



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

July 2013

The Poverty Barrier:

The Right to Rehabilitation
for Survivors of Torture
in the UK



Freedom from Torture's clinical practice with torture survivors

Freedom from Torture is the only organisation in the UK dedicated solely to the treatment of survivors of torture. We take a holistic approach to rehabilitation, catering to the unique needs of each survivor. This approach includes medical consultation, forensic documentation of torture, psychological therapies and support, as well as practical help with legal and social needs. Working in multi-disciplinary teams our clinicians focus on helping the most vulnerable individuals who have suffered psychological trauma from torture to rebuild their lives.

Psychological therapies provided at Freedom from Torture support torture survivors to manage and process the psychological trauma and losses that they have experienced, including common symptoms such as recurrent nightmares, insomnia, flashbacks, panic attacks, anxiety, depression and disassociation. Psychological therapies are used to enable torture survivors to remember their past without reliving their traumatic experiences. Over a gradual process, therapy helps them to integrate memories in the context of other beliefs and perceptions and through this process, hope for the future and a belief in the self emerges. Through regular ongoing therapy sessions survivors gradually became more comfortable in managing the trauma and begin to work towards rehabilitation.

“ I am like an honest prisoner; I cannot go anywhere, whatever I do is considered like a crime, so I just have to sit. I don't know who planned this, for people to live like this - UK is famous in the world for human rights. Maybe it's intentional; they don't want us to die but to live with bread and water.”

“ When I think about it, what I know about England and what I see is different. I don't know if there is another England. I am looking for it.”

“ There is one animal that I envy so much in this country and it's the pet dog. When I see people with pet dogs and see how they are taken care of in homes, fed and everything, I compare myself with them and cannot measure up. I lose hope in living. I envy the dog.”

**The Poverty Barrier:
The Right to Rehabilitation for
Survivors of Torture in the UK**

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Forewords

Juan E. Méndez, United Nations Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

The complex interrelationship between torture and poverty has been the subject of growing interest in recent years in line with the global recognition that all human rights, including civil and political and socio-economic rights, are 'universal, indivisible and interdependent and interrelated'¹ and there has long been acknowledgement of its significance for the mandate of the UN Special Rapporteur on Torture.²

As described in the London Declaration on Poverty and Torture, adopted by the International Rehabilitation Council for Torture Victims (IRCT) at a meeting held at Freedom from Torture in November 2011, 'poverty is one of the major underlying factors that keeps people perpetually vulnerable to torture' while 'torture tends to increase or deepen poverty by stripping victims of the ability to continue their livelihoods'.³ In other words, poverty is understood to be both a structural cause and a consequence of torture.

In this important study *Freedom from Torture* sheds new light on another facet of the connection between torture and poverty as this operates in developed countries hosting torture survivors as asylum seekers or refugees. Many European States are now dealing with torture victims during transit or upon arrival. These are complex victims to assist due to aggravated factors such as language and cultural barriers and in addition to torture they may also have been subject to prolonged administrative detention and are in desperate need of rehabilitation and other social services. The research demonstrates that torture survivors living in exile in the UK are pushed into poverty by government systems that are meant to support them as they pass through the asylum determination system and beyond. I know through the work of my mandate internationally that many torture survivors who manage to reach and claim protection in States such as the UK may not have directly experienced these levels of absolute or relative poverty before.

The detailed clinical evidence presented in this report of the detrimental, even devastating, impact of poverty on the capacity of survivors to rehabilitate following torture is an especially valuable contribution to this field. It is also timely against the backdrop of new guidance from the UN Committee Against Torture on the right to rehabilitation for torture survivors as an aspect of the right to redress set out in Article 14 of the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.⁴

The Committee has made clear that Article 14 entails a duty on States to ensure effective rehabilitation services are accessible to all survivors including those who are asylum seekers or refugees. Rehabilitation is an important component of reparation, and the UN Basic Principles on remedies for victims provide that 'rehabilitation should include medical and psychological care as well as legal and social services'.⁵ Impoverished living conditions that deprive survivors of the safe recovery environment necessary for rehabilitative therapy to be accessible or effective raise serious questions about compliance by States parties to the UN Convention Against Torture with their legal obligation to provide survivors with 'the means for as full rehabilitation as possible'. States are obliged to assess and document the services provided to victims in the short-term and to plan for long term integration.

The concept of 'as full rehabilitation as possible' is further reinforced by UN Human Rights Council resolution 22/21 that calls upon States to not only provide redress for victims of torture but to ensure that victims are fully involved in the process to help them rebuild their lives and reintegrate into society.

While international law and practice requires certain minimum standards and principles in relation to redress and reparations, I am concerned that some States only award formal rights which are often modest and peripheral to the justice system. I am equally dissatisfied by the lack of progress in institutionalising basic principles and guidelines which seek to provide minimum standards for victims. I hope this report will be an impetus for new strategies to eradicate poverty as a barrier to rehabilitation for survivors of torture wherever in the world they may be.



Juan E. Méndez

Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment

Kolbassia Haoussou, Coordinator of the Survivors Speak OUT network

I feel honoured to write this foreword – not just because of my involvement in Freedom from Torture’s poverty project advisory group which guided this important report, but also as a founding member and Coordinator of the Survivors Speak OUT network. Poverty is a subject that is very close to the heart of myself and other network members.

Survivors Speak OUT is the only torture survivor-led activist network in the UK and we are driven by our passion for human rights and desire to create positive change for other survivors. By exploring how poverty has affected our process of rehabilitation, we have sought to build a better platform for impact that goes beyond just describing what poverty has done to us but also highlights the changes that need to happen so that others do not go through what we have been through in our lived experiences here in the UK.

The opportunity for network members to play a leading role in this research has been an empowering experience for us. We believe that we have the expertise to contribute as advisory experts by drawing on our direct experiences of poverty. After all, who is better placed than us to speak on our behalf?

In this supportive environment, network members have not just discussed shared frustrations about the impact of poverty but have also testified to the difficulties experienced by survivors of torture living in the UK.

We all share the horrible experience of torture which was compounded for many of us by problems when we reached the UK including poor accommodation, low levels of welfare support, cashless forms of support, and destitution. Many of these problems continue for survivors throughout the asylum process and beyond. They hindered the rehabilitation process and meant that we were not able to restore our lost hope to start a new and better life. The opportunity, therefore, to participate in this project was unique but for us it is the best way to influence a wider range of decision makers at once.

We hope that the recommendations in this report are implemented in both policy and practice so that the asylum system and the process of integration do not block the rehabilitation of survivors of torture so that we can strive for a better life.



Kolbassia Haoussou

Coordinator of the Survivors Speak OUT network

Acknowledgements

This project was ambitious in its aim and scope and has been a collective effort from beginning to end. We relied on the support and hard work of colleagues from across Freedom from Torture's centres - in Birmingham, Glasgow, London, Manchester, and Newcastle - including many clinicians who supported the involvement of their clients, participated in interviews and served on the project advisory group.

Most of all we relied on the participation of our treatment clients and we would like to acknowledge this and thank them. Eighty-five clients devoted time to our detailed questionnaire, in some cases returning several times to complete it. They considered our questions carefully, detailed the day-to-day reality of their experiences here in the UK and explained the impact of poverty on their efforts to rehabilitate from torture. Many other clients took part in focus groups and in-depth interviews, while others participated in a photography project on the theme of poverty, the fruits of which have been used to illustrate this report. Their collective contribution has been invaluable.

After thanking our clients we would also like to thank:

- Members of the project advisory group including Kolbassia Haoussou, Jackson and Serge-Eric from the Survivors Speak OUT network, and Jocelyn Avigad, Alan Brice, Robin Ewart-Biggs, Andy Keefe, Asefa Qayyum, Shameem Sadiq-Tang and Sonya Sceats.
- Clinical managers and other staff from Freedom from Torture's treatment centres, who contributed to the project design, facilitated and supported the participation of our clients and otherwise assisted the lead researcher in every way possible.
- The Survivors Speak OUT network, which has wholeheartedly supported the project and whose members provided expertise and helped to ensure we kept this project grounded in the lives of survivors of torture.
- Freedom from Torture's interpreters whose dedication and professionalism ensured that our clients had the opportunity to be full participants in the research.
- Welfare advisors Asefa Qayyum and Jan O'Malley who shared their expertise and experience over many years of working with clients in our London centre.
- Our research interns, Martha Spencer, Shona Cleland and Kate Ferguson, who provided invaluable and tireless assistance to the lead researcher in reviewing the relevant literature, co-ordinating the advisory group, designing and delivering the client questionnaire and coding the qualitative data.
- Staff working across our policy, advocacy, legal advice, campaigns and communications functions whose involvement has been integral over the course of the research and who are, together with the Survivors Speak OUT network, committed to ensuring that the findings generate the positive changes that our clients and clinicians want to see.
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Finally, we would like to thank those externally who have contributed to this project in a variety of ways, including Mike Kaye at the Still Human Still Here coalition, Sile Reynolds from Refugee Action, Sasha Rozansky from Deighton Pierce Glynn Solicitors, Sara Scott, Kate Smart, and also Maurice Wren from the Refugee Council.

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Summary

This Freedom from Torture research provides the most comprehensive study to date of the experience of poverty among torture survivors in the UK. The evidence from this research reveals:

- shocking levels of poverty among torture survivors - during and after their passage through the UK's asylum system
- how the day-to-day struggles of living without the means to meet basic living needs reinforce the powerlessness, fear and isolation which is the torture survivor's inheritance from their past
- how poverty and powerlessness impede the realisation of torture survivors' right to rehabilitation guaranteed under international law.

The right to rehabilitation for survivors of torture in international law

Article 14 of the United Nations Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment:

1. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependants shall be entitled to compensation.

2. Nothing in this article shall affect any right of the victim or other persons to compensation which may exist under national law.

A total of 117 Freedom from Torture treatment clients took part in the research - 85 completed a detailed client questionnaire, 22 participated in focus groups and ten in semi-structured interviews. Interviews were also conducted with 18 clinicians from across our centres in Birmingham, Glasgow, London, Manchester and Newcastle.

Our questionnaire respondents reflect the range of situations in which torture survivors may find themselves when attempting to start a new life in the UK. They included those awaiting the outcome of an initial or fresh asylum claim; those granted legal protection in the UK and seeking to integrate into mainstream society; and those whose asylum claim had been refused and who had exhausted their appeal rights but are unable to leave the UK (either because there is no viable route of return to their country of origin or because they are unable to return to the country due to a risk of further detention and torture).

Fifty-four of the 85 clients who completed the questionnaire were in receipt of some form of support from the UK government at the time of the research. This support was provided by the UK Border Agency (which was abolished in March 2013 and its functions taken over by the Home Office), the Department for Work and Pensions or by a local authority social services department, depending on the person's legal status and whether they were in the asylum system or had access to mainstream benefits. Twenty-six were not receiving any support from the government at the time of the research, and the support situation of the remaining five is not known.

Key findings

Of these 85 respondents, 67 described themselves as living in poverty. Only two said that they would not describe themselves as poor. Respondents described the poverty they had experienced in the UK in both 'absolute' and 'relative' terms. 'Absolute' in that they were unable to meet basic living needs for food, clothing and shelter, and 'relative' in terms of being unable to live according to perceived 'normal' and 'reasonable' standards of life in the UK.

Respondents described the psychological impact of poverty. They described the need to live 'day to day', being unable to plan for the future or make decisions, living without hope, being dependent on others and feeling constantly anxious and vulnerable. Furthermore, they described how it feels to be poor in the UK, including feeling shamed, disregarded, looked down on, excluded from society and unequal.

Financial support for torture survivors in the asylum system

Findings in relation to the ability of torture survivors to pay for essential living needs included:

- **Food:** More than half of the questionnaire respondents said they were *never* or *not often* able to buy enough food of sufficient quality and variety to meet their needs for a nutritionally balanced diet. Thirty-four were either *never* or *not often* able to buy enough food of any quality to prevent them from being hungry.
- **Clothing:** Fifty-three of the 85 questionnaire respondents were *never* or *not often* able to buy clothing which is adequate to keep them warm, clean and dry. Respondents generally reported being unable to buy warm clothes for the winter including a coat and shoes and many having only one set of clothes.
- **Health and hygiene items:** More than half of the questionnaire respondents were *never* or *not often* able to buy items such as over the counter medicines, household cleaning products, toiletries, sanitary towels and nappies.
- **Travel costs:** The inability to pay for travel (even when the costs will be reimbursed) is a barrier to torture survivors attending therapy and other health-related appointments, to maintaining social contact, and to their participation in other activities which might support their rehabilitation. Half of the questionnaire respondents supported by the UK Border Agency said that they do not have enough money to pay for essential travel expenses connected with their asylum claim, such as attending appointments with their legal representative and reporting appointments with the UK Border Agency.
- **Communication costs:** Seventeen of the 28 people supported by the UK Border Agency did not have enough money to make phone calls to Freedom from Torture and other health service providers, and 14 said that they cannot afford the cost of posting or faxing documents relating to their asylum claim to their legal representative or to the UK Border Agency.
- **Social exclusion:** Nearly a quarter of respondents were *never* able to meet socially with family or friends, and a further quarter were *not often* able to do so. Over 80% of respondents also said that they were *never* or *not often* able to celebrate special occasions with others and just under half reported being unable to take part in faith-based activities regularly. The consequences of this aspect of poverty, compounding and interacting with the impact of torture, including symptoms of depression and Post-Traumatic Stress Disorder, may be particularly damaging for torture survivors.
- **Cashless support:** Those in receipt of Section 4 support receive a daily allowance of little more than £5 a day which is provided via the 'Azure' pre-payment card. Five of the nine respondents in receipt of this support said either that they are *never* or *not often* able to buy enough food of sufficient quality to maintain their health and meet their needs for a nutritional, balanced diet. Four said that they are hungry *all the time* or *most of the time* due to being unable to afford to buy sufficient food of any type. Seven said that they are *not often* or *never* able to afford to buy appropriate clothing which is adequate to keep them warm, clean and dry and four said they are unable to regularly buy essential items such as over the counter medicines, household cleaning products, toiletries and sanitary items. Respondents also reported that they are unable to pay for travel costs and are rarely able to afford to pay for the cost of a mobile phone or have access to other means of communication such as the internet, fax or mail.

