



SUPPORTING ASYLUM SEEKERS: BUILDING CAPACITY FOR SERVICE PROVISION AND POLICY ADVOCACY

PROJECT REPORT

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Executive Summary

Destitution amongst asylum seekers and refugees (AS/R) has consistently increased with central Government introduction of hard-line immigration policies, the withdrawal of public sector services and constraints on funding, staff and capacity in the asylum and refugee support sector (see 1.). The ability to document the extent, causes and effects of destitution in the asylum system is of crucial importance, to engage in effective policy advocacy to alleviate and reduce destitution amongst AS/R. The 2016 Immigration Act is expected to further restrict access to asylum support. This report is the culmination of a four-month research project (Oct. 2016 - Jan. 2017) that aimed to examine gaps between service provision, data capture and policy engagement, to strengthen BRC's evidence base for use in policy advocacy, and draw out key operational and political advocacy messages from this evidence pertinent to local, Scottish and UK contexts (see 2.).

A researcher was based at BRC Refugee Support team in Glasgow for the duration of the project, to conduct a comprehensive analysis of BRC's database (BRM). This involved quantitative analysis of data and qualitative interviews with key staff and volunteers (see 3.). Three key findings emerged during the course of the project.

Home Office policy and practice

Home Office (HO) policy and practice is reported as having the greatest impact on AS/R service provision, stemming from what is viewed as a 'culture of hostility' in which the politics surrounding AS/R has made it difficult to work effectively (4.1). Participants identified three critical aspects of HO policy and practice.

>> Administrative error and delay: Bureaucratic obstacles and administrative error account for much of the short-term destitution AS/R endure. Changes in HO processes without clear communication to asylum support staff, backlogs of work, and general administrative error further complicate the asylum support system, making it more inaccessible and leading to increased destitution (4.1.1).

>> Asylum support applications: HO practice for administering asylum support has become stricter and less transparent, while the threshold for *evidencing* destitution is increasing. HO guidance states that applicants must provide evidence of how they have supported themselves *since* their arrival in the UK, yet HO requests increasingly extend beyond this period, with concerning questions now being asked regarding family support for expenses to reach the UK (4.1.2). There is insufficient provision of translation and interpretation services, making the application process even more problematic.

Further, no timeframe is given for the decision-making process. Previously, general practice was 2-5 days for urgent applications (with a safeguarding issue) and 3-4 weeks for regular applications; current BRC monitoring of application wait time an average of 6-8 weeks.

>> Future changes to policy: Expected wider dispersal across Scotland is raising concern about higher destitution across the country, especially in that:

- Local Authorities will not be experienced in or trained to support AS/R;
- Interpretation provision will not be in place for healthcare and other services; and
- There will be a lack of organisations dedicated entirely to supporting AS/R.

These changes will be exacerbated implementation of the Immigration Act 2016. The replacement of Section 4 support with a new Section 95A (with far stricter eligibility criteria and no rights of appeal) will have detrimental effects (see **4.1.3**).

Sector fragmentation and withdrawal

Increasing UK Government-led austerity measures constrain public sector funding for AS/R services, reducing local service delivery capacity (**4.2**). These are resulting in withdrawal of services from the public sector, and significant changes to its remaining asylum support services; both major challenges to combatting destitution.

>> Local Authority constraints: Social Work departments are sometimes unable to fulfil their statutory role regarding the safeguarding of children, and duty of care to single people with additional, evidenced vulnerabilities in a LA area (**4.2.1**).

>> Asylum support model: The 2014 shift to the Migrant Help telephone helpline to assist asylum seekers in accessing support has directly increased destitution in Glasgow. The telephone model exacerbates accessing the asylum support system, increasing issues around the high threshold for evidencing destitution, language issues and unclear information provision (**4.1.2**). While there is some capacity for Migrant Help to see clients in person where they meet a vulnerability criteria, which includes difficulty accessing the helpline, the problem is that this is minimal capacity, in a context where those able to successfully take advice by telephone and submit applications by fax is a tiny minority. This leads to more people accessing other services to apply for asylum support, and higher levels of destitution: after the shift to primarily telephone support, the number of people accessing BRC Refugee Support services in Glasgow nearly doubled and levels of reported destitution more than quadrupled (see **4.2.2**).

Building capacity for policy advocacy

The above all constitute key advocacy needs going forward. To undertake such advocacy, capacity for sector-wide advocacy must be developed (**4.3**). There are a range of challenges in this regard, around defining and communicating destitution, and thinking creatively about pragmatic and ethical information sharing across the sector.

>> Defining destitution: The ability to communicate what destitution actually means, to those beyond the sector, is vital if policy advocacy is to be effective. The current Immigration Act definition does not delineate what 'essential living needs' are, and its sanitised language fails to communicate the grim reality of destitution in the asylum system, masking the realities of absolute poverty (**4.3.1**). There is a critical need to highlight and communicate that:

- Destitution experienced by asylum seekers is different from the poverty faced by other people within Scotland;
- The experience of destitution encompasses much more than lack of material needs (as per HO definition);

- Destitution is built into the fabric of the asylum system: HO aims to create a 'hostile environment' for migrants includes policy-induced destitution to encourage people to return to countries of origin;
- Such policy-induced destitution forces refused asylum seekers to become invisible, leading to greater vulnerability; and
- HO definition of destitution does not convey the effects of destitution, nor that destitution may be due to HO policy and practice, nor that AS rights to protection are not recognised.

Language that communicates the realities of destitution in the asylum system is needed, for effective policy advocacy.

