leigh explained that, following an assessment, the final decision about whether to support a person with NRPF would be made by the chief social work officer (CSWO). Andrew said:

Because there is a financial implication, [the CSWO] will make the decision about whether the person is going to be accommodated, for how long, what support needs to be in place, any finance that needs to back that up.

Andrew stressed that an individual who was destitute and had no additional vulnerabilities would be unlikely to meet the criteria for social work support:


We have to pick up people who are extremely vulnerable. And as I say that's above being homeless and destitute – that'll not be enough to meet any criteria, but as long as we have done the assessment in the first place, to find out the true extent of what is wrong with the person, apart from getting a negative decision. That's what we need to get out and, going forward, that's what we would be doing.

Giving an example of the kind of situation in which an individual might be supported, Leigh referred to the case of a man with shrapnel wounds below his knee, who had been accommodated until he was fitted with a prosthetic leg. Leigh said it was very difficult for social workers to make these kinds of assessments and decisions.

Andrew explained that the Home Office would regularly email GCC social work services to raise concerns about a person they were evicting. He explained:

Our view would be that ... from the Home Office point of view there is maybe a cost shunt over to the local authority. But I think we are clearly saying – we're not picking up every case where you make a negative decision. Because they will contact us quite regularly ... to raise their concerns about somebody.

Andrew felt that there needed to be better joined up working between the Home Office and local authorities when vulnerable people were evicted from their Home Office accommodation. He suggested that, while vulnerabilities should not necessarily be a criterion to grant somebody leave to remain, decision makers should take these vulnerabilities into account when making the decision to terminate a person's asylum support and accommodation.



'I think people
should know that
we are all humans'

Ali, Iraq

5. Conclusion

Our findings show that refused asylum seekers face significant barriers to having their most basic human rights, as well as to accessing essential services and support mechanisms. Prevented from working or accessing mainstream benefits, many people who have been refused asylum rely upon friends or the third sector to access accommodation and meet their basic needs. While applying for section 4 support is an option for some, usually after they have submitted further evidence to the Home Office, the application process is lengthy and requires the submission of detailed evidence. Good advocacy is essential to support applicants to gather evidence, respond to requests for further information from the Home Office, and carry out administrative work. This is also the case if an individual or a family needs to access support from social work services, where there can be misconceptions around NRPF conditions and the support that refused asylum seekers can access.

Our interviews with people who have been refused asylum demonstrate that destitution makes it more challenging for people to engage with services and support mechanisms, and places people at risk of exploitation. Evidence from health professionals shows the detrimental impact destitution has upon the management of long-term health conditions, as well as a person's capacity to engage with the health system more broadly. Interviews with education providers drew attention to the way in which destitution impacted upon a person's capacity to learn and to effectively engage with education. A lack of affordable transport compounds these barriers, making it harder for people to attend appointments and access support. Accessing transportation is a challenge, even for those receiving section 4 support, because they are unable to withdraw cash.

Legal practitioners told us that the process of engaging with the legal system and making a fresh claim for asylum is incredibly challenging when someone is homeless and hungry. Gathering evidence from abroad or travelling to embassies to evidence nationality is almost impossible without money, but is often essential to refute negative credibility findings. Furthermore, when a person is destitute, their first and foremost concern is making sure that they have a place to sleep and food to eat, rather than working to collect witness statements or engage with expert witnesses. Human rights-based support and advocacy is essential to ensure that people are able to meet their basic needs and thus engage with their legal case. Such an approach, as early in the process as possible, is key to mitigating the harmful impacts of destitution, as well as the demand destitution places on service providers in Scotland.