Other problems reported include restrictions on where the Azure card can be used and what can be purchased; the inability to carry over more than £5 from one week to the next; payment failures or delays; problems at point of sale; delays in replacing lost or stolen cards, and the stigma attached to use of the card.

Access to local authority support

It is very difficult for survivors of torture to access support provided by local authorities under general social care or child-specific legislation. Only four respondents were receiving this at the time of the research, two of whom were supported under the Children Act 1989. Another four had been refused this support including because their torture disclosures were not believed. Particular problems were reported with the provision of support for young people 'leaving care' and with age disputes which affect entitlements.

Accommodation provision for torture survivors in the asylum system

Problems with accommodation for those in the asylum system included:

- Instability caused by frequent moves and lack of proximity to essential services and support networks.
- Three of the 24 questionnaire respondents accommodated by the UK Border Agency had experienced racist attacks in their local area, while eight said that they had been subject to racist abuse.
- Sharing accommodation, sometimes with large numbers of people, which often meant a lack of privacy and exposure to violence and abusive behaviour. A third of the 15 questionnaire respondents who were single asylum applicants were required by the UK Border Agency to share a bedroom with someone they did not know. Clients and clinicians expressed serious concerns about the appropriateness of this given the trauma symptoms suffered by torture survivors including insomnia, disrupted sleep, nightmares and flashbacks.
- Poor housing conditions including lack of locks on bedroom doors; pest infestation - such as mice, cockroaches and bedbugs; lack of heating or hot water due to system breakdown; windows and external doors that could not be locked; broken windows; absence of smoke or fire alarms; and poor hygiene in common areas. Respondents said that problems were persistent, occurred repeatedly and often remained unresolved for lengthy periods.

Destitution - survivors of torture living with no support

Nearly a third of the 85 questionnaire respondents (26 people) reported having no support from the UK government - in terms of money or accommodation - at the time of the research. Sixteen of these were at some stage within the asylum system (four had been refused and their appeal rights were exhausted). Eight had been granted protection but were not receiving mainstream benefits despite being unemployed. Reasons why survivors of torture were not receiving formal support included the lack of access to sufficient advice about entitlements and practical support in accessing these, and poor decision-making including failure to take proper account of vulnerability related to mental health problems.

Seven people had been refused asylum support (Section 95 or Section 4) because they were deemed not to be destitute on the basis that they had been temporarily housed by others. Nine had been unable to apply for Section 4 support because they could not meet the requirements - including four who had been unable to find a legal representative to prepare representations for a fresh asylum claim. Three respondents said that they could not apply for Section 4 support as it would have meant separation from their family including children.

Five of those with permission to remain in the UK said that their claim for Employment and Support Allowance (ESA) had been refused or that payments had been stopped. Two others said that they had no support at the time of the research due to delays in receiving benefits.

Most of the 26 respondents without formal support said they were not able to meet their essential living needs. This included all 16 who were in the asylum system and had no legal means of supporting themselves through work. Nineteen said that they were *never* or *not often* able to eat adequate food of sufficient quality and variety for a healthy diet or to obtain sufficient clothing to meet their needs, especially in cold weather. A majority reported being *never* or *not often* able to buy essential items including non-prescription medicines, essential toiletries, sanitary items and cleaning items, or to access essential transport and communication services.

Seven people had been forced to sleep rough when they were unable to find shelter. Two reported that they were forced to enter a relationship. Two women disclosed that they had been raped while living with no support.

Clinicians reported that destitution had an extremely negative impact on the mental health of torture survivors and increased their risk of suicide.

Ongoing poverty for survivors of torture with permission to live in the UK

Many survivors of torture are particularly vulnerable at the time of transition from the asylum system. Clinicians reported that following the grant of protection - when immediate safety has been secured - the full impact of torture and the loss of the torture survivor's former life often begins to be fully felt. The psychological impact of trauma and loss is often compounded by ongoing crises related to income and housing.

Reasons reported for gaps in support for torture survivors at the time of this 'transition' included:

- delays in issuing vital documents - ten respondents reported waiting a month or more (up to 1-2 years) for the UK Border Agency to issue documents required in order to claim mainstream welfare entitlements;
- delays in processing claims for mainstream welfare benefits due to factors including lack of fixed address and/or a bank account;
- difficulties accessing advice about how to access mainstream welfare benefits; and
- problems with the Work Capability Assessment.

Torture survivors with permission to work, and who are well enough to do so, experience difficulties finding employment due to a range of factors including lack of appropriate or recognised qualifications; lack of work experience and references from previous employers; lack of available jobs, and ongoing mental health issues which impact on their daily functioning. Only two respondents to the questionnaire with permission to work were employed.

Impact of poverty on rehabilitation from torture

Evidence provided by clients and clinicians at Freedom from Torture demonstrates the detrimental impact of poverty on the ability of torture survivors to access and benefit fully from rehabilitation services. Problems include lack of funds (even if these would be reimbursed) to travel to appointments and to maintain contact by phone with Freedom from Torture clinicians and other health professionals; chronic diet inadequacies leading to poor cognitive functioning impeding participation and progress in therapy; and chronic dependence, disempowerment and a lack of agency which exacerbate psychological health symptoms associated with torture and reaffirm the sense of worthlessness and humiliation that survivors experience as a result of their torture.

Conclusions

Improved decision-making in claims involving torture; prompt permission to remain in the UK: research respondents identified problems with the assessment of asylum claims involving torture, requiring the survivor to lodge appeals and fresh claims, as an important root cause of destitution. They emphasised the importance of ensuring that the asylum system facilitates and responds appropriately to disclosures of torture and that there is access in practice to good quality legal representation.

Treating survivors of torture with dignity and humanity: research respondents emphasised the need for improved customer service in the asylum, asylum support and mainstream welfare benefits systems; for these systems to be more sensitive to the needs of torture survivors; and for action aimed at addressing the stigma attached to the labels 'asylum seeker' and 'refugee' in the UK.

Financial support for survivors of torture in the asylum system: research respondents emphasised the need to increase asylum support rates to enable essential living needs to be met; problems with cashless support (for those receiving Section 4 support); and poor administration and decision-making in the asylum support system, leading to destitution and severe hardship.

Accommodation for survivors of torture in the asylum system: research respondents emphasised the need to ensure stable, safe and appropriate accommodation close to treatment facilities and other essential services. They urged that all possible steps be taken to ensure continuity of accommodation and to prevent destitution for torture survivors in the asylum system.

Ongoing support for survivors of torture with permission to live in the UK: research respondents identified the need for action to: address the risk of destitution at the point of transition between

the asylum and mainstream support systems; improve the quality of decision-making when torture survivors' eligibility for mainstream entitlements is assessed; and improve access to reasonable quality accommodation in both the social and private housing sectors.

Recommendations

Some of the key recommendations made by Freedom from Torture in this report include:

The Government should:

- raise asylum support rates to provide for a standard of living equivalent to mainstream welfare support provision. If utilities are provided as part of the provision of accommodation, the asylum support rate should be equivalent to at least 70% of income support rates. This rate should then be increased in line with annual cost of living increments for mainstream support; and
- implement the recommendation of the Joint Committee on Human Rights for 'a coherent unified, simplified and accessible system of support for asylum seekers, from arrival until voluntary departure or compulsory removal from the UK'¹⁶ such that Section 4 support is abolished and Section 95 support is transformed into an 'end to end' cash-based support system.

The Home Affairs Committee should:

- require and scrutinise quarterly reports from the Home Office on the appeal overturn rate for asylum support decisions.

The Home Office should:

- invite survivors of torture to work with the Director General of its new UK Visas and Immigration section on the customer service agenda announced as part of the process to re-absorb the UK Border Agency's asylum responsibilities into the Home Office;
- rollout new guidance on handling asylum claims involving allegations of torture or serious harm with facilitated training for all asylum decision-makers to improve the quality of decision-making, save the cost and distress for applicants of unnecessary appeals and fresh claims, and prevent destitution;
- ensure that decisions concerning the provision of accommodation to torture survivors comply with Section 4 of the Asylum Seekers (Reception Conditions) Regulations 2005. In particular, those receiving or accepted for treatment at one of Freedom from Torture's centres should be accommodated close by to that centre. Torture survivors, including those who have experienced rape, should not be forced to share bedrooms with strangers and self-contained accommodation should be provided wherever this is clinically necessary; and
- ensure that asylum support is not withdrawn until the Department for Work and Pensions and HM Revenue and Customs are ready to commence mainstream welfare provision via an identified bank account.

The National Audit Office should:

- re-examine the provision of accommodation for asylum seekers and provide recommendations on how to achieve a system of contracting in which minimum standards are complied with in practice.

The Ministry of Justice and Legal Aid Agency should:

- abandon plans to introduce a residence test for legal aid and ensure there is no curtailment otherwise of the current legal aid eligibility for asylum seekers and refugees seeking judicial review of decisions related to asylum support, provision of immigration status papers and access to



mainstream welfare entitlements; and

- conduct a review of the impact on people living with mental health problems of the withdrawal of legal aid for welfare benefits law.

The Department for Work and Pensions should:

- create a strategic lead tasked with developing an action plan to ensure the mainstream benefits system is more responsive to the needs of refugees including torture survivors; and
- implement the recommendations of the Public Accounts Committee aimed at improving Employment and Support Allowance decision-making and the Work Capability Assessment process, and in particular the recommendation 'to review the operation of the work capability assessment for vulnerable groups'.⁷

Chapter 1: Introduction

1.1 Background

Poverty is preventing survivors of torture in the UK recovering from their experiences and reclaiming their lives. This study uncovers shocking levels of poverty among torture survivors during and after their passage through the UK's asylum system. It reveals how the day-to-day struggles of living without the means to meet basic needs get in the way of rehabilitation and reinforce the powerlessness, fear and isolation which is the torture survivor's inheritance from their past.

The vast majority of torture survivors in this country are asylum seekers or refugees who have fled torture in other parts of the world. They often spend months and even years in 'limbo' while decisions are taken by the Home Office and the courts about whether they will be granted protection ('asylum') and the right to remain in the UK as refugees. During this period they are almost never permitted to support themselves by working and are excluded from mainstream welfare benefits. Instead an entirely separate asylum support regime provides them with significantly lower levels of income than those of mainstream welfare benefits recipients, and basic accommodation where this is necessary to avoid destitution. As a result many asylum-seeking torture survivors are unable to meet essential living needs, are forced to live in poor and inappropriate housing and experience destitution. For those recognised as refugees, poverty related problems usually continue as they attempt to enter the mainstream welfare system or, for those well enough to work, as they attempt to find employment.

Our research demonstrates the impact of poverty on torture survivors' prospects for rehabilitation and the impact of torture on survivors' ability to cope with such difficult circumstances without experiencing further deterioration in their physical and mental health.

For many years Freedom from Torture clinicians have been concerned about the living conditions of their clients and the impact such conditions have on clients' ability to engage effectively in therapy. Freedom from Torture's holistic model of rehabilitation recognises that social welfare and legal needs must be addressed, alongside a torture survivor's health needs, if therapy is to be effective. However, the more time our clinicians spend addressing problems connected with the impoverished living conditions of clients, the less time they have to focus on underlying trauma issues stemming from their torture.

Their experience of working with large numbers of torture survivors over many years has led our clinicians to consider that most poverty related problems experienced by our clients are systemic and they have called on Freedom from Torture to explore solutions at the policy or systems levels.

We have also consulted our clients about Freedom from Torture's strategic priorities and they have urged us to tackle poverty related problems including below-subsistence levels of financial support, especially for those waiting for a decision on an asylum claim; poor housing conditions; and destitution including street homelessness.

Freedom from Torture decided to explore these problems through in-depth research with clients and clinicians. Our objective was to build an evidence base to demonstrate these problems and to develop strategies for working with government and other relevant bodies to solve them.

In launching a project exploring poverty among torture survivors in the UK at this time, Freedom from Torture is mindful that poverty generally in this country is increasing in a context of economic stagnation and austerity. We are aware that many dimensions of poverty experienced by our clients and explored in this research mirror the poverty of growing sections of the UK population, as documented recently by Oxfam among others.⁸ Our intention is not to claim that torture survivors are exceptional in experiencing poverty in the UK, but to situate them among those vulnerable groups who suffer poverty most acutely in the current climate. Torture survivors are in many senses invisible - within the population of asylum seekers and refugees and within the wider population of people living in poverty in the UK. Freedom from Torture is aiming to make them more visible and expose how poverty impacts on their recovery from torture.

The right to rehabilitation for survivors of torture in international law

Article 14 of the United Nations ('UN') Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment:

1. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependants shall be entitled to compensation.

2. Nothing in this article shall affect any right of the victim or other persons to compensation which may exist under national law.