>> Cross-sector information sharing: It is difficult to gather evidence on the extent and effects of destitution; yet there is cross-sector desire to share information to improve policy advocacy (4.3.2). Organisations in Glasgow have much experience in AS/R support issues, and are open to working in partnership to build cross-sector capacity for policy advocacy. Challenges to such efforts include:

- Data input *within organisations* needs to be given greater priority: data input often comes second to clients' more immediate issues;
- Grassroots organisations have a wealth of knowledge, but less funding and capacity to engage in systemic consistent data collection or policy advocacy; and
- Ethical dilemmas in sharing sensitive information;

This requires embedding a culture of recording accurate and robust information. One recommendation is to create an 'Information Coordinator' as a cross-agency role, to collate information to map the extent, causes and effects of destitution amongst AS/R in Glasgow. Any such efforts need to prioritise client confidentiality above all else.

Notwithstanding pragmatic and ethical challenges, there is specific interest in:

- Mapping differences between organisations, to identify referral pathways and criteria;
- Developing a clearer idea of what advocacy organisations work on, to enable cross-sector collaboration and to prevent overlap of efforts;
- Sharing information regarding which strategies are successful in an increasingly hard-line policy environment; and
- Sharing 'good practice' more broadly.

1. Introduction

Destitution amongst asylum seekers and refugees (AS/R) in the UK is increasing. Data from the British Red Cross (BRC) show that in Glasgow, destitute people accessing Refugee Support services has more than tripled from 2013 to 2016, when nearly half (49%) of AS/R using BRC services were destitute. Across the UK, more than 5,600 refugees and asylum seekers presenting to BRC were destitute in the first half of 2016.¹

Increasingly hard-line governmental policies toward migrants, austerity and the resulting public sector withdrawal of services and fragmentation of a previously well-connected asylum support sector have all contributed to the rise in destitution amongst AS/R. AS/R support needs are complex, and the structural constraints that organisations must work within make supporting this group increasingly difficult. Thus, the ability to engage in effective policy advocacy is critical; of major concern is documenting consistent and robust data on AS/R destitution, for policy change at local, regional and national levels.

The recent 2016 Immigration Act will further restrict access to asylum support. For example, support for destitute asylum seekers at the end of the asylum process is removed, and the Act creates a more restrictive framework for Local Authority support to destitute families. This will make more people destitute, many of whom face additional vulnerabilities.

Although immigration policy is not devolved, the Scottish asylum support sector has the potential to respond to these changes using existing and proposed Scottish legislation. The New Scots Integration Strategy (2016)² emphasises ‘a clear framework to support the integration of refugees and asylum seekers to rebuild their lives in Scotland and make a full contribution to society.’ In Glasgow, the infrastructure, expertise and experience exists for a comprehensive, multi-agency response. Some of the key questions that need to be addressed revolve around destitution advocacy and pragmatic, ethical information sharing across the sector. There is also a question regarding the relationship between reserved immigration policy and other parts of policy that are devolved.

A pilot project in 2015, led by BRC and examining family reunion and social integration of refugees,³ identified gaps between data capture, service delivery and policy engagement. This report is the culmination of a follow up research project (Oct. 2016 to Jan. 2017) that followed up the 2015 pilot, focusing specifically on the identified gaps. The project was jointly funded by the University of Glasgow Knowledge Exchange Fund and BRC, and was collaboratively overseen by staff from both organisations.

¹ BRC (July 2016): *Destitution on the rise among refugees and asylum seekers*. Available at <http://www.redcross.org.uk/About-us/Media-centre/Press-releases/2016/July/Destitution-on-the-rise-among-refugees-and-asylum-seekers>

² Scottish Government (2013). *New Scots: Integrating Refugees in Scotland's Communities, 2014-2017*. Available at <http://www.gov.scot/Resource/0043/00439604.pdf>

³ Marsden, Ruth and Harris, Catherine (2015) “We started life again”: Integration experiences of refugee families reuniting in Glasgow. Available at <http://www.refworld.org/docid/560cde294.html>

2. Project aims

The complex and ever-changing nature of asylum and immigration policy requires organisations that support asylum seekers and refugees to respond in robust, comprehensive and adaptable ways. Within the sector, the causes, impacts and extent of destitution among AS/R populations are largely well-known. However, recording this data to be used as evidence for systemic policy change has presented challenges within time-limited, high-volume and high-pressure work environments. That is, caseworkers dealing with destitute people are often too busy dealing with immediate needs to have the time to capture information to advocate for more remote feeling policy change. The key aim of this research project was to consider how to more effectively align service provision, data capture and policy engagement.

There were three main objectives:

1. To examine the current database and data input methods at the BRC Refugee Support team in Glasgow, collating evidence and identifying potential gaps in data.
2. To utilise evidence to improve BRC data collection and service provision
3. To draw out key operational and political advocacy messages from this evidence pertinent to local, Scottish and UK contexts.

The research resulted in two reports: A Capacity Building Report, (for BRC internal use), to identify issues and recommend actions regarding data collection; and this external Project Report, highlighting key findings relevant to a wider audience.

3. Methods

A researcher was based at BRC Refugee Support team in Glasgow from October 2016 to January 2017, to enable close working with BRC staff, including operational, IT and research teams. The project consisted of three main phases:

1. Data mining and analysis
2. Training and update sessions with BRC staff and volunteers
3. Multi-agency workshop

The first phase represented more traditional research methods, while the second two involved the direct feedback of initial learning, incorporating further research elements in an action-based approach. The training and update sessions were designed as practical trainings to facilitate better understanding of consistent data entry, and to strengthen connections between BRC casework and policy advocacy (discussed in the project's Capacity Building Template). This report focuses on empirical material from phases 1 and 3; the methods are outlined here.