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Appendix 1: Participants' details

| Name | Gender | Age | Country of origin | Family makeup | Legal situation | Current living arrangement |
|-----------|--------|-----|-------------------|---|-----------------------------------|--|
| Ahmed | Male | 35 | Libya | Single | Refused | Friends |
| Ali | Male | 24 | Iraq | Single | Refused | Friends/street homeless |
| Almaz | Female | 33 | Eritrea | Single | Refused | Overstaying/ financial support from social work |
| Aram | Male | 24 | Iran | Single | Recently made further submissions | Section 4 |
| Bashiir | Male | 28 | Somalia | Single | Refused | Overstaying |
| Catherine | Female | 29 | Zimbabwe | Single parent | Refused | Section 95 |
| Clara | Female | 63 | Zimbabwe | Single | Refused | Charity hosting scheme |
| Dinha | Female | 27 | Ethiopia | Single | Refused | Overstaying |
| Gebre | Male | 40 | Eritrea | Single | Refused | Friends/night-shelter |
| Mahtab | Female | 52 | Iran | Single | Refused | Accommodation provided by DASS |
| Hala | Female | 49 | Syria | Single | Recently made further submissions | Section 4 |
| Hanna | Female | 22 | Eritrea | Single | Refused | Local authority support |
| Ibrahim | Male | 50 | Iraq | Single | Refused | Friends |
| Isa | Male | 60 | Gambia | Has children in UK who do not live with him | Recently made further submissions | Section 4 |
| Joseph | Male | 45 | Zimbabwe | Single | Refused | Overstaying |
| Kasim | Male | 44 | Iraq | Single | Recently made further submissions | Section 4 |

| Name | Gender | Age | Country of origin | Family makeup | Legal situation | Current living arrangement |
|----------|--------|-----|-------------------|---------------------------------|--|---------------------------------------|
| Medhi | Male | 43 | Iran | Single | Recently made further submissions | Section 4 |
| Nadia | Female | 49 | Pakistan | Single | Refused | Charity hosting scheme |
| Peter | Male | 55 | Malawi | Single | Refused | Friends/street homeless/night shelter |
| Sabina | Female | 32 | Sri Lanka | Lives with partner and children | Dependent on partner's further submissions | Section 4 |
| Tharindu | Male | 47 | Sri Lanka | Single | Refused | Overstaying |
| Vihaan | Male | 47 | India | Lives with wife and children | Recently submitted Art. 8 claim | Section 4 |
| Vincent | Male | 39 | Malawi | Single | Refused | Friends |
| Zahir | Male | 36 | Sri Lanka | Lives with partner and children | Recently made further submissions | Section 4 |

| Pseudonym | Profession |
|-----------|---|
| Fiona | GP at Hunter Street Homeless Health Team |
| Rachel | TB specialist nurse |
| Michelle | TB specialist nurse |
| Callum | Homelessness discharge nurse |
| Olivia | Homelessness discharge nurse |
| Joan | Discharge nurse |
| Ellen | Clinical psychologist from NHSGG&C trauma service |
| Leigh | Senior representative from GCHSCP |
| Adam | Senior representative from GCC social work services |
| Robin | Serco representative |
| Joanne | Person with experience of working for Home Office-contracted agency |
| Sara | Former Migrant Help employee |
| James | Practitioner in a community ESOL provider |
| Bridget | ESOL practitioner in a Glasgow college |
| Pauline | ESOL practitioner in a Glasgow college |
| Carol | Caseworker in project supporting destitute asylum seekers |
| Megan | Caseworker in project supporting destitute asylum seekers |
| David | Caseworker in project supporting destitute asylum seekers |
| Tess | Caseworker in project supporting destitute asylum seekers |
| Sandra | Accommodation worker in project supporting destitute asylum seekers |
| Zoe | Caseworker in project supporting destitute asylum seekers |
| Valerie | Caseworker in project supporting destitute asylum seekers |
| Ewan | Manager of project supporting destitute asylum seekers |
| Grace | Caseworker in project supporting destitute asylum seekers |

| Pseudonym | Profession |
|------------------|---|
| Beth | Caseworker in project supporting destitute asylum seekers |
| Neil | Private practice solicitor |
| Graham | Private practice solicitor |
| Mark | Private practice solicitor |
| Louise | Solicitor in a not-for-profit law firm |
| Anna | Solicitor in a not-for-profit law firm |
| Sophie | Volunteer in a not-for-profit law firm |
| Michael | Volunteer in a not-for-profit law firm |
| Caroline | Volunteer in a not-for-profit law firm |
| Heather | Solicitor in a not-for-profit law firm |