The right to rehabilitation for survivors of torture is guaranteed by international law. Under Article 14 of the UN Convention Against Torture, States that are parties to this treaty must ensure that victims of torture have an enforceable right to 'fair and adequate' compensation including 'the means for as full rehabilitation as possible'.⁹ The UN Committee Against Torture, which oversees implementation of this treaty, has emphasised that rehabilitation should aim to restore, as far as possible, survivors' 'independence, physical, mental, social and vocational ability; and full inclusion and participation in society' and should be holistic, covering not only medical and psychological care but also legal and social services.¹⁰

This framing of the right to rehabilitation as an aspect of the obligations of States to provide redress to torture victims has important legal consequences. In contrast with the right to health and other socio-economic rights protected by international human rights law, the right to rehabilitation is not subject to the principle of 'progressive realisation' according to a State's level of development and available resources.¹¹

The Committee has confirmed that the application of Article 14 'is not limited to victims who were harmed in the territory of the State party or by or against nationals of the State party' and that this is particularly important when a victim is unable to exercise his or her rights in the State where the torture occurred.¹² It follows that the UK, as a party to this treaty, should ensure access to rehabilitation to survivors who have fled to the UK after torture elsewhere, irrespective of whether the UK was involved in this torture. Indeed the Committee has made clear that States parties must ensure that 'effective' rehabilitation services are 'accessible to all victims without discrimination and regardless of the victim's identity or status within a marginalized or vulnerable groups... including asylum seekers and refugees'.¹³

According to the Committee, specialist rehabilitation services must be 'available, appropriate and promptly accessible' to torture survivors.¹⁴ In practical terms, the accessibility of services will depend heavily on the environmental context in which the services are offered. If a torture survivor is deprived of a safe and stable recovery environment, including because of conflict or political instability, it is likely that they will not be able to reliably access and benefit from regular appointments with rehabilitation service providers.

1.2 Research aims

The principal aim of our research was to learn more about the socio-economic situation of survivors of torture living in the UK - whether as asylum seekers or as refugees - and its impact on their capacity to realise their right to rehabilitation.

We have tried to ensure that survivors' 'voices' and direct experience of the issues - as well as the professional voices of the clinicians who work with survivors - are at the heart of this research. Through involving torture survivors in the design and implementation of all stages of the research rather than just as research respondents we sought to engage them in an empowering process that would both improve the quality of the research and benefit those involved. We hope that their participation in the research will enable survivor participants to become effective advocates in the dissemination of our findings and recommendations and remain active in the process of seeking solutions.

We aim to share the learning from this project with politicians and policy-makers, with those who have the capacity to influence public opinion such as the media, and with the public directly. We hope that better information about torture survivors' lived experience of poverty in the UK will be the first step towards generating effective solutions.

1.3 Research design and methods

We adopted a participatory and mixed methods research design in order to ground the research in the first-hand knowledge and experience of a wide range of survivors of torture and of the clinicians who work with them at Freedom from Torture. We worked to ensure those who participated had some control over the research process and felt actively involved.¹⁵

The research design was informed by extensive consultation with Freedom from Torture's clinical teams, with service user and former service user groups and a review of relevant research, legal and policy documents. The research was supported by a multi-disciplinary advisory group for the duration of the project. Members included three torture survivors who are former clients of Freedom from Torture and are members of the Survivors Speak Out (SSO) Network, four Freedom from Torture clinicians and other staff working in the areas of policy, campaigns, and communications.

A mix of qualitative and quantitative methods was chosen to generate different types of useful and complementary data and to enable as wide a range of clients as possible to participate. A particular aim was to allow Freedom from Torture clients to participate in different ways according to their preferences and capacities.

Our data was collected through:

- a client questionnaire, administered (in most instances) through structured face to face interviews involving interpreters where needed;
- semi-structured interviews with a range of clinicians and clients; and
- focus groups with clients.

A total of 117 clients took part in the research (85 completed client questionnaires, 22 participated in four focus groups and 10 participated in semi structured interviews). Interviews were also conducted with 18 clinicians.

The client questionnaire was developed through consultation with the project advisory group and was piloted with five individuals, following which further refinements were made. The scope and focus of interviews with clinicians and clients and the conduct of client focus groups were also subject to consultation and discussion in the advisory group. In addition, ethical and risk issues arising from the conduct of the research were explored and discussed in detail.

For practical and ethical reasons it was not possible to undertake research with a strictly representative sample of service users because the vulnerability of many Freedom from Torture clients was likely to render their participation inappropriate. Client questionnaire and interview respondents and focus group participants were therefore recruited via their clinicians, who discussed the research with them and referred them to the lead researcher if they consented to take part. Consent was then reviewed before interviews or focus groups commenced in all cases. The aim was to include participants who reflected as closely as possible the range of Freedom from Torture clients, including with respect to their demographic profile and their current situation in the UK (including legal status and support situation).

Research participants reflected quite closely the range of Freedom from Torture clients with respect to their gender, country of origin and age range with the exception of children (those aged under 18), who were under-represented in the research. Nine percent of our current referrals are for children and only one child participated in the research, although 19% of respondents were aged 19-25, some of whom came to the UK as children. Research participants included those in all stages of the asylum process and those with different forms of leave to remain and included those in different support situations. **It should be noted that those who were most vulnerable at the time of the research - including due to crises in their income or accommodation and including children - were not able to take part.** Those who did take part were therefore mainly those who were in a situation of relative stability at the time of the research.

Clinicians from Freedom from Torture's centres in Birmingham, Glasgow, London, Manchester and Newcastle participated in clinician interviews, with a view to including a wide and reasonably representative range of those professions and specialists who provide therapeutic services at Freedom from Torture.

The key features of torture survivors' socio-economic circumstances - as asylum seekers and as refugees - and the dimensions of the poverty they experience, were explored through all research methods. The questionnaire generated some quantitative data via structured questions (with a limited range of answer options) on all key issues and qualitative data via open questions which gave respondents the opportunity to explain the context of their answers, give examples and explain the effect and impact of those issues.

Semi-structured interviews with clinicians and clients and client focus groups were designed to supplement the core data derived from the questionnaire. They provided the opportunity to explore in depth with clients and with clinicians i) the impact of poverty and social/welfare difficulties on the health (mental and physical) of torture survivors, on the therapeutic process and on their prospects for rehabilitation from torture and ii) how being a torture survivor specifically impacts upon the way that individuals are able to cope with poverty and welfare/support related difficulties and how this interacts with their prospects for rehabilitation from torture. Focus groups in particular gave survivors the space to share and reflect on their experiences together and to discuss issues arising from these in a 'safe' but non-clinical (therapeutic) environment. As well as the issues outlined above, focus group participants discussed how they felt about the way they have been treated in the asylum system and as refugees in the UK, how it has affected them, and specific changes that might improve the situation of survivors of torture in the UK.

Findings from all of the research processes were anonymised, recorded, organised and analysed systematically. The questionnaire was designed and implemented using an 'online' questionnaire tool, although in all cases responses were uploaded manually following the completion of the interview/s. This was due to the fact that i) in most cases interviews were conducted in the respondent's first language via professional interpretation, with responses being recorded simultaneously, manually and in English by the interviewer¹⁶ and ii) while some respondents completed the questionnaire themselves in English, they used printed copies to do so, due to their stated preference and/or difficulties with accessing a computer. While a small number of clients completed the questionnaire in one extended interview, most were interviewed two and up to three times in order to complete it. This was due to the length and complexity of the questionnaire, the wide range of issues covered and the capacity of the individual to cope with the interview process.

Qualitative interviews and focus groups were all recorded and transcribed verbatim in preparation for analysis. The transcriptions were then reviewed and coded systematically using appropriate themes and categories. Interrelated themes and categories were explored and the data further re-coded and analysed where necessary.

1.4 Ethical procedures

Consent procedures were discussed and agreed in advance by the project advisory group and the lead researcher was responsible for ensuring their observance throughout the research. Informed, free, specific and documented consent was obtained from all participants in all phases of the research. The consent form was provided in advance and accompanied by information about the purpose of the research, the research process and the intended use of the research. It included the following agreements with participants: that their participation was voluntary, that they were aware of what their participation involved and of any potential risks arising from their involvement and that all their questions about the research had been satisfactorily answered. For clients, every effort was made to promote their autonomy in making the decision whether or not to participate in the research. They were provided with the opportunity to discuss the research and their involvement with their clinician and the research information sheet and consent form were translated by the interpreter during this session. Particular care was taken to ensure that they were aware that they had a genuine choice about participation and that there would be no consequence for them, especially in relation to service provision, should they decide not to participate. It was also made clear to them that their consent could be amended or withdrawn at any point in the research process and that no pressure would be brought to bear on them, either to continue as a research participant or to consent to information about them being used in the research.

All research interviews and focus groups with torture survivors were conducted in familiar surroundings (Freedom from Torture premises), with every effort made to ensure that participants felt relaxed

and comfortable. Travel expenses were paid and interpreters were provided wherever this was needed. Clinical staff were informed and on-hand at all times to provide support and/or to 'de-brief' participants following interviews or focus groups should this be needed. It was made clear to participants that they were free to decline to talk about or give any information about things that they did not want to share with the research team. They were also told that they could discuss any issue that has arisen for them in the course of interviews or focus groups with their clinicians in subsequent therapy or counselling sessions if they so wished.

All research data was anonymised and personal information was kept in a non-identifiable form. Names, Freedom from Torture case file references and consent forms were separated from the research data (questionnaires and interview/focus group transcripts). The right to privacy and the confidentiality of information related to individual participants was respected throughout the research process, in principle and in practice. Personal information about individuals has not been used without their informed consent and identifying details have been removed. All identifiable information has been protected and securely stored by restriction of access and/or by anonymising the data. Any transfer of information (e.g. electronically) has been done in a secure manner.

1.5 Profile of research participants

All research respondents were either clients or clinicians at Freedom from Torture and they were drawn from our centres in Birmingham, Glasgow, London, Manchester and Newcastle. Sixty nine percent of the client questionnaire respondents attended the London centre at the time of the research; 16% attended the centre in Glasgow and 6% attended each of the Birmingham and Manchester centres (this information was not known in two cases).¹⁷

Freedom from Torture clients who participated in this research reflect the range of situations in which torture survivors may find themselves when attempting to start a new life in the UK. This included:

- those who had claimed asylum and are supported by the UK government (the UK Border Agency until March 2013 and now the Home Office¹⁸) while awaiting a decision on their claim;
- those who had claimed asylum but are not supported by the UK government while awaiting a decision;
- those whose claim for asylum or other form of legal protection in the UK had been successful and who are seeking to integrate into mainstream society; and
- those whose asylum claim had been refused and who had exhausted their appeal rights but who are unable to leave the UK, either because there is no viable route of return to their country of origin or because they do not feel able to return to the country in which they were tortured due to the risk of further detention and torture.

Most of the individuals in this latter group were, at the time of the research, in the process of seeking to submit a fresh asylum claim, based on evidence that they had not yet been able to present, such as medical evidence of their history of torture. The 117 clients who were research respondents cannot be taken to 'represent' the experience of *all* Freedom from Torture's clients or of *all* torture survivors in the UK in general.¹⁹ Nevertheless, this is by far the most comprehensive study yet conducted into the experience of poverty among torture survivors in the UK. Individual respondents drew on their experience of the whole asylum system as they had experienced it - a journey of several years in many cases - as well as reporting on their current situation.

Respondents to the client questionnaire

A total of 85 clients from 20 different countries of origin completed the questionnaire. The largest number of respondents from a single country was from the Democratic Republic of Congo, followed by Sri Lanka, Iran, Turkey and Eritrea, with between five and eighteen respondents in each case.

Over two-thirds of the questionnaires were completed by men. Over half of respondents were aged between 26 and 40 (18 were over 40 and 17 were under 26).

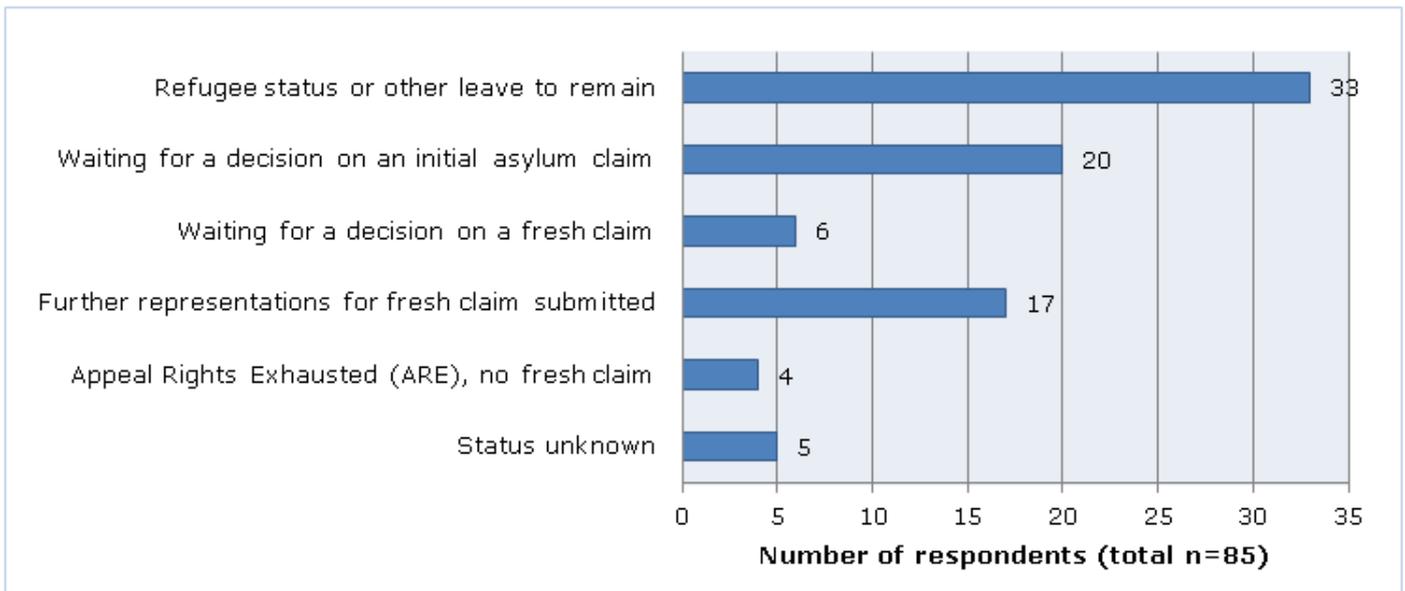
Sixty-three respondents were living alone in the UK, without a partner or spouse. Thirty-two people described themselves as single and ten as divorced, separated or widowed. Twenty-one people were

married but not currently living with their spouse. These were largely those who had been separated from their spouse due to their flight and where the other had remained in their country of origin, or where their whereabouts was unknown. Eighteen people were living with their spouse or partner in the UK at the time of the research. In the remaining four cases, their relationship status is unknown.