3.1 Data mining and analysis

Quantitative and qualitative approaches were used to examine the BRC database (known as BRM) and data input across the Glasgow office. In the first phase of the project, the researcher was given access to BRM to investigate the kinds of evidence being captured and the gaps that might exist. They received induction training in the form of a webinar from a BRM support staff member and further in-depth training regarding statistical operations to be able to examine data quality and collate data about destitution amongst BRC AS/R service users. Initially, the researcher shadowed BRC staff both in casework appointments, to learn about service provision, and when staff entered data into BRM, to learn how to use the database. Additionally, one of the academic project supervisors spent four afternoons shadowing BRC staff in appointments and BRM sessions to augment project team comprehension of service provision and data collection.

The researcher then spent six weeks mining and analysing existing data in BRM, fulfilling the quantitative element of the project. This involved analysis of the causes, extent and effects of destitution, developing an understanding of the issues staff encounter within the system, and performing cross-analysis between the pre-designed reports that extract BRM data with case notes in the system.

Based on the quantitative learning, an interview guide was designed to conduct semi-structured, qualitative interviews with staff and volunteers.⁴ The guide was intended to prompt discussion, and participants were encouraged to talk at length about how the issues they face in recording data around destitution, as well as in using BRM in general, impacts service delivery. Ten interviews were conducted: for key characteristics of the participants, see Table 1; copies of the consent form, participant information sheet and interview guide

⁴ Hay, I. (2010) *Qualitative Research Methods in Human Geography*. (2nd Ed.) Oxford: Oxford University Press.

are included in Appendices A, B and C. Individuals' names and the different services they work within are not being published, to protect participant anonymity.

Table 1. Interview participant characteristics

Participant ID	Staff / Volunteer	Duration at BRC ⁵	Delivers short-term (ST) or long-term (LT) service
1	Staff	< 3 years	LT
2	Staff	< 3 years	LT
3	Staff	< 3 years	ST
4	Staff	< 3 years	LT
5	Staff	> 3 years	LT
6	Volunteer	> 3 years	LT
7	Staff	< 3 years	ST
8	Staff	> 3 years	ST
9	Staff	< 3 years	LT
10	Volunteer	< 3 years	ST

Interviews were jointly transcribed by the researcher and an academic project supervisor, then analysed using a grounded theory approach⁶ to identify emerging themes.

3.2 Multi-agency workshop

The last phase involved organising and hosting a one-day workshop in Glasgow with partner organisations and stakeholders within the AS/R support sector, including representatives from legal, statutory, voluntary, health and community organisations. The aim was to explore how the multi-agency sector can better capture evidence on destitution for more targeted and effective policy advocacy. A one-page hand out was given to all participants (see Appendix D). The workshop included a brief introduction and discussion of initial findings, followed by three sessions in which participants were asked to discuss the following prompts, which were debated in small groups before feeding back to the wider group:

SESSION 1

- From your perspective, what is destitution?

SESSION 2

- What are the key issues you encounter with destitution in your work?
- What do you think your organisation is doing well in terms of addressing destitution among asylum seekers and refugees?

SESSION 3

- What kinds of information would be useful to share within our multi-agency sector?
- How do we pragmatically and ethically share information with the aim of more targeted and effective policy advocacy?

⁵ Duration of time spent at BRC (in both volunteer and staff roles) is categorized by less than or greater than 3 years because BRM was introduced in early 2014. Prior to this, different systems for monitoring casework were used, including Microsoft Excel and handwritten notes kept in locked files. The introduction of BRM in 2014 significantly shifted the way data was collected and managed.

⁶ Devine, F. and Heath, S. (2009) *Doing social science: evidence and methods in empirical research*. New York: Palgrave MacMillan.

4. Key Findings

Learning from the project identifies several key issues affecting service delivery staff across the AS/R support sector on a daily basis. These are discussed below.

4.1 Home Office policy and practice

Home Office (HO) policy and practice is reported as having the greatest impact on AS/R support service provision. This stems from what is viewed as a 'culture of hostility' in which the politics surrounding AS/R has made it very difficult to work effectively; indeed, participants believe that destitution has been the outcome of policy for over a decade. Staff and volunteers across organisations witness high levels of unmet need and destitution daily as a result of inflexible asylum support policy. This clearly affects AS/R negatively, and also those working in this sector, often leading to burn out. Participants identified three critical aspects of HO policy and practice.

4.1.1 Administrative error and delay

Bureaucratic obstacles and administrative error account for much of the short-term destitution AS/R endure. Changes in HO processes without clear communication to asylum support staff, backlogs of work and general administrative error further complicate the asylum support system, making it more inaccessible. This increases the number of people who cannot access the support they are entitled to, pushing them to turn to voluntary agencies for assistance.

Workshop participants reported HO errors in which clients' Application Registration Cards (ARC) were not issued by the HO, not delivered to the correct address or, upon delivery, were not working; they described difficulties advocating for the HO to fix errors in either the name or address of clients' ARC, which are crucial to weekly financial support collection.

One example in particular presented significant challenges to BRC staff. From Aug. to Dec. 2015, BRC staff recorded increased levels of people accessing their service because they were not receiving the Emergency Support Tokens⁷ (ESTs) to which they were entitled. When staff phoned the HO to ascertain why clients' ESTs were not automatically renewed, some were told that people should call prior to the EST running out to request a new one. However, this was not communicated clearly or consistently.

