Becky Macfarlane on the plight of failed asylum seekers

DESTITUTION A STATE OF UTTER POVERTY

key points

T he author explains that destitution among failed asylum seekers in the UK is a growing problem due to widely-criticised legislation designed to discourage asylum seekers from coming to the UK and to bring down the volume of asylum claims.

The reality for those who are refused asylum is bleak: many already-traumatised people go on to suffer hunger, despair and exploitation while their immigration status and homelessness disadvantage them in accessing healthcare.

The author concludes that the destitute matter to God and provide an opportunity for Christian healthcare professionals to get involved; one such is CMF Member Gillian Webster who reports on her volunteer work with Project:London. was a stranger and you invited me in; whatever you did for one of the least of these brothers of mine, you did for me.' These words of Jesus Christ which closed a previous article on 'Caring for Refugees' in *Triple Helix* nearly ten years ago² pose an increasing challenge to us as Christians in the UK. Over the past eight years, nearly two-thirds of asylum applicants in our country have been left destitute.

Within a few months in late 2009 and early 2010, three of my patients told me that their asylum claim had been refused, they had no right to work, no money for food and in two cases had been required to leave their accommodation. A local charity had been able to give them only short-term support and they had nowhere to turn for help. I could not avoid the implications of Luke 10:33 '*But a Samaritan, as he travelled, came where the man was; and when he saw him, he took pity on him,*' and Jesus' command, '*Go and do likewise*'.

Destitution by design?

Destitution among refused asylum seekers is a direct outcome of government policy, in particular the removal in October 2002 of the category Exceptional Leave to Remain (ELR). This was previously granted for up to four years to those denied full refugee status, but for whom it was considered too dangerous to return to their country of origin. In 2002, 24% of cases were granted ELR. In spring 2003, it was replaced with Humanitarian Protection and Discretionary Leave. In each of the following six years only 1-2% of adult applicants were granted one of these two decisions. 'The Government's declared intention with the withdrawal of ELR was not only to reduce the overall number of asylum claims, well-founded as well as unfounded, but actually to reduce the proportion of successful claims. The UK's criteria for protection had narrowed, effectively barring people from protection who would previously have been granted it. All available evidence, including from the Home Office itself, indicates that these policies have not had the intended effect (of deterring asylum seekers from coming to the UK and forcing refused asylum seekers to return home).' ³

No way back

In 2008, ⁴ 77% of those left destitute following the refusal of their asylum application came from ten countries, all of which have a record of violence and human rights abuses: Iraq, Iran, Zimbabwe, Eritrea, China, Sudan, Democratic Republic of Congo, Afghanistan, Somalia and Sri Lanka.

Many who have examined the asylum process in the UK have expressed grave concern about the quality of decisions. ⁵ Of the around two-thirds who are refused protection, a few leave voluntarily, others are forcibly removed or detained, but the majority are left destitute. They have no right to work. Support is ceased within 21 days and they must leave their accommodation. They have no recourse to public funds so cannot access statutory homeless services. They have reduced rights to healthcare. ⁶ Some with children, who are recognised as unable to return to their country, are given a minimal amount of support for the children and are housed, and adults who state their willingness to return home are also given very limited temporary support.

Some of these cannot go home as their government will not allow them or they are stateless; others are too fearful for their lives. They would rather die here than be sent back to torture or death.

In 2009, the London School of Economics estimated that there were 500,000 refused asylum seekers in the UK. Research in 2008 found that one third of those who sought help had been living in destitution for more than two years.⁷ They face despair. A member of the British Red Cross team in Glasgow stated 'We see very vulnerable people living homeless for months, relying on friends/volunteers who can only offer a floor or sofa for a week or two at a time. Women are particularly vulnerable to being exploited by people offering accommodation.'⁸

Vulnerability

One Congolese young woman narrowly avoided sexual assault by a stranger after she accepted a place to sleep on the floor of his flat when she had nowhere to go. She has since been staying, for over a year, with a female volunteer host and is recovering her mental health; previously she was suicidal. Two other undocumented migrant women were not so fortunate. Each of them was taken advantage of by men who offered 'support' when they and in each case their child were completely destitute. Unwanted pregnancy and termination was the result. One of my most vulnerable patients was tortured in Sri Lanka and suffers severe post-traumatic stress disorder. He is now penniless and could be made homeless at any time.

A Christian perspective

The situation of the destitute is of concern to God, who loves them, showing no favouritism but seeking justice. '*The LORD watches over the foreigner and sustains the fatherless and the widow*'.⁹ '*He will respond to the prayer of the destitute; he will not despise their plea*'.¹⁰ Jesus identifies with them and so must his people.¹ Christians and churches are recognised as taking the lead throughout the UK in responding to this need.¹¹ Several have believed in Christ through the love of his people. Those who are Christians have found fellowship and renewed hope. There are opportunities to accommodate and befriend, to assist in learning English, to provide food and to give emotional and spiritual support.¹²

Becky Macfarlane is a GP in Glasgow in a practice with many asylum seekers. She is involved in co-ordinating the Glasgow Destitution Network www.destitutionaction.org.uk

Project:London

- Working with the destitute

t is a cold January afternoon with pavements slippery after recent snow. Once inside the basement of the church building where the clinic runs, I am grateful for the warmth of a fan heater. The first person I see has been interviewed by a support worker. I look through her records. She is 32 and from Eritrea, a failed asylum seeker, homeless and destitute. I note she does not speak English. I will need to use Language Line; never satisfactory, but there is no other option.

I greet her and invite her into the consulting room. She looks withdrawn and fearful. I confirm that she speaks Tigrinya. I phone Language Line and soon our three way conversation begins. She tells me she has headache, back and leg pain, is anxious and cannot sleep. I enquire more. Slowly her story unfolds. She belongs to the Pentecostal Church which is persecuted by the Eritrean government. The home where her church met was raided by police. She was detained for 24 hours, beaten and told to sign a paper to renounce her faith. This she did to procure her release. A warning was given that indefinite imprisonment would follow if caught again. Her husband was not released. Despite this threat, she continued to practise her faith. Next time the police came, she managed to escape. She had no option other than to flee her country. After a lengthy journey through Sudan and Europe she came to London where she claimed asylum. This was refused and an appeal dismissed. A fresh claim was made which was also turned down. All government support ceased 13 and she was told to leave her accommodation. She is surviving on food and help from homeless projects, the Eritrean Church and friends in the Eritrean community. Sometimes she has to sleep on the streets.

I examine her and note scarring on the lower back and legs. She confirms these scars are from wounds she received when beaten. I diagnose depression and post traumatic stress disorder. I refer her to a GP practice for the homeless and to the Helen Bamber Foundation for counselling and assistance in making a fresh claim for asylum. I give her a free prescription for analgesia.

All this will take time; 1 John 3:17 springs to mind: 'If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him?

Should I offer her room in my home? But what about the other vulnerable people I am yet to see? She was forced to flee her family and country because of the faith we both share. What am I prepared to share with her? I feel challenged and disquieted but I have to move on. There are many waiting to see me.

Gillian Webster is a retired GP volunteering with Project:London

Project:London is a health advocacy programme that provides information, advice and practical assistance in accessing mainstream national health services for vulnerable people such as asylum seekers, refugees, economic migrants, sex workers and the homeless. For more information see www.doctorsoftheworld.org.uk



If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him?

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