Fifty-four respondents had children living in the UK or in their home country; 28 of these had some or all of their children living in the UK and 22 had some or all of their children living with them at the time of the research. Three respondents were looking after children of family members and one respondent was pregnant.

Legal status: Of the 85 questionnaire respondents, 47 were in the 'asylum system' at the time of the research. These respondents had claimed asylum and did not yet have a final decision, settled legal status or leave to remain in the UK. Twenty were waiting for a decision on their initial asylum claim, while six were waiting for a decision on their 'fresh claim' for asylum.²⁰ A further 17 people were waiting for further representations for a fresh asylum claim to be considered by the UK Border Agency having exhausted all previous rights to appeal. Four respondents were Appeals Rights Exhausted (ARE), having had their asylum claim refused and having no outstanding appeals or fresh claim. Thirty-three respondents had settled legal status and leave to remain in the UK at the time of the research, either as a refugee or with some form of humanitarian protection.

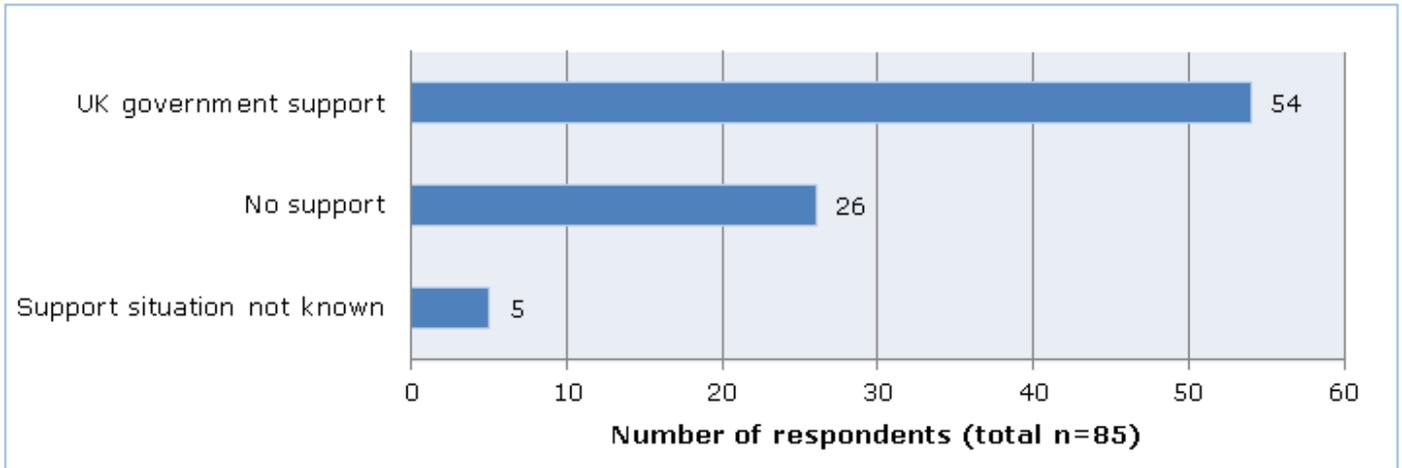
Table 1: Legal status of respondents



Most of those waiting for a decision on their initial asylum claim had been in the UK for between six months and two years. Some had been here for three to four years and two had been in the UK for between six and ten years. Of the 23 who were waiting for a decision on a fresh claim or on whether further representations would be considered as a fresh claim, the majority had been in the UK for between two and four years.

Support situation: Fifty-four questionnaire respondents were in receipt of some form of support from the UK government at the time of the research, from the UK Border Agency, the Department for Work and Pensions or a local authority social services department, depending on their legal status and whether they were in the asylum system or had access to mainstream benefits. Twenty-six were not receiving any support from the government at the time of the research and for the remaining five cases, the support situation is not known.

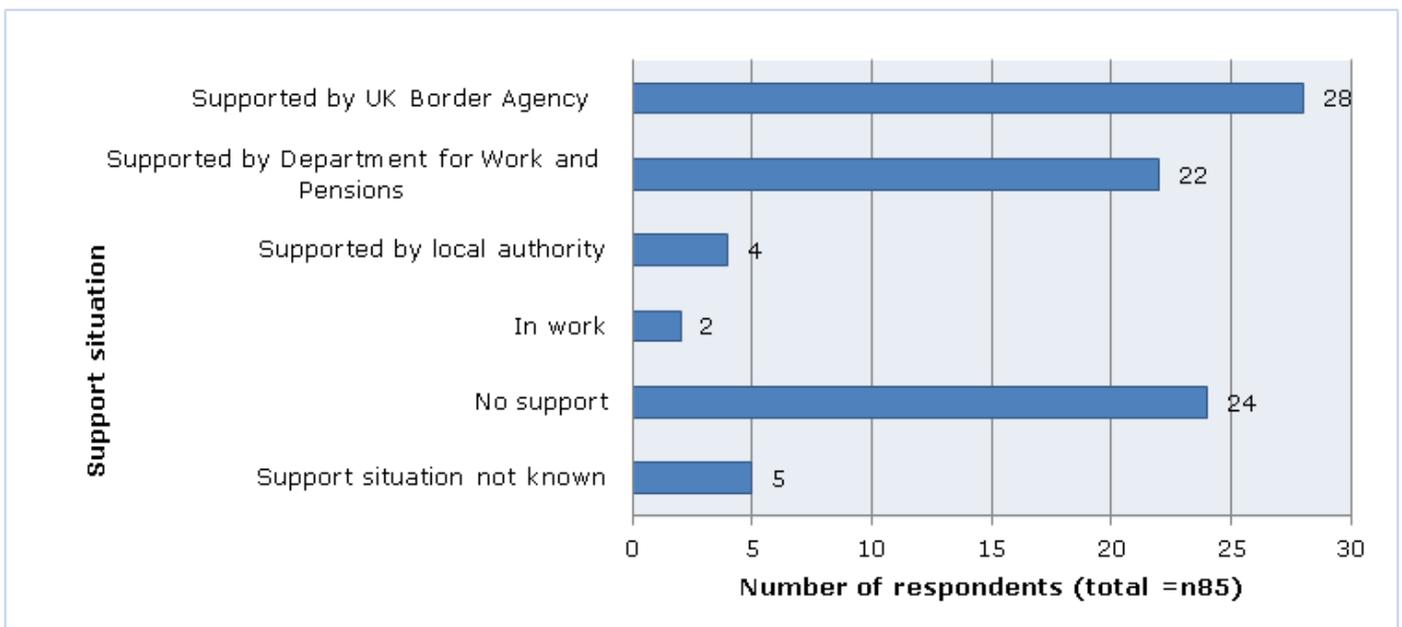
Table 2: Support situation – all respondents, support/no support



Of those 47 respondents who were in the asylum system, 28 were receiving support from the UK Border Agency. Of these, the majority were in receipt of 'Section 95' support (19 people) and a smaller number Section 4 support (9 people). In addition, three respondents in the asylum system were receiving support from their local authority social services department. The remaining 16 people in the asylum system at the time of the research were not in receipt of support.

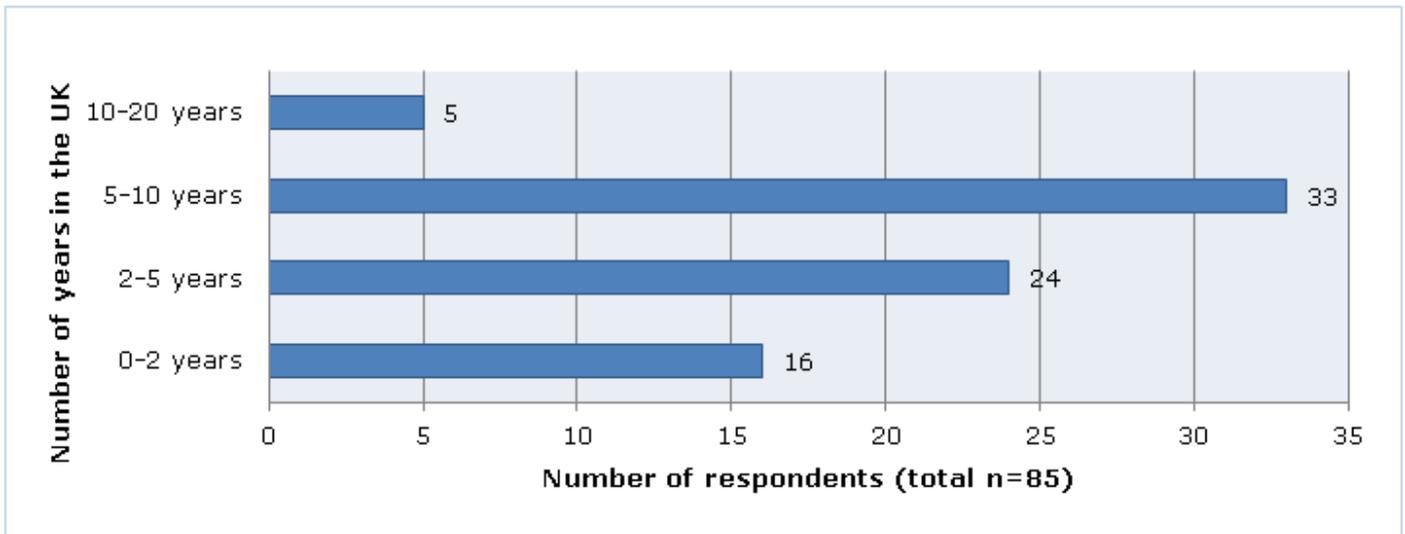
Of those 33 respondents with some form of leave to remain (and therefore entitlement to mainstream benefits), 22 were in receipt of support from the Department for Work and Pensions. Of these the majority were receiving Employment and Support Allowance (13 people), six were receiving Job Seeker's Allowance, and three people Income Support. One respondent was receiving support from their local authority social services department. Ten people were not in receipt of support at the time of the research, two of them were in work.

Table 3: Support situation – all respondents, with support provider



Length of time in the UK: Nearly half the respondents had lived in the UK for between one and five years. Sixteen people had been here for up to two years and 24 had been here for between two and five years. However, many people had been here for much longer. Thirty-four people had been in the UK for between five and ten years and five people more than ten years, the longest period being 17 years.

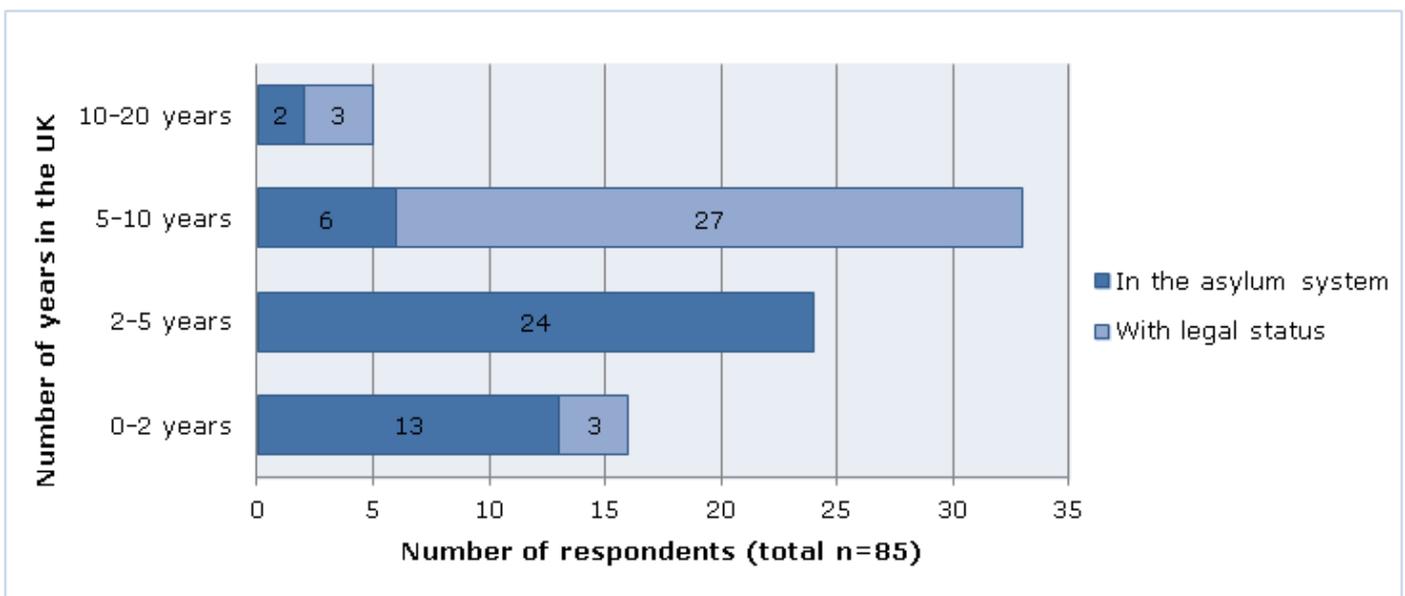
Table 4: Length of time in the UK, all respondents



The 47 respondents in the asylum system had been in the UK for between six months and 13 years. Twenty-four people had been here for between two and five years and only 13 had been here for less than two years. Six people had been in the UK for between five and ten years and two for more than ten years (this information is not known in the remaining two cases).