4.1.2 Asylum support applications

Furthermore, HO practice for administering asylum support has become stricter and less transparent. Staff across the sector identified that the threshold for *evidencing* destitution is increasing: while HO guidance states that applicants must provide evidence of how they have supported themselves since their arrival in the UK, HO requests increasingly extend beyond this period. One worrying development has been the question, *'if your family were*

⁷ See page 15 at https://stillhumanstillhere.files.wordpress.com/2009/01/21_days_later_jan_2009.pdf

able to pay for a smuggler or agent to bring you here, why can't they support you [financially] now?'

This concern is supported by the Asylum Support Appeals Project: "The assumption appears to be that anyone who has ever provided support to the applicant, however briefly, and every single one of their family members, can reasonably be expected to pay for their accommodation and living costs, unless they can prove why not."⁸

HO guidance suggests that the test for determining applicants' destitution should be 'fast, in that it is quick to administer so that no delay is incurred in delivery of the safety net of support to those in genuine need'.⁹ However, currently no timeframe is given for how long applicants will have to wait. Research participants agreed that, previously, general practice was two to five days for urgent applications (i.e. when there is a safeguarding issue) and three to four weeks for regular applications. One participant noted:

"But they are not doing it that way [now...] Because even for an urgent application I recently had, where I raised a safeguarding concern because of the child involved and because the mother was pregnant, I did not get a response in two to five working days. It took two weeks. So there is no fixed amount of time. It's random."

Current monitoring of application wait time by BRC shows it is taking, on average, six to eight weeks to receive any news from the HO. Additionally, workshop discussion suggests that further information requests (FIR) from the HO have become routine practice, even in cases where the information is available in the original application. Clients thus wait several weeks for a HO decision, only to be told they have five working days to respond to a FIR or the application will be rejected. In many cases, the FIR does not arrive within the two days anticipated by the HO, making the response window even shorter. Language barriers, lack of interpretation and translation services, and lack of clear information on entitlements are described as exacerbating these difficulties (also 4.2.1 below).

4.1.3 Future changes to policy

It is anticipated that asylum seekers will be increasingly dispersed to other Local Authorities in Scotland, 2017 onwards.¹⁰ Glasgow has developed the resources, infrastructure and expertise over the past 15 years to assist asylum seekers through the complexities of the asylum support system, and project participants voiced apprehension about the prospects of widening dispersal. Concerns surround the ability of other areas in Scotland to provide the same level of advice or assistance to recently arrived asylum seekers, especially in that:

- Local Authorities will not be experienced in or trained to support AS/R;
- Interpretation provision will not be in place for healthcare and other services; and
- There will be a lack of organisations dedicated entirely to supporting AS/R.

⁸ ASAP are the authority on asylum support and see appeals from across the UK.

⁹ Home Office (2014) *Assessing destitution*. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326774/Assessing_Destitution_Instruction.pdf

¹⁰ From *The Times* (2016): <http://www.thetimes.co.uk/edition/scotland/scottish-councils-could-be-made-to-house-asylum-seekers-xj55gq6s2>

Staff believe that this will result in more people being left without the support they may be entitled to, and to higher levels of destitution across the country.

Widening dispersal issues are likely to be exacerbated by significant changes to asylum support that will be implemented as part of the Immigration Act 2016. Regulations are expected mid-2017. Section 4 support¹¹ is being abolished and replaced with a new form of support called Section 95A, which is much stricter in terms of eligibility. It will only be possible to apply for S95A within a 'grace period' after becoming Appeal Rights Exhausted (ARE), set at 21 days for single people and 90 days for those with children.¹² Research finds major concerns that the grace period will preclude pregnant women from applying for S95A. Additionally, there will be no right of appeal against the refusal of a S95A application, and refused asylum seeker families will no longer be entitled to stay on Section 95 support, as is currently the case. They, too, will need to apply for S95A within the grace period.

4.2 Sector fragmentation and withdrawal

Increasing UK Government-led austerity measures constrain public sector funding for AS/R services, meaning that local service delivery capacity is reduced. The research identified both the withdrawal of services from the public sector, and significant changes to its remaining asylum support services, as major challenges to combatting destitution. A key comment is that 'the voluntary sector cannot replace the state.'

4.2.1 Local Authority constraints

Local Authority (LA) service provision was raised consistently as an issue throughout the project. The Children (Scotland) Act 1995 mandates that LAs 'have a duty to safeguard and promote the welfare of children in need in their area.....by providing a range and level of services appropriate to the children's needs.'¹³ However, the research suggests that Social Work departments have sometimes been unable to fulfil their statutory role, for example:

"I'm struggling with [supporting] people who Local Authorities have a duty towards – maybe they're children and they have to provide them support. As soon as they hear

¹¹ Section 4 support is currently a limited support package for destitute, refused asylum seekers that provides accommodation on a no-choice basis, and a weekly support allowance of £35.39 pre-loaded onto an 'Azure' payment card, which can only be used in certain shops for food and basic items such as toiletries. To be eligible for Section 4 support, applicants must also show that they are (1) taking reasonable steps to leave the UK; (2) are unable to leave the UK because of a physical impediment to travel; (3) are permitted to proceed to the High Court for Judicial Review challenging refusal of their asylum application; (4) are unable to travel because there is no safe route of return; or (5) that provision of Section 4 support is necessary to avoid breaching their human rights, eg. if they have submitted further representations which have not yet been considered.

UKVI (2016) 'Asylum support, section 4 policy and process for further information.' Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513619/Asylum_Support_Section_4_Policy_and_Process.pdf.)

¹² Home Office (2016) 'Reforming Support for Failed Asylum Seekers and Other Illegal Migrants' Response to Consultation. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473231/Response_to_Consultation.pdf.