Appendix 2: Strathclyde University Law Clinic file review

| Pseudonym | Country of origin | Basis of asylum claim | Summary of legal issues |
|-----------|-------------------|--|--|
| Adeel | Pakistan | Article 3 claim (right not to be subjected to torture or to inhuman or degrading treatment or punishment) because he witnessed an extremist religious group carrying out a crime. | Credibility – the Home Office does not believe aspects of Adeel’s claim. He is currently trying to gather a witness statement from a family member to use as further evidence of his experience. |
| Ermias | Eritrea | Persecution based on ethnic group. Ermias is ethnically Eritrean and says he is at risk of being deported to Eritrea by the Ethiopian authorities, and forced into military service. | Contested nationality – Home Office believes Ermias is Ethiopian. Ermias is planning to present at the Ethiopian embassy, to gather proof of his nationality. |
| Mosaab | Sudan | Persecution based on ethnic group. Mosaab is a member of a non-Arab Darfuri tribe in Sudan which has been persecuted by state sponsored militia. | Contested nationality – Home Office does not believe Mosaab is a member of a non-Arab Darfuri tribe, nor that he is Sudanese. It has not suggested an alternative country of origin. Mosaab is currently gathering witness statements from other Sudanese people and an expert witness statement, to prove he is a member of a non-Arab Darfuri tribe. |
| Davoud | Iran | Persecution based on membership of particular social group. Davoud had a sexual relationship with a woman in Iran outside marriage, which is classed as adultery. | Credibility – the Home Office does not believe aspects of Davoud’s claim. He is working with the Law Clinic to establish whether there is new evidence he could submit to the Home Office. |
| Nancy | Kenya | Persecution based on gender. Nancy fears she will be subjected to FGM if she returns to Kenya, because her husband is a member of a banned group that advocates for the practice. | Credibility – Home Office does not believe Nancy is at risk of FGM and, if she was, says that she could internally relocate or seek protection from the police. Nancy is trying to gather expert evidence about the wide influence of the banned group her husband is part of, as well as statements from people familiar with the group. |

| Pseudonym | Country of origin | Basis of asylum claim | Summary of legal issues |
|-----------|-------------------|---|--|
| Patrick | Zimbabwe | Persecution on the basis of political opinion. Patrick was a member of an opposition political party. | Credibility – Home Office does not believe Patrick was active within the opposition political party and, even if he was, says he could internally relocate. Patrick is currently making an Article 8 claim (right to respect for private and family life) because he has a son in the UK. |
| Duong | Vietnam | Persecution based on religious grounds. Duong took part in religious demonstrations in Vietnam and was arrested and beaten by the police. | Credibility – Home Office does not believe Duong took part in religious demonstrations. He is exploring the possibility of submitting an Article 3 claim (right not to be subjected to torture or to inhuman or degrading treatment or punishment). Duong was trafficked to the UK and forced to work in a cannabis farm. A consultant psychologist says there is a high risk Duong will attempt suicide if he is returned to Vietnam. Duong was recently detained and moved to an immigration detention centre in England, which means that he can no longer be represented by a solicitor based in Scotland. |
| Adaoma | Nigeria | Persecution based on gender. Adaoma is separated from her husband after he subjected her to domestic violence. She believes that she would be in danger from his family if she returned to Nigeria. | Adaoma recently made an Article 8 claim (right to respect for private and family life) because she has two children, who are well settled in Glasgow. One of the children has been diagnosed with trauma symptoms and self-harms. Her claim was successful, and both she and her children have been granted limited leave to remain. |
| Gloria | DRC | Persecution on the basis of political opinion. Gloria was a member of a banned political group. She was arrested, raped, and tortured in DRC. | Credibility – Home Office does not believe that Gloria was a member of a banned political group. She is currently trying to gather witness statements from people who knew her in DRC. |

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