Of those 33 respondents with leave to remain, twenty-seven had been in the UK for between five and ten years. However, three people had been in the UK for less than two years and three for more than ten years.

Table 5: Length of time in the UK, those in the asylum system and those with leave to remain



Client interviews and focus groups

Four client focus groups were held: two in London, one in Glasgow and one in Manchester. Between the four groups there were 22 participants (including three families); 11 male and 11 female from 10 countries, including Democratic Republic of Congo, Pakistan, Iran, Sri Lanka, Republic of Congo, Burundi, Sierra Leone, Cameroon, Uganda and Guinea. Participants included those in all stages of the asylum system and those with leave to remain, including refugees and those with other forms of protection.

Seven clients took part in qualitative semi-structured interviews, from Freedom from Torture's centres in London, Newcastle and Birmingham. Respondents included six men and one woman from six different countries. These respondents had been in the UK for an average of seven to eight years and included people currently at all stages of the asylum process and those with leave to remain, including refugees and those with other forms of protection.

Between them these individuals had been through all stages of the asylum process over a period of years and had experienced all potential forms of support, both mainstream and asylum support, as well as both short and long term destitution, including street homelessness.

Clinician interviews

Eighteen clinicians were interviewed for the research representing a range of those professions and specialists who provide therapeutic services to survivors of torture at Freedom from Torture. Eight were caseworker-counsellors (practising either 'person-centred' or 'integrative' models of counselling), three were clinical psychologists, three were psychotherapists, two were family therapists, one was a consultant psychiatrist and one a child psychiatrist. Clinicians had an average caseload of 14 clients.

AN*

AN was arrested in his home country alongside a family member who had been involved in anti-government protests. He was detained and tortured and only released on bail after signing a false 'confession' of involvement in anti-government activities. He fled the country and immediately claimed asylum in the UK in 2010. He was initially detained while his claim was considered, but released after a month and referred to Freedom from Torture.

Since then, AN has stayed with family members while his asylum claim is processed and only claimed 'Section 95' support from the Home Office to help cover his essential subsistence costs. He began to receive this after a delay of two to three months, during which time he was entirely dependent on his family for financial support.

After nearly two years, AN has still not received a decision on his asylum claim, despite submitting medical evidence of the torture to which he was subjected. It became difficult to live together with his family in their one bedroom flat after the arrival of a new baby. He therefore applied for Home Office accommodation. However, the only accommodation he was offered was in another city which would have been far from both Freedom from Torture, where he receives clinical treatment, and his family who provide him with emotional support. Although his living situation was very difficult, he did not feel well enough to live alone and his family persuaded him to stay despite the hardship for them all.

The financial support provided by the Home Office - around £35 per week - has not been enough to cover his basic expenses and AN has struggled to manage over the two years he has been waiting for a decision on his asylum claim. He finds it especially difficult to pay for bus fares and is often isolated in the flat with nothing to do and nowhere to go. These living conditions have impacted on his mental health and he struggles to follow clinical advice about how to recover from torture, including the need for social interaction. He has to 'report' every month to a Home Office reporting centre and although his attendance record was good, on the few occasions when he was not able to get there through ill health, he was 'sanctioned' and lost his weekly support.

His family try to help him but their own limited resources are already stretched to the limit. AN is not able to pursue his studies while his asylum claim is being considered and he feels that he has lost direction and control over his life.

* Names and other potentially identifying details have not been used in order to preserve anonymity as agreed with research participants.

Torture Survivors' Photo Project

Photographs taken with disposable cameras by survivors of torture

In conjunction with Freedom from Torture's report: 'The poverty barrier: The right to rehabilitation for survivors of torture in the UK' the organisation asked clients if they would be interested in taking pictures, which would be their representation of their experiences living in poverty in this country and its impact on their recovery from torture.

Clients from a range of backgrounds - from different countries and religions; young and old; and those living in London, Newcastle, Manchester, Birmingham, and Glasgow took part. A couple of clients had been photographers in the country they came from. Some were involved in art therapy groups at Freedom from Torture.

Everyone who took part was keen to show us, and to raise awareness of, the formidable challenges they face here including having to sleep rough or in shelters, to rummage through bins for food, living in sub-standard accommodation, struggling to stay warm or get some sleep on buses. These pictures highlight many of the issues that were documented in the research.

More than 30 survivors of torture in treatment at Freedom from Torture participated in the project. Further pictures are available in a gallery on our website: www.freedomfrom-torture.org



"All my belongings stored in a cabinet". Our client's medicine, towel, toothbrush, documents and toothpaste - everything he owns is in this drawer.



"Golden money". This client of ours is unemployed and he is on his way to buy food.



"This is the place I sleep - I sleep next to damp on the wall which is wet and smells".

Chapter 2: Poverty among survivors of torture in the asylum system

2.1 Entitlement and access to support in the asylum system

Before 1999 when a separate system of welfare support for asylum seekers was introduced by the Home Office, individuals and families seeking asylum in the UK were supported by a mixture of mainstream welfare benefits administered by central government and support provided by local authorities. Mainstream benefits for asylum seekers were then set at 90% of the standard rate of Income Support, on the basis that this was the minimum amount required to meet people's basic living needs in the short term, while an asylum claim was decided.²¹

The asylum support system introduced in 1999 is underpinned by two main principles:

- i. Access to mainstream welfare benefits was asserted by the government to be a 'pull factor' that enticed people to claim asylum in the UK. In order to counteract this, asylum seekers were henceforth excluded from this system and instead provided with a lower level of support, sufficient only to meet their 'essential living needs' for the limited period of time during which the asylum claim is assessed (six months was the aim).²²
- ii. Those who have been refused asylum should return to their country of origin of their own accord (or face forced removal), with continuing support only provided in exceptional cases, where there is a continued duty to do so. In these cases support should be provided for a very limited period of time.

These changes were effected via the Immigration and Asylum Act 1999 ('the 1999 Act') which provided for a parallel system of welfare support and accommodation for asylum seekers, initially administered by a section of the Home Office known as the National Asylum Support Service (NASS) and from 2007 to March 2013 by the Border and Immigration Agency and then the UK Border Agency which replaced it in 2008. With the recent disbanding of the UK Border Agency, responsibility for the asylum process including the administration of asylum support has returned to the Home Office.²³

The 1999 Act reduced the level of support provided to those awaiting decisions on their asylum claim - usually referred to as 'Section 95 support' after the relevant section of the Act - from 90% to 70% of mainstream Income Support. This was justified on the basis that the support was intended to provide for 'basic subsistence' in the short term while an asylum claim is being considered, but also because asylum seekers would henceforth be separately accommodated (on a 'no choice' basis) and would not be responsible for payment of utility bills.²⁴ In addition, the 1999 Act provided that in order to be entitled to Section 95 support the applicant must, among other things, demonstrate that they are currently or will be imminently 'destitute' - defined as being without adequate accommodation or unable to meet essential living needs for the next 14 days.²⁵

While those whose asylum claim has been refused are not in general entitled to continuing accommodation and support, there are exceptions provided for in the 1999 Act. These include families with children (born before the refusal of the asylum claim) who continue to be entitled to receive Section 95 support until they leave the country and those who may be provided with limited support under Section 4 of the 1999 Act ('Section 4 support'). The requirements for eligibility for Section 4 support are strictly delimited and have been subject to amendment and revision, the current regulations being set out in 2005.²⁶ Those currently entitled to apply for Section 4 support are those who would otherwise be destitute and for whom there is a temporary barrier to removal from the UK for specific reasons' and/or for whom removal would be a breach of their human rights. These include those who have submitted further representations (based on new evidence) to the Home Office for a 'fresh' asylum claim, a decision on which remains outstanding after 14 days.²⁷ Those with pressing social care needs may qualify for assistance from their local authority but this support has become very difficult to access in recent years (see 2.4 *Access to local authority support*).²⁸

The government has justified the minimal support provided to asylum seekers under this separate system on the bases that it is i) sufficient to meet essential living needs and ii) to be provided in the short term only.²⁹ Both of these premises have proven deeply flawed in practice, not least because the asylum decision-making process (including any appeals or fresh claims) is frequently considerably longer than the anticipated six months, particularly for complex cases such as those involving a claim of torture for which expert evidence may be required.³⁰ In addition, asylum support rates - arguably set below the poverty threshold from the outset³¹ - have been reduced in real terms significantly below

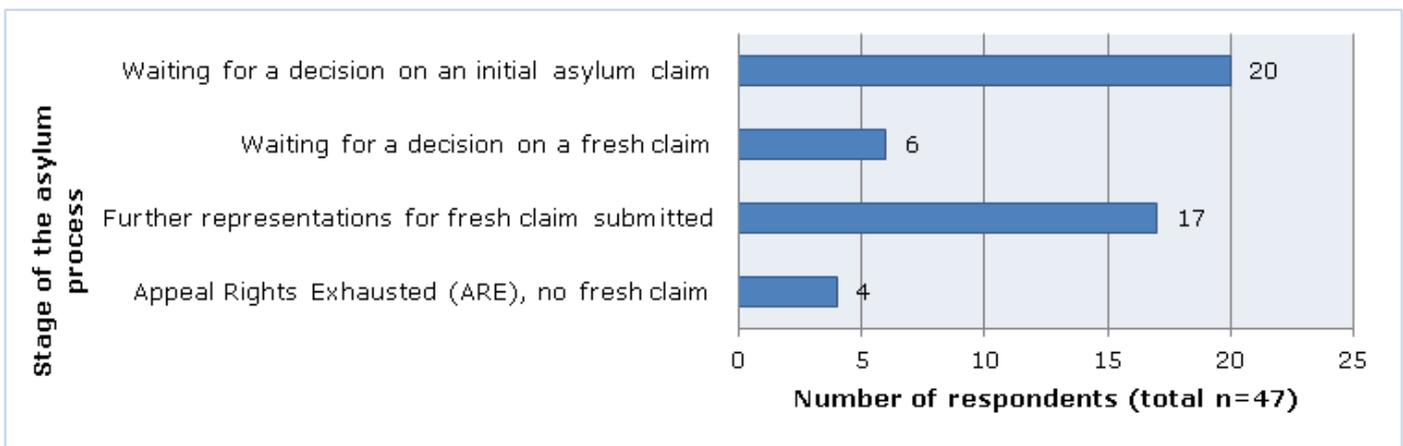
even 70% of mainstream Income Support rates over the years. They have not been set with reference to any clear system or increased in line with inflation with the result that, according to current rates, a single adult on Section 95 support receives only 52% of the equivalent Income Support rate.³² These support rates, according to evidence presented here and elsewhere, are not sufficient to meet even basic living needs through the protracted asylum decision-making process³³ and questions have arisen about whether the process for assessing need and setting asylum support rates is sufficient to meet the UK's international obligations.³⁴ Despite this and the efforts of many civil society groups, including the Still Human Still Here coalition, to urge the Minister for Immigration to restore the rate of asylum support to 70% of Income Support as a minimum, he recently announced his decision to maintain the current rate.³⁵

The asylum support system has been subject to significant reorganisation and redesign over the years since 1999, with administrative responsibility shifting from the National Asylum Support Agency (NASS) to the Border and Immigration Agency, to the UK Border Agency and then in March 2013 back to the Home Office.