¹³ Children (Scotland) Act 1995: <http://www.legislation.gov.uk/ukpga/1995/36/contents>

asylum seekers they [say] ‘No we can’t do it! We can’t do it!’ although they have a duty towards the [family’s] children.”

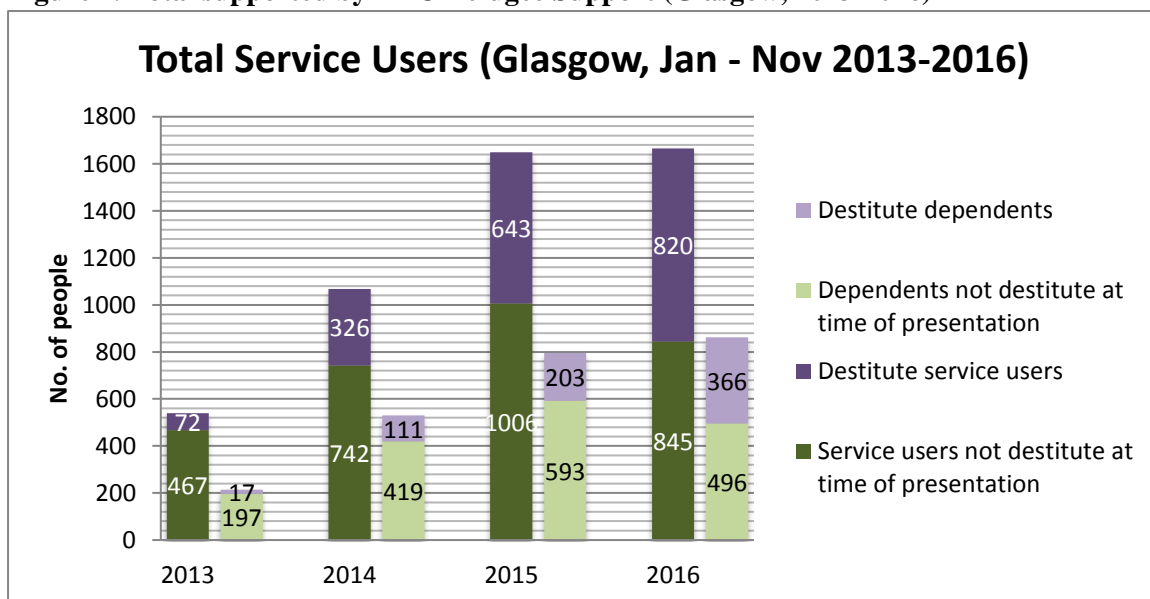
This issue was also mentioned regarding duty of care to single people with additional, evidenced vulnerabilities in a LA area. Furthermore, multiple participants reported that some social workers stated they would remove a child from asylum-seeking families if they wanted to receive statutory support, rather than supporting the family as a unit, which would be in the best interest of the child. While no evidence was found that this action occurred, this worrying discursive development demonstrates the constraints LAs and their staff face, undermines effective cross-agency working, and fragments relations between voluntary and statutory organisations supporting AS/R. It also compounds fear of authority for AS/R and deters people from seeking support they are entitled to

4.2.2 Asylum support model

Participants identified that changes to asylum support advice in 2014 has impacted negatively on the rest of the sector. Previously, multiple Asylum Support Networks existed across the UK, offering a one-stop-shop, face-to-face service. In 2014, Migrant Help (MH) was awarded the HO contract and set up a telephone helpline to assist asylum seekers throughout the UK to access Section 98, Section 95 and Section 4 support. As previously noted (4.1.2), navigating the asylum support system is already complex and often inaccessible, due to the high threshold for evidencing destitution, language issues and unclear information provision. Participants believe that the telephone model for getting people onto asylum support is ‘not fit for purpose,’ as it cannot address these obstacles.

This has resulted in increasing numbers of people accessing other services to apply for asylum support, as well as higher levels of destitution. The quantitative research found that, after the shift to primarily telephone-based support, the number of people accessing BRC Refugee Support services in Glasgow nearly doubled and levels of reported destitution more than quadrupled:

Figure 1. Total supported by BRC Refugee Support (Glasgow, 2013-2016)



Source: BRM database

Table 2. Total supported by BRC Refugee Support (Glasgow, 2013-2016)

	TOTAL USERS	DESTITUTE	NOT DESTITUTE	TOTAL DEPENDENTS	DESTITUTE	NOT DESTITUTE
2013	539	72	467	214	17	197
2014	1068	326	742	530	111	419
2015	1649	643	1006	796	203	593
2016	1665	820	845	862	366	496

Source: BRM database

In particular, completing detailed destitution statements (part of asylum support applications) over the phone was identified as a major concern, largely due to the difficulties of articulating the level of detail needed for destitution evidence to be accepted by the HO:

'I found clients also get very confused by the questions [MH staff] ask. So...they're asking questions on the phone, and...if the client doesn't understand the question, they don't think of a way to rephrase it. They just keep going with the same question, and the client just becomes more and more confused and agitated.'

Further, participants recognised that MH staff are likely to be under intense pressure to limit time on each phone call, as is the case with most telephone support models. This, coupled with their contractual obligation to withhold data for policy advocacy, results in a contract and model of support that often hinders rather than assists asylum seekers:

'I think the MH helpline is not a good enough model for helping people get onto asylum support. The model isn't fit for purpose. It doesn't meet the clients' needs.'

MH's non-participation in policy advocacy further compounds the need for other organisations in the asylum support sector to collect accurate and robust data on the difficulties of accessing asylum support and the levels of destitution this produces.