2.2 Adequacy of asylum support to meet essential needs

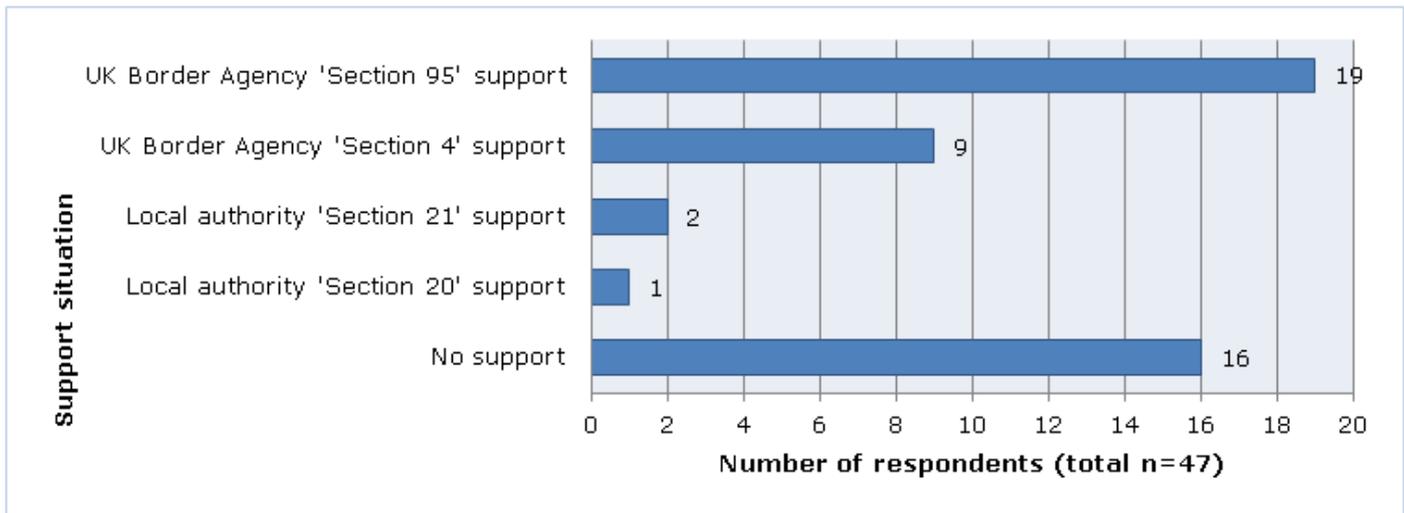
Of the 85 questionnaire respondents, 47 did not have settled legal status and were in the asylum system at the time of the research.³⁶ More than half of them were awaiting a decision on their asylum claim, 20 were awaiting the outcome of their initial asylum claim while six had made a fresh claim for asylum. A further 17 respondents had been refused asylum and had exhausted their appeal rights and were awaiting a decision on whether their fresh claim for asylum would be considered. Four with a refused asylum claim had no further legal action in progress but were unable to return to their country of origin. All these respondents were in principle entitled to apply for Section 95 or Section 4 support from the UK Border Agency, although those with a refused asylum claim and no fresh claim in progress would have had difficulty meeting the eligibility criteria.

Table 6: Respondents in the asylum system, stage of process



In practice, the majority of respondents supported by the UK Border Agency at the time of the research - 28 people in total - were receiving Section 95 support (19 people), while a smaller number (nine) were receiving Section 4 support. However, a further 16 people - 34% of those who were asylum seekers or 'refused asylum seekers' - were not receiving any support at the time of the research (see *Chapter 3: Destitution – survivors of torture living with no support*). Three others in the asylum system were receiving support from their local authority.

Table 7: Respondents in the asylum system, support situation



Of these 85 clients, 67 described themselves as living in poverty,³⁷ and only two said that they would not describe themselves as poor.³⁸ Respondents described the poverty they had experienced in the UK in both 'absolute' and 'relative' terms; 'absolute' in that they were unable to meet basic and essential material needs for food, clothing and shelter, and 'relative' in terms of being unable to live according to perceived 'normal' and 'reasonable' standards of life in the UK.

Respondents described the psychological impact of poverty. They described the need to live 'day to day', being unable to plan for the future or make decisions, living without hope, being dependent on others and feeling constantly anxious and vulnerable. Furthermore, they described how it feels to be poor in the UK, including feeling shamed, disregarded, looked down on, excluded from society and unequal.

...Yes, definitely [I am poor] in every sense of the word. You feel different from everybody else - you feel very small.

Some described poverty as feeling like imprisonment.

... I am poor person, for me when you are poor there is no life for you. It is a kind of prison. It is worse than prison.

The following needs were identified by respondents as essential to a basic existence in the UK:

- adequate food for a reasonable diet;
- decent accommodation, including sufficient heat and light;
- access to healthcare, necessary medication and hygiene products;
- adequate clothing to keep warm, clean and dry; and
- means to pay for essential communication and transport to essential appointments, shops and services.

Detailed information was sought from questionnaire respondents about their ability to pay for these essential living needs.

Food - adequate to maintain a nutritious diet and relieve hunger

According to clinicians interviewed for the research, inadequate diet, poor nutrition and hunger is one of the most serious and common poverty related problems experienced by torture survivors in treatment at Freedom from Torture. They reported that it negatively affects their clients' mental and physical health, their mood, their cognition and concentration and their ability to engage fully in therapy and counselling sessions. Particular dietary deficiencies highlighted by clinicians included the low levels of

protein, fresh fruit and vegetables due to the inability of clients to afford them on the limited financial support that they receive.

More than half of questionnaire respondents said either that they are *never* or *not often* able to buy enough food of sufficient quality and variety to meet their needs for a nutritionally balanced diet, including 13 of the 28 on asylum support (eight out of 19 on Section 95 and five out of the nine on Section 4 support) and 19 of the 26 with no formal support. In fact, of those supported by the UK Border Agency at the time of the questionnaire, only four respondents said that they could buy sufficient food of reasonable quality *most* or *all of the time*, including only one of the nine respondents supported as part of a family.

... The doctor says I have to eat a lot of protein but I cannot afford to so I'm always weak. I faint. One time I fainted at Freedom from Torture. An ambulance came. I have dizziness.

Apart from their ability to buy sufficient nutritious food, 34 questionnaire respondents said they are either *never* or *not often* able to buy enough food of any quality to prevent them from being hungry. This includes eight out of the 19 receiving Section 95 and five out of the nine receiving Section 4 support.

... If I am hungry and I buy something then I can't afford to buy something the next day. Only occasionally I don't feel hungry.

Questionnaire responses indicated a reliance on a limited range of cheap and filling foods which require little or no cooking and low consumption of fresh, nutritious and protein rich foods. Of those questionnaire respondents supported by the UK Border Agency, half or more said they are *unable to afford* to buy fresh fruit, vegetables and meat, fish or non-meat protein sources as often as once a week.³⁹

... If I cook rice or pasta I cook a lot and eat it over a week, every day...I can't buy all the ingredients to make a proper meal...I can't afford all the ingredients so I buy one thing or another occasionally.

Serious concern was expressed by respondents about their inability to afford what they considered to be healthy, nutritious, good quality food, especially fresh fruit and vegetables, fish and meat on a sufficiently regular basis. They reported having to eat cheap food to prevent hunger, such as processed and 'take away' food, and having to buy poor quality food that spoils quickly and has little nutritional value. Other than food required to meet dietary needs, over half of all respondents said they are *never* or *not often* able to afford to buy food from their home countries (where this would otherwise be available to them in the UK) and 72 said they are *never* or *not often* able to buy food to celebrate a special or social occasion such as a birthday or a religious/cultural festival.

... It is hard to manage, if I buy clothes I can't buy nutritional food for him [her son] - if I buy it for him I can't for myself - I have to choose and lose something all the time.

In focus group discussions clients highlighted the common experiences of hunger, poor nutrition and dependence on food provided by charities or others to supplement the inadequate diet affordable on support received from the UK Border Agency. Respondents expressed frustration about being advised by their clinicians and others to eat healthily in order to support improvements in their health and well being - including their mood and state of mind - and being unable to afford to do so.

Clothing - adequate to stay warm, clean and dry

Clinicians interviewed for the research said that many clients are not adequately clothed especially for winter weather and that clothing is a luxury they cannot afford.

... I see my clients in freezing cold weather with cotton clothes and just summer shoes - no tights, no socks, because they don't have any.

Fifty-three of the 85 questionnaire respondents said either that they are *never* or *not often* able to buy appropriate clothing which is adequate to keep them warm, clean and dry. Twenty-one of the 28 people supported by the UK Border Agency said the same (14 out of the 19 receiving Section 95 support and seven out of the nine receiving Section 4 support). Overall only eight respondents reported having adequate clothing.

... I need a winter coat for me and my son, shoes - I am wearing plastic sandals now in the winter.

... I have to lose something if I want to buy clothes; if I want to buy clothes, then I must starve.

When asked what items of clothing they are unable to buy, some respondents (including those supported by the UK Border Agency) reported being unable to afford to buy any clothes at all - new or second hand - and having to manage with the clothes they arrived in or clothes given to them by others. Others reported being reliant on clothes from charity shops, though some said that these are unaffordable to them, and for those on Section 4 support (cashless support) they are for the most part unavailable (see 2.3 *Cashless support – survivors of torture living on 'Section 4'*).⁴⁰ Respondents generally reported being unable to buy warm clothes for the winter including a coat and shoes, having only one set of clothes and having to choose on a regular basis between buying essential clothes and other necessities such as food, medicines, household cleaning items, toiletries and sanitary products.

Health and hygiene products - including over the counter medicines, household cleaning products, toiletries, nappies and sanitary products

Over half of all questionnaire respondents (43/85) said either that they are *never* or *not often* able to buy items such as over the counter medicines, household cleaning products, toiletries, sanitary towels and nappies, while a further 25 said they are only able to buy such items *some of the time*. For those supported by the UK Border Agency, these figures are 13/28 and 10/28 respectively. Four out of the nine families said they are either *not often* or *never* able to buy these items.⁴¹

... If you buy that stuff - toothpaste, shampoo and toilet cleaner - you don't have enough to eat so you ask different people in the NASS house to buy different things but sometimes they can't because they have no money.

Specific items that people (across all support systems or none) said they are unable to afford included non-prescription medicines such as painkillers and cold remedies, sanitary products, nappies for babies and personal or household cleaning products and toiletries. Apart from the potential health impacts, people also reported a loss of dignity and self-respect when they were unable to take care of themselves in the way that they would normally expect - and humiliation when they were forced to ask others for personal items such as sanitary towels. Respondents described always having to buy the cheapest products, irrespective of quality, and routinely having to decide between buying these products and other essential items such as food and clothing. Reliance on others to supply these necessities was a frequently reported occurrence among all those dependent on UK Border Agency support.

Resources needed to present an asylum claim and to attend medical and other essential appointments, including travel and phone costs

Most clinicians interviewed for the research said that not being able to afford travel and phone expenses is a key issue for Freedom from Torture clients, particularly given that only in limited, specified circumstances will travel expenses and the cost of phone calls be paid for, or reimbursed by, the UK Border Agency for those on Section 95 and Section 4 supports.⁴² Clinicians observed that travel is particularly expensive in London and that many clients cannot pay for it out of their income. Those who are receiving Section 4 (cashless) support from the UK Border Agency experience particularly severe difficulties, given that they do not have access to cash for travel (or for any other purpose). The problem is exacerbated where survivors of torture are accommodated in outlying areas of cities, far from the services on which they depend - including legal services and healthcare services - and far from friends, family and community members.

UK Border Agency support policy generally assumes that asylum claimants can walk to destinations within a three mile radius of their accommodation before reimbursement for the cost of public transport needs to be considered. Even then, circumstances in which a person may be eligible for payment of travel costs are limited and specific applications with evidence are required on each occasion. Applicable policies assume that people are aware of their entitlement to claim travel and other expenses, that they know how to go about it and that they are able to make applications in advance and in time. This does not take account of language difficulties and of the situation of vulnerable torture survivors (among others), who may be suffering from a mental health condition and/or may be taking medication that affects their memory or ability to think ahead and plan for future events. The capability of claimants to walk considerable distances and the total miles than an individual may need to walk on any particular day in order to attend appointments and carry out other essential activities, are also not taken into account.

Clinicians and questionnaire respondents said that health problems in general, and specific problems resulting from torture prevented some clients from walking the distances required to attend appointments. Indeed, more than half the questionnaire respondents described their health either as *poor* or *very poor* and 72 of the 85 reported ongoing medical conditions including heart disease, high blood pressure and high cholesterol, cancer, kidney disease, diabetes, HIV, asthma and epilepsy. Physical health problems directly related to torture reported by clinicians and questionnaire respondents included musculoskeletal disorders (damage or disorder of the joints or other tissues in the upper/lower limbs or the back), which give rise to mobility problems and chronic pain.⁴³ As well as physical health problems more than three quarters of questionnaire respondents reported mental health conditions related to their history of torture, including symptoms of depression and PTSD.⁴⁴ Thirty-four of the 85 reported having thought about suicide.

Respondents noted that while Freedom from Torture and some other agencies pay travel expenses to attend appointments for clients in receipt of UK Border Agency support, in many cases people do not have the cash available to get to an appointment in the first place, from where they can be reimbursed. This forces them to attempt to borrow money from friends and others - who themselves may be in a similar situation - or to miss appointments, resulting over time in a failure to progress in their therapy and/or a deterioration in their health.⁴⁵ Clinicians said that being unable to afford travel expenses is not only a barrier to clients' attending appointments for therapy, with their lawyer or at the hospital, but often also means that they cannot attend or take part in community events, social or leisure activities or English classes at college, which might support their rehabilitation process.

Half of the questionnaire respondents supported by the UK Border Agency said that they do not have enough money to pay for essential travel expenses connected with their asylum claim, such as attending appointments with their legal representative and including attending required 'reporting' appointments with the UK Border Agency (ten out of the 19 receiving Section 95 support and four out of the nine receiving Section 4 support).⁴⁶ Many others said that they can only sometimes afford to pay for transport to get to these appointments, depending on what their other essential expenses have been that day/week.

Participants in the client focus groups also focused on travel costs and their inability to afford them. One person reported having lost a lot of weight because of having to walk such great distances on an inadequate diet. Another said that he used to walk up to 20 miles on some days as he could not afford to pay for transport to get to essential appointments.

Access to means of communication such as mobile phone, fax and mail was also identified as an essential need by a number of people. Respondents reported that their essential communication needs included being able to contact the UK Border Agency and legal representatives in connection with their asylum claim or asylum support; to access other government services or welfare support providers, help lines and other sources of advice and information; to contact medical practitioners and clinicians at Freedom from Torture and to stay in contact with family and friends. However, of those questionnaire respondents supported by the UK Border Agency, 17 of the 28 said that they do not have enough money to make phone calls when they need to⁴⁷ and half said that they cannot afford the cost of posting or faxing documents to their legal representative or to the UK Border Agency in relation to their asylum claim.⁴⁸

...This is one of the main problems ...we need to call our solicitors, it is very expensive and even if we try to call and the solicitor answers, it takes ages. When it is very urgent we can just fax it, it costs £1.40 per page so if we get a letter from UKBA [and we need to fax it to the solicitor] it can be 10 pages - one day I had to pay £15-£16 for a fax. Another time when I had to call the solicitor, I struggled to save £5-£10 for mobile top up and then the solicitor said please fax the letter, so I had nothing to eat and I was sitting and crying through the night.

Respondents described the often insurmountable financial barriers to effective communication with key individuals and agencies in relation to their legal status and their asylum claim. They said that such problems were daily realities for them - causing both anxiety and humiliation - but little understood by many of the agencies and individuals involved.

... Sometimes my solicitor has called and left a message and it is very difficult to listen to the message if you don't have credit. Then you don't know what is going on, you feel worried.

Respondents also described having to prioritise their limited resources according to the urgency of the need and making difficult decisions on a daily basis - such as choosing between paying for a travel card

to meet a therapist, attend a hospital appointment or meet with their lawyer and having anything to eat that day or buying an item of essential clothing. Indeed, 14 of the 28 respondents supported by the UK Border Agency said that finding money to pursue their asylum claim and meet essential appointments *always* or *regularly* meant that they were unable to meet their other essential needs.⁴⁹

... Many times I have gone without food to have the money to 'report' [to the UK Border Agency] or to see my lawyer, or to go to church.

... In order to save money for my appointments I was forced to feed from market leftover or unwanted goods.

The cumulative impact of these difficulties with travel and communication on the progress and outcome of their asylum claim and on their well-being and rehabilitation was of considerable concern to both clients and clinicians. Clients reported feeling intense anxiety that the difficulties in communication would cause unnecessary delays in their asylum claim being decided and that missed appointments with the UK Border Agency would impact negatively on the outcome of their claim or on the provision of support. Many described the lack of empathy shown by UK Border Agency officials or interest in the explanation given when, for example, they arrived late for or missed an appointment. Punitive measures that were reported to have been applied in these circumstances included sanctions (often suspended support payments), being required to report more frequently (which imposed an increased financial burden on the individual) and having support withdrawn altogether due to 'non-compliance' with the conditions of support.⁵⁰ Respondents described feelings of frustration, anxiety and depression about the lack of control over such vital aspects of their life. Indeed one questionnaire respondent said that being forced to miss appointments made him feel '*alone and suicidal, hopeless, scared*'. Clinicians interviewed pointed out that such a sense of enforced 'helplessness' echoes for torture survivors their experiences of detention and torture.

Social exclusion

Social exclusion was explored in the research, not only as an important dimension of poverty that moves beyond measures of income and basic material needs for food, clothing and shelter, but also because it is a particularly significant aspect of the poverty experienced by survivors of torture in the UK.⁵¹ This significance relates to the particular psychological impact of torture on individuals, often leaving them with a tendency towards self-isolation and self-exclusion. Symptoms of depressive disorders and Post-Traumatic Stress Disorder (PTSD), both of which are common among torture survivors, include a 'depressed mood', 'markedly diminished interest or pleasure in all or almost all activities' and persistent 'avoidance of stimuli associated with the traumatic event', such as 'activities, places or people that remind the victim of the trauma', 'diminished interest in significant activities' and 'detachment or estrangement from others'.⁵² Such trauma related symptoms may be compounded by the exclusionary and isolating aspects of living in a foreign country separated from family and community, being part of a stigmatised group as an asylum seeker or refugee (or even as a torture survivor) and of living with very limited income, no income or no means of earning one. The consequences of this aspect of poverty, compounding and interacting with the impact of torture, including symptoms of depression and PTSD, may be particularly damaging and long-lasting for survivors of torture.

... I feel lonely, isolated, alienated. I even sometimes forget how to speak, unable to use, remember words, unable to put words together.

Respondents said that being able to keep in touch with friends and family and taking part in social, leisure and community activities were important to them as this provided some continuity with positive aspects of their past life and interests, helped them to relax, make friends and develop a sense of belonging to the community and the society in which they are living.

... Being part of the society, community, makes me feel human.

Clinicians commented on the important 'protective' function of such contact and activities for survivors of torture, and said that they often recommend them to their clients. However, when respondents to the questionnaire were asked how often they are able to carry out or take part in a variety of social and community-based activities, nearly a quarter overall said that they were *never* able to meet socially with family or friends and a further quarter again said they were *not often* able to do so. Of those 28 respondents supported by the UK Border Agency, 17 reported being *never* or *not often* able to meet with family or friends (12 of the 19 on Section 95 and five of the nine on Section 4 support). Over 80%

of respondents overall (68 of the 85) also said that they were *never* or *not often* able to celebrate special occasions with others, such as birthdays, anniversaries or festivals.

The emotional and social support offered by faith-based communities was acknowledged by many respondents, as was the importance of their faith but just under half of respondents (39 of the 85) reported being unable to take part in faith-based activities regularly.

Overall a very small number of people reported taking part in meetings or events in their local community, perhaps indicating both the relative exclusion of respondents from local community life and of their ability to find the extra resources necessary for participation in activities deemed less essential in strict 'survival' terms. Around 70% of respondents (60 of the 85) said that they *never* or *not often* took part in leisure or sporting activities or community events or meetings.⁵³

Many respondents said that they prioritised keeping in touch with family and friends wherever possible. However, while 40% of all respondents said that they kept in touch with family and friends by phone, email or Skype on a weekly or monthly basis⁵⁴ nearly half said they are *never* or *not often* able to do so.⁵⁵

Maintaining friendships and participating in social and community life were severely restricted by the cost of travel, the costs of telephone calls to make and keep contact and to make arrangements, the costs of being able to provide hospitality and reciprocate socially, the cost of appropriate clothing and footwear to attend events in public and in the community and the cost of entrance and membership fees and other charges. Some people described being ashamed of their poverty, particularly in front of family and community members, leading them to avoid situations where their poverty would be exposed. Many respondents reported that although they are aware that more social contact would improve their state of mind, providing a distraction and helping them not to dwell on their past trauma and losses, they are unable to go out and be active as they have no money to do so.

... I feel excluded from everything. When you can't do anything then you feel that life is not worth living.

... I can't find the words to describe the depth of feeling this loss/absence induces.

Some respondents said that they are unable to socialise or take part in social activities for health reasons, particularly mental health problems and depression arising from their past trauma. Others reported experiencing ongoing anxiety and fear as a result of the abuse they have experienced, which has affected their ability to trust people and have normal social contact.

When asked if they had felt 'cut off' or 'isolated from society' in the past year, three-quarters of all questionnaire respondents said yes, *all* or *some of the time*.⁵⁶ Some said that this experience has made them feel as though there is something missing in their lives and in their person, as if they are weak and inadequate, have no value and are somehow '*less than human*'.

... I feel incomplete, not a full person. Something is missing. I worry for the children's future. I feel inferior to other people. I despair - how long will this situation continue for me and my family.

Others reported feeling diminished and vulnerable; one person described feeling discarded or avoided by others in society. Some said that the lack of social contact and activity had led them to 'over-thinking' and a pre-occupation with sad, worrying and negative thoughts, including of the trauma they had suffered; many were aware that this could lead to a deterioration in their mental and physical health, but felt unable to do anything to address this.

... When I look at myself my face is there, my physical body is there but I am not there, I am out of myself.

2.3 Cashless support - survivors of torture living on 'Section 4'

Those whose asylum claim has been refused at the initial and appeal stages can make an application to the UK Border Agency for continued support under the Immigration and Asylum Act 1999, Section 4 – so-called 'Section 4' support (See 2.1 *Entitlement and access to support in the asylum system*).

The rate of Section 4 support is currently £35.39 per person per week, meaning that the daily allowance is little more than £5, making Section 4 supported claimants even worse off than those on Sec-

tion 95 support, although their living needs are the same.⁵⁷ For example, a single adult receives £1.23 a week less than they would on Section 95 support, while a child under three is £17.57 worse off.⁵⁸ Section 4 is also a cashless support system; although formerly provided in the form of vouchers, since 2009 it has been provided in the form of the 'Azure' pre-payment card.

The Azure card is accepted by a number of specified supermarkets and other retailers and can be used to purchase a limited range of items including food, clothing, essential toiletries and mobile phone credit. Restrictions to the specific items that people are permitted to purchase with the Azure card have been subject to successive changes since its introduction, so that shop staff are not always aware of what the current restrictions are, causing confusion and difficulty at the checkout, as well as distress and humiliation to card holders. The situation is particularly problematic as purchases are not prevented by the card itself, so that the application of the restrictions depends entirely on the person at the checkout knowing what is allowed /not allowed, resulting in variation in both understanding and practice.⁵⁹

Additional difficulties with the Azure card include the weekly carry-over limit of £5. This means that if someone is unable to get to the designated shops for health or any other reason, they lose most of their income for that week since any unspent money over this limit will be removed from the card. This has an inevitable and immediate impact on a person's nutrition and health as they are unlikely to have reserves of food or other essential items in their accommodation, given their very low weekly income and shared accommodation facilities in which people are often unable to store food and other items securely (see 2.5 *Accommodation provision for survivors of torture in the asylum system*). A further difficulty arising from the carry-over limit is that people are unable to save money in order to buy more expensive essential items, such as shoes and clothing, and will have to go without food in order to make such purchases.⁶⁰

Those who receive Section 4 support must accept UK Border Agency accommodation on a no-choice basis (as with Section 95 support) and there is no 'subsistence-only' option. Section 4 claimants are generally not separately accommodated but, depending on the availability of suitable accommodation when a Section 4 application is granted and whether there has been a gap in the provision of support, they are likely to be placed in different accommodation from when they were in receipt of Section 95 support. This may be in a new area or different part of the country (see 2.5 *Accommodation provision for survivors of torture in the asylum system* and *Chapter 3: Destitution - survivors of torture living with no support* for discussion of problems arising from this).⁶¹ As with those accommodated on Section 95 support, those granted Section 4 support are subject to strict compliance criteria, including regular 'reporting' as well as additional reviews where UK Border Agency decision-makers assess their continuing eligibility to receive support i.e. whether there is still a barrier to leaving the UK.

Respondents to this research who were in receipt of Section 4 support had typically been refused their initial claim for asylum, despite their history of torture, and had submitted further representations for a 'fresh claim' with additional evidence such as an expert medical report documenting their history of torture (Medico-Legal Report). Many of Freedom from Torture's treatment clients are in this position, having had their initial asylum claim refused. This may be due to poor decision-making in cases involving torture⁶² and/or the lack of or poor quality of legal representation (resulting in the failure to produce evidence of torture among other things), making a fresh claim necessary for protection reasons.

Although only nine respondents were receiving Section 4 support at the time of completing the questionnaire, many other Freedom from Torture clients (including others who completed the questionnaire and those who took part in interviews and focus groups), have been in receipt of Section 4 support at some point while in the asylum system. The experiences that these nine respondents reported of living on cashless support and of using the Azure card were consistent with each other, with the experience of Freedom from Torture clinicians who have worked with clients supported in this way over the years, with clients who participated in the research overall and with findings from previous research on this issue.⁶³ Research respondents who participated in case study interviews or focus groups who were currently receiving, or had received Section 4 support in the past, expressed very strong views about this form of support, while clinicians also focused on cashless support and the Azure card as a key issue for their clients in this situation.

Experiences of using the AZURE card

All respondents on Section 4 support commented on the acute difficulties associated with living on £5 per day and the poverty they had experienced. However, particular problems associated with using *cashless support* in the form of the Azure card were the key cause of concern for these respondents, who reported the following common problems:

- i. **Delay in receiving weekly payments or failure to receive payments due to system errors, including incorrect amounts being uploaded onto cards and cards failing to function correctly at shop checkouts.** This was reported to be a regular occurrence, leaving people who have no other means of supporting themselves with no food and other necessities, while the problem was resolved and exposing them repeatedly to situations in which they felt shamed and humiliated.

... I go to the store, they swipe the card and say you have no money, I ask them to try again and they say 'no money'. So I go without.

- ii. **Shop staff failing to recognise the Azure card, refusing to accept the card or refusing items that they deem to be 'restricted' and therefore ineligible for purchase with the card, causing individuals acute embarrassment and distress.** Examples of items which had been refused included phone cards and clothing. Respondents reported considerable variation, both between shops and in the same shop on different days, in what were deemed to be 'restricted' items, resulting in anxiety every time they went shopping and regular humiliation when their purchases were refused. Some respondents commented that the restrictions on what they are entitled to purchase imposed by the UK Border Agency felt controlling and intrusive and emphasised the different and inferior status of Azure card holders.

... One day I did all my shopping and the store manager said they don't accept the card.

... Sometimes they say we don't accept the card and they say stay by the side while they call the manager, by the side of the queue, it is very embarrassing. I hate it; I hate the way they make me stand by the side.