4.3 Building capacity for policy advocacy

The previous sections outline key issues that the research has identified as advocacy needs going forward. To undertake such advocacy, capacity for sector-wide advocacy must be developed. Participants across the qualitative research and workshop discussed a range of challenges to this effort, that most notably include clearly defining destitution, communicating its realities to outside audiences, and thinking creatively about pragmatic and ethical information sharing across the sector.

4.3.1 Defining destitution

The research finds that the ability to communicate what destitution actually means, to those beyond the sector, is vital if policy advocacy is to be effective. According to Section 95(3) of the Immigration Act 1999:

"...a person is destitute if:

- a. He does not have adequate accommodation or any means of obtaining it (whether or not his other essential living needs are met); or

b. He has adequate accommodation or the means of obtaining it, but cannot meet his other essential living needs”

However, participants who work with AS/R on a daily basis believe this definition is too limiting. It does not delineate what ‘essential living needs’ are, and the ‘sanitised language’ used does not communicate the grim reality of destitution in the asylum system. Discussion at the workshop agreed that the term ‘destitution’ has become less shocking in everyday discussion, and that it can mask the realities of absolute poverty. BRC are starting to explore different terminology, eg. homeless and/or hungry, but any agreed rewording will require discussion and debate.

Furthermore, destitution experienced by asylum seekers is different from the poverty faced by many other people within Scotland. As well as a lack of subsistence, asylum seekers lack the rights and entitlements that allow access to mainstream support services. In addition, asylum seekers will generally lack the type of familial support available to many others, thus making any route out of destitution extremely difficult. Such double exclusion is compounded by disbelief amongst the general public regarding the meagre support that exists for asylum seekers (significantly lower than mainstream income support levels); the fact that the HO do not release statistics on destitution further confuses the situation.

The HO definition of destitution is based only on lack of material needs. The research shows, however, that the experience of destitution encompasses much more than this. Participants believe that destitution is built into the very fabric of the asylum system. The HO recently articulated an aim of creating a ‘hostile environment’¹⁴ for migrants it views as having no rights to be in the UK; policy-induced destitution follows the argument that making people destitute will encourage them to return to their countries of origin unless they are ‘genuine’ asylum seekers. However, this counters what staff in the asylum support sector witness on a daily basis; when entire days are spent ensuring short-term survival (thinking about where they will sleep, what they will eat, etc.), cognitive capacities to make more long-term decisions are significantly impaired.¹⁵

Furthermore, policy-induced destitution forces refused asylum seekers to become even more invisible than they already are because of the risks attached to applying for asylum support and continuing to live in the UK without protection rights realised. Often, refused asylum seekers sofa-surf between friends, sleep in night shelters, with community members, or even strangers, and the nature of previously amiable relationships can become strained, exploitative or hostile. Without having their rights recognised, asylum seekers in these situations face greater vulnerability.

The limited HO definition of destitution does not convey the experience or effects of destitution. Further, it does not convey that AS/R often become destitute because of HO policy and practice, and because their application for international protection has been

¹⁴ *The Guardian* (2013). *Immigration bill: Theresa May defends plans to create ‘hostile environment*. Available at <https://www.theguardian.com/politics/2013/oct/10/immigration-bill-theresa-may-hostile-environment>

¹⁵ Mani et al. (2013) ‘Poverty Impedes Cognitive Function’. *Science* 341(6149), pp. 976-980.

denied or refused. To counteract this, participants believe the AS/R support sector should use language that communicates the realities of destitution in the asylum system to facilitate more effective policy advocacy. However, this is very much a work-in-progress as no such language has yet been agreed upon.

4.3.2 Cross-sector information sharing

Due to the issues outlined above, it is particularly hard to gather evidence on the extent or effects of destitution. However, the research found many participants, across organisations, are interested in sharing information to improve policy advocacy. Given the level of expertise and experience in Glasgow, and that organisations are well accessed, well developed and open to working in partnership, information sharing presents an opportunity to build cross-sector capacity for policy advocacy.

To facilitate pragmatic information sharing, data input within organisations needs to be made less labour intensive. In time-sensitive, high-pressure work environments, data input often comes second to clients' more immediate and pressing issues:

'...after a day of fighting, of calling so many different organisations, getting family social work support or something...in terms of the time pressure and reporting I think sometimes I'm getting worse at [data input]. At some point something's going to give. And that will be the first to give because it has less real world impact...it's not the same as someone standing in front of you.'

That is, it is difficult for staff on the frontlines of the asylum support system to prioritise data collection. Moreover, grassroots organisations often provide direct and immediate asylum support work, and have a wealth of knowledge and information on these issues, but may have less funding and capacity to engage in systemic consistent data collection or policy advocacy. Moving forward will require thinking about how a culture of recording accurate and robust information becomes embedded within this sector. One recommendation in the workshop was to create the scope for an 'Information Coordinator,' a cross-agency role to collate information with an aim to map the extent, causes and effects of destitution amongst AS/R in Glasgow.

However, the ethical dilemma of sharing information was also identified as a main concern. Confidentiality between staff and service users, both within organisations and across the sector, is of critical importance. Any efforts to improve advocacy potential by sharing information needs to prioritise client confidentiality above all else; debate at the workshop surrounded the importance of not identifying an individual in any way.

Notwithstanding these pragmatic and ethical challenges, the research also identified what *kinds of information* staff in the asylum support sector would find useful to share. There was interest in:

- Mapping the differences between organisations, to more easily identify referral pathways and criteria. This would benefit organisations who do not work exclusively with AS/R and AS/R themselves;
- Developing a clearer idea of what advocacy organisations work on, to enable cross-sector collaboration and to prevent overlap of efforts;

- Sharing information regarding which strategies are successful in an increasingly hard-line policy environment; and
- Sharing 'good practice' more broadly.

Well-developed networks such as the forum run by the Asylum Support Appeals Project (ASAP) could be useful in some of the above; though again, it is critical not to overlap activities already undertaken by ASAP, or overburden any one forum.

The research also finds a clear desire for data that demonstrates that the policies directly responsible for destitution do not lead to the outcomes desired by the HO (4.3.1).

Participants discussed this strategy as 'speaking the language of the HO back to them; especially by collecting data that shows the governmental expense of these 'hostile' policies. Some media sources have begun to take this approach; one recent publication exposed how the government has lost more than 260 age dispute cases since 2010, resulting in legal costs for the state of almost £4.5 million.¹⁶

Similarly, the research identified particular interest among participants for data on the knock-on effects of destitution in further deteriorating mental and physical health, with a concomitant impact on other public sector bodies. The correlation between deterioration of health and prolonged periods of destitution is not well-mapped, due in part to the difficulties of assessing mental or physical health needs without proper qualifications. It was suggested that demonstrating the cost to the NHS, and other government-funded organisations, of ignoring these health issues, and in many cases, causing them, could be a more effective advocacy strategy than arguments based on compassion or empathy.

¹⁶ From *Buzzfeed News* (2017) *Wrongly Classifying Child Asylum-Seekers as Adults has Cost UK Millions of Pounds*. Available from: https://www.buzzfeed.com/peteryeung/wrongly-classifying-child-asylum-seekers-as-adults-has-cost?utm_term=.pwKQp7E11#.lo18gV1k4.

5. Conclusion

The ability to engage in effective policy advocacy, backed by robust and comprehensive evidence, is of critical importance to the asylum support sector. Destitution among AS/R has consistently increased for the past five years due to increasingly restrictive government policies for asylum support, constraints on capacity across the public sector and AS/R support sector fragmentation.

HO administration of asylum support policy has resulted in errors and delays for those with entitlement to support, and raised the threshold of evidence required to prove destitution. New policies set out in the Immigration Act 2016 are predicted to further increase levels of destitution amongst AS/R. Additionally, there have been worrying instances of Local Authorities being unable to uphold their safeguarding duties for asylum seeker families with children. At the same time, there are concerns about the appropriateness of the telephone helpline for asylum support.

These challenges require cross-sector collaboration to build capacity for policy advocacy. Clearly communicating the realities of destitution within the asylum system is vital to engage with outside audiences. Though robust data collection on the causes, effects and extent of destitution is challenging, the research found cross-agency desire in sharing information for policy advocacy and service provision, while highlighting pragmatic and ethical concerns regarding confidentiality. AS/R support organisations in Glasgow have developed significant experience during the last 15 years. Given this level of expertise, and participants' desire to work collaboratively, the AS/R support sector in Glasgow is well positioned to be a leading voice in systemic policy change in local, Scottish and national contexts.

Appendix A.

Participant Information Sheet

Participant Information Sheet

Supporting asylum seekers: building capacity for service delivery and policy advocacy

My name is Marina Burka. I work at the University of Glasgow, and I am doing research at the British Red Cross in Glasgow. The project has been developed by both the university and the BRC, to find out how the BRC can best support people claiming asylum in the city - in terms of service provision, as well as through advocacy work.

We are interested in hearing your opinion about the current database and data collection:

- What information currently collected is most useful?
- What information is collected but rarely or never useful?
- What questions are not being asked that you think should be?
- How can the database evidence be better used to improve BRC support services at point of delivery?
- How should this evidence be used by BRC in its policy advocacy work, across local, Scottish and UK contexts?

This research project wants to hear from BRC staff and volunteers. We welcome all opinions.

1. What will taking part in the research involve?

Taking part will involve **Informal interviews**: You will be invited to have a one-to-one conversation with me, to talk in detail about the issues you think are important. This will be in a quiet room/space at BRC offices.

To be able to analyse all the information, I will record the things you say in various ways. Where possible – and only with your agreement - I will tape record conversations so that I can remember what has been said more accurately. Otherwise, I will make written notes during conversations. All recordings and notes made during the interview will be kept in a password protected computer/locked room.

2. Do I have to take part?

Please ask any questions you might have about this research before deciding whether or not to take part. You are free to choose whether you would like to participate. If you do agree, and then later change your mind, you may withdraw yourself and your data from the study without questions at any time. If you are happy to take part in the study, you will be asked to sign a consent form.

3. What happens to the research data provided?

The raw research data – recordings of interviews - will be typed up into Word Documents on computer. This information can then be analysed to produce a report, which will be circulated to BRC and other relevant organisations in Glasgow, and across Scotland where appropriate.

You will also be offered a copy of this report in paper copy, and it will be freely available via the University of Glasgow website.

I will make sure that all the information is kept anonymised. This means that I will not use your real name, or other details about you that could identify you.

4. Who has reviewed this project?

This project has been reviewed by, and received ethics clearance through, the University of Glasgow Research Ethics Committee. This project has also been agreed by Phil Arnold, BRC Head of Refugee Support, Scotland.

5. Contact details

Appendix B.

Consent Form



Consent form

Supporting asylum seekers: building capacity for service delivery and policy advocacy

- I have read and understood the information sheet.
- I would like to take part in the research project described on the information sheet.
- All information I disclose may be used in the research unless otherwise stated.
- I understand that I can withdraw from the research, without penalty, at any time
- I give permission for a tape recorder to be used, knowing that all recordings will be kept safe and secure.

Signed.....

Print Name.....

Date.....

Contact email/telephone.....

Appendix C.

Interview guide

Interview Guide: Building capacity for service delivery and policy advocacy**EVERYDAY PRACTICE:**

1. How long have you worked at the Red Cross?
2. What training did you receive on how to use BRM and how to record client data?
3. Do you feel comfortable using and navigating BRM? Why or why not?
4. What is your approach to using BRM? (*enter case notes all at once, when time allotted, lots of actions/fewer actions*)
5. Do you use any other data entry programmes to help you manage your caseload? (*i.e. Excel*)
 - a. If yes, for what?
 - b. Why not record this in BRM?
6. What do you find easy to use in BRM?
7. What information that you currently record do you think is useful 1) for casework; 2) for policy advocacy?
8. What do you find more difficult/not intuitive to use in BRM?
9. What information is recorded but rarely or never useful 1) for casework; 2) for policy advocacy)?

RECORDING DESTITUTION:

1. To what extent do you feel that destitution is recorded accurately in BRM? Why is that?
2. What indicates to you that a client is destitute?
3. How do you record the fact that a client is destitute in BRM? (**Staff/volunteers should know that the actions have to be recorded under **Destitution action category** – If not, delve into this more*)
 - a. What other action categories do you record actions under for destitute clients? Can you explain your decision-making process for these situations? (*i.e. Health, Welfare Benefits, Accommodation, Asylum Support & Legal, Emergency Provisions*)
 - b. Would you change anything with the way that destitution is recorded in BRM, where actions are only considered '**destitution actions**' if filed under the **Destitution action category**?
4. When you record an action under the Destitution action category, two tick boxes appear that must be filled out in order to save the action – the **Destitution category** and **Destitution reason** boxes.
 - a. How do you decide which category and reason applies to the situation?
 - b. (*Have print-out of **destitution categories/reasons** for participant to circle and cross*):
 - i. What categories/reasons do you find useful?
 - ii. Which categories/reasons do you think are not useful?
 - c. Would you add any broad categories or specific reasons for destitution based on the kinds of situations your clients are in?
 - d. Do you think we should be monitoring anything in the **local advocacy** field with regards to destitution? (*Housing, mental health, etc.*)
5. **Asylum support applications:** Do you assist clients with asylum/refugee support applications? If so, which kinds of support? (*i.e. Section 4, 95, 98, maternity payments, mainstream benefits, crisis grants, etc.*)
 - a. What action category and action type do you usually record these under?
 - b. Are there situations when you record them differently?
 - c. How often are the clients destitute?
 - d. How long, on average, does it take to:
 - i. Do an appointment with a client for an application?
 - ii. Gather the evidence outside of the appointment that you need to submit an application?

- iii. Receive a decision on the application?
 - 1. Is there a way you are currently recording this either within or outwith BRM?
 - 2. Would this data be useful to you if there were a standard way for you to record it?
- 6. **Emergency provisions:**
 - a. When do you give emergency provisions to clients? (**Staff/volunteers should indicate that BRC can only give EP when client is destitute; explore further if needed*)
 - b. How do you decide whether to record these actions under the **Emergency Provisions** or **Destitution action category**?
 - c. To what extent do you feel that the Red Cross is able to meet the needs of destitute clients in providing emergency provisions?
- 7. **Referrals:** It seems as though there are a number of different ways to record referrals in BRM. Do you have an approach that you use?
 - a. If you refer clients (for ex. In screening) to other BRC services, how is that recorded in BRM?
 - b. If the client is destitute and you refer them to another BRC service or to an external organisation, how is that recorded in BRM?
 - c. Do you think we should change anything with the way referrals are recorded?
 - d. Do you think we should be monitoring anything specific with regards to referrals?
- 8. Would you recommend any other changes to the ways destitution is recorded in BRM?
- 9. Any other recommendations to BRM in general?

BRC FOCUS FOR POLICY ADVOCACY

- 1. What do you see as the key issues with destitution in your work? (*causes, compounding effects, extent, etc.*)
- 2. Where do you think the Red Cross should be focusing its advocacy efforts going forward?

Appendix D.

Workshop hand-out

Supporting asylum seekers: Building capacity for service provision and policy advocacy

*Capacity Building Workshop
Tuesday 10 January 2017
Glasgow Room, Mitchell Library*

The complex and ever-changing nature of asylum and immigration policy has necessitated that organisations which support asylum seekers and refugees respond in robust, comprehensive and adaptable ways. Within the sector, the causes, impacts and extent of destitution among asylum-seeking and refugee populations are largely well-known. However, recording this data to be used as evidence for systemic policy change has presented challenges in our time-limited and high-volume work environments. Gaps clearly exist between service provision, data capture and policy engagement.

In this workshop, we aim to explore how our multi-agency sector might work collaboratively to better capture evidence on destitution for more targeted and effective policy advocacy. Recognising the structural limitations we work within, it is a chance to come together to harness our collective knowledge and experience, share good practice and widen discussions on the methods and focus of our advocacy.

AGENDA
ARRIVAL (9:30-10:00 – tea and coffee available)
INTRODUCTION (10:00-10:30)
SESSION 1 (10:30 – 11:15) <ul style="list-style-type: none"> • From your perspective, what is destitution?
COMFORT BREAK (11:15 – 11:30)
SESSION 2 (11:30 – 12:15) <ul style="list-style-type: none"> • What are the key issues you encounter working with destitution in your work? • What do you think your organisation is doing well in terms of addressing destitution among asylum seekers and refugees?
SESSION 3 (12:15 – 13:00) <ul style="list-style-type: none"> • What kinds of information would be useful to share within our multi-agency sector? • How do we pragmatically and ethically share information with the aim of more targeted and effective policy advocacy?
LUNCH (13:00-14:00)