- iii. **Individuals being repeatedly questioned by shop staff about the Azure card, their entitlement to have it and whether it is their own card.** Some reported being wrongly asked to produce photo ID - such as a UK passport or driving licence which asylum seekers do not have - before the card would be accepted for payment.

...Last time they even asked to see my passport. I said I don't have a passport and they said to stand by the side while they call the manager. The manager came and said 'where is your passport, show us ID'; I showed them my college ID but they said 'no we want an ID with a picture on it'. I was very embarrassed; everyone was looking, looking like the card doesn't belong to me. They kept me there for a long time waiting so I ended up leaving without the food, and this has happened several times.

- iv. **Problems with keeping track of how much credit is on the card, which can be checked by contacting a telephone helpline that is only free from a landline** (bearing in mind that the individual may not have access to a landline or a mobile phone, or may not be able to pay for credit for their mobile phone to make such a call). Additional problems included keeping track of or accurately estimating the total value of items in the shopping basket to ensure that the purchases have not exceeded the available credit limit on the card. Where the money on the card is not sufficient to cover the total value of the purchases, the payment is refused at the checkout, leading to the loss of all the shopping. Individuals reported that in these circumstances shop staff refused to remove items to bring the total within the available credit limit and also refused to keep track of the total as items were checked out in order to prevent the purchases going over the limit.

... The money is not enough, everything is so expensive - what usually happens is I do the shopping and if the amount is a bit higher, then the card does not work. You can't take items off so you have to leave everything. All the time I say this is the amount I have please do not put through any more than that. Sometimes I think something is one price and then when they put it through the till it is another.

- v. **Cards being lost or stolen and lengthy delays for replacements to be arranged.** Difficulties both requesting and receiving emergency payments, which should be made in such circumstances, including difficulty contacting the telephone helpline (as described above) and difficulty with making arrangements for receipt of emergency payments, leaving people with no means of supporting

themselves in the meantime.

... It takes like three weeks or so [to get a replacement if the card is lost or stolen]. I have had this experience, but after a week someone came with vouchers for one week and said he would be back, but never came back.

- vi. **Difficulty getting to shops that accept the card for any reason, including the distance from the accommodation centre, resulting in a loss of income due to the weekly carry-over limit.** As claimants do not have cash to pay for bus fares they will have to walk the entire distance carrying all their purchases. Although they should be able to get travel assistance if their journey is more than three miles, according to the regulations, individuals may have to walk many additional miles for other reasons (including to meet UK Border Agency reporting requirements). They may be suffering from poor health and may have inadequate shoes and clothing to wear.

... Sometimes if I am in pain I cannot walk, cannot use the bus. I have to force myself to walk, no matter how cold or sick I am.

- vii. **Inability to save money to buy more expensive items from designated shops** - such as a winter jacket or shoes - due to the weekly carry over limit of £5, leaving people inadequately clothed, especially in the winter, or forced to make a choice between clothing and food.

... When I want to buy some clothes I have to stop eating and have to buy something [clothing] from Tesco - it is very expensive and often £35 is not enough.

- viii. **Hostility from shop staff and from the general public when trying to use the card**, particularly due to the stigma attached to asylum seekers.

... They look at you in a different way and they tell everyone you are an asylum seeker.

... There is not a single trip to the shops where I have not had a problem. The way they treat me is very bad, and it was too much. I used to cry and sob a lot every time these things happened; I leave my shopping and go.

- ix. **Feelings of shame, anger, frustration, humiliation, anxiety and/or distress** when using the Azure card and a chronic dread of going shopping because of these experiences.

... Several times I have left shopping on the floor in frustration; embarrassed, I feel I belong to a different world, I am not one of the public. It is quite inhuman using it. On the one hand you have to go to shop to buy things to survive; on the other hand you don't want to use this card.

... Everyone stares at me like I have done something wrong, I feel very anxious – shame - very, very much shame, everyone stares and I don't know what to say, I just leave the store. Sometimes they hold my card and really argue with me, I am desperate for them to give back the card so I can leave. They ask 'what sort of card is this?' I say Section 4, 'what is Section 4?' How do I talk about my case in this place, I hate it. I am full of distress even before getting to the shops. Every time I think of shopping I get distressed ...I feel it very, very deeply.

Adequacy of Section 4 support to meet essential living needs

Irrespective of the difficulties with using the Azure card, eight of the nine questionnaire respondents in receipt of Section 4 support said that they do not have enough money to meet their essential living needs in the UK and seven said that they worry about this *all the time* or *most of the time*. Five people said either that they are *never* or *not often* able to buy enough food of sufficient quality to maintain their health and meet their needs for a nutritional, balanced diet. Four said that they are hungry *all the time* or *most of the time* due to being unable to afford to buy sufficient food of any type. Seven respondents said that they are *not often* or *never* able to afford to buy appropriate clothing which is adequate to keep them warm, clean and dry and four of the nine said they are unable to regularly buy essential items such as over the counter medicines, household cleaning products, toiletries and sanitary items. Respondents also reported that they are unable to pay for travel costs and are rarely able to afford to pay for the cost of a mobile phone or have access to other means of communication such as the internet, fax or mail.

Resources needed to present an asylum claim and to attend medical and other essential appointments

All respondents on Section 4 support are torture survivors and are likely to be making ongoing efforts to secure protection, based on the fear that if they return to their country of origin they would be subjected to further detention and torture. However, four of the nine respondents said that they are *never* and a further two said they are only *sometimes* able to find the cash to do the following essential things in connection with making a fresh asylum claim or in relation to maintaining their support provision:

- make phone calls to their legal representative or to the UK Border Agency
- pay travel expenses to attend essential appointments or meet reporting requirements
- post or fax documents and other correspondence to legal representatives or the UK Border Agency.

Two respondents reported being unable to attend appointments with doctors as they could not pay the travel costs and five said that they regularly missed appointments with counsellors and therapists for this reason. Five respondents said that finding the money to maintain contact with the UK Border Agency and their legal representative in order to pursue a fresh asylum claim and to attend essential appointments *always* or *regularly* meant that they are unable to meet their other essential needs, including for food and clothing.

2.4 Access to local authority support

Entitlement to access local authority support

Local authorities in the UK have duties and powers under various statutes to accommodate and support people who meet certain conditions.⁶⁴ For example, Section 21(1)(a) of the National Assistance Act 1948 provides that local authorities in England and Wales may accommodate people over the age of 18 who because of age, illness, disability or any other circumstances are in need of 'care and attention' which is not otherwise available to them.⁶⁵ This means that the person needs looking after including because of mental health difficulties. A homeless person who requires a certain level of care is also able to request an assessment from the local authority and may then be able to access accommodation, subject to the outcome of the assessment.

However, access to 'community care' services are very restricted for people such as asylum seekers and refused asylum seekers who do not have permission to remain in the UK. They are not entitled to community care support if their need for care and attention arises solely from destitution; they must show that they have additional health needs requiring care and attention on top of any such needs caused by destitution. In Scotland, according to UK Border Agency policy, the same principles apply with regard to responsibilities towards those asylum seekers and refused asylum seekers with 'care needs'. However in practice, the division of responsibilities between the UK Border Agency and local authorities is reported to be a matter of some dispute and specific guidelines on this issue do not appear to be available.⁶⁶

Some refused asylum seekers are ineligible for 'community care' support - this applies to those who are deemed to have 'failed to co-operate with removal directions', if they are 'in breach of immigration laws' (usually because they failed to claim asylum on arrival in the UK) or if they are a family that has been found to be 'failing to take reasonable steps to leave the UK'. Other refused asylum seekers - those with an outstanding asylum claim or those who claimed asylum on entry to the UK and have a need for care and attention that does not arise solely from their destitution - may be entitled to community care support. They may be additionally entitled to community care support if refusing this might breach their human rights. A breach of human rights might include facing 'serious suffering' (such as street homelessness) as a result of being denied food or shelter. However, human rights will not be considered to have been breached if the person or family could 'reasonably be expected to return to their country of origin', which usually applies to refused asylum seekers who have no further appeal rights on their asylum claim, unless they have made a 'fresh claim' for asylum or other immigration application.

The situation for unaccompanied asylum-seeking children is, however, different. They are not accommodated by the UK Border Agency but are instead supported by their local authority under Sections 17 or 20 of the Children Act 1989 in England and Wales and under Sections 17, 22 or 25 of the Children (Scotland) Act 1995 in Scotland. They should be treated in the same way as British children who have been taken into care, although they may have additional needs which should be met. Upon leaving care, the former child may be entitled to continued support from the local authority, including accommodation, until they reach the age of 21, and in some circumstances 25. In order to assess whether a person qualifies for care under these statutes, the local authority may conduct an age assessment.

A dependent child whose parents are eligible for support from the UK Border Agency (Section 95 or Section 4 support) should be supported by the UK Border Agency with their parents. However, the child and potentially his/her parents may also be eligible for support from the local authority under Section 17 of the Children Act or Section 22 of the Children (Scotland) Act 1995 if the child is 'in need' of services. This may mean that a child who is destitute or whose parents are destitute would be entitled to local authority support.

Evidence of access to local authority support

Of the 85 client questionnaire respondents, only eight had made applications for local authority support (none of whom were resident in Scotland) and four were receiving it at the time of the research - two under Section 21 of the National Assistance Act and two under Section 20 of the Children Act. All four were living in London. One was under 18 when he had arrived in the UK as an 'unaccompanied asylum seeking child' and the other had arrived alone, aged 17, three years previously and was in receipt of ongoing services from the local authority. Three of these respondents had submitted further representations for a fresh asylum claim which were outstanding and one (the unaccompanied child) had Discretionary Leave to remain in the UK.⁶⁷ All had significant mental and physical health problems attributed to their history of torture and/or possibly other trauma in the case of those who had come to the UK as unaccompanied children.

The respondent who was receiving ongoing support under Section 20 of the Children Act, having left local authority care, said that this consisted of accommodation provision, support to attend college and meeting with a personal advisor every two months. He said that although he had been warned that his entitlement to support would end the previous year, a further assessment had been carried out and for the moment the support had continued, albeit at a lower level. He said that he remained very anxious about the possibility of the imminent withdrawal of support and feared making contact with his social worker in case this precipitated a decision to reassess his case.

One of the two respondents in receipt of Section 21 support from the local authority said that she had previously been living with no support for two years when her asylum claim was refused and her subsequent application for Section 4 support from the UK Border Agency had also been refused. She said that she had been forced during this time to rely on handouts of food and clothing from voluntary organisations and faith groups and help from friends. The other respondent in receipt of Section 21 support had been the subject of an age dispute and his efforts to prove he was a child were unsuccessful. As a consequence he had been treated as an adult for the previous year and supported by the local authority, after the intervention of his solicitor. He said that he had been without support for a total of two months in the previous year, during which time he was forced to rely on borrowing money from friends.

The other four respondents - half of all those who had applied for support from the local authority - said that their application had been refused and that they had no formal support at the time of research. Two of these were resident in London at the time of the research and the other two were living in Manchester and in Birmingham respectively. All had significant health problems attributed to their history of torture (and/or possibly other trauma in the case of those who had come to the UK as unaccompanied children), including symptoms of depression and PTSD, physical injuries and chronic pain.

One of these, who reported being 16 at the time of the research, said that he had arrived in the UK as an unaccompanied child the previous year, but that the UK Border Agency had not believed his age and he had been treated as an adult (over 18 years). He was waiting for a decision on his initial asylum claim but had been refused support by both the UK Border Agency and the local authority, who despite acknowledging that he had 'care needs', deemed that these were being adequately met by the friends who had informally accommodated him. He said that he had had no income for eight months.

... I do not have enough food, no home, no proper or appropriate clothing for the right season. And I do not have the freedom to choose my own meal, TV time, sleep time - all my life is affected.

The other three respondents, aged 19-40, were all were waiting for fresh asylum applications to be submitted or considered following the final refusal of their initial asylum application. Their application for Section 4 support from the UK Border Agency had been refused, as had their application for support to the local authority. They had been without any support for 18 months, 15 months and five months respectively, and were entirely reliant on informal support provided by voluntary organisations, friends and community members throughout this period.

While these respondents said that they did not fully understand the reason for the refusal of support from the local authority, between them they said that they had been told that they were deemed ineligible as i) it was not believed that they were destitute and/or ii) it was not believed that they had been tortured and/or iii) they did not have sufficient 'care needs' and/or iv) they could not comply with the condition to cooperate with voluntary return to their country of origin.

Respondents said that they had informed those assessing their case that they were a torture survivor, though they said that this had either produced no response or one of apparent disbelief.

... They dismissed everything I said. Since I had no proof, they thought I was lying.

... The interview was like an interrogation, I will never forget it.

Clinicians reported having to spend a great deal of time supporting, or advocating on behalf of, their particularly vulnerable clients in making an application to their local authority for community care support or for appropriate support under Section 20 of the Children Act. They commented that this detracted from valuable time for vulnerable clients in therapy or counselling sessions and, if pursued outside those sessions, impacted significantly on their overall workload.

One clinician, based in one of Freedom from Torture's centres outside London, reported that where their clients have significant health needs, based on physical and/or mental health conditions, they will make a referral to the local authority social services department for support. It was reported that in this centre they have up to five clients at any one time supported by the local authority under Section 21 of the National Assistance Act. However, the clinician also stated that if local authority support is refused, 'which it invariably is', they then need to refer the case to a solicitor in order to try and get it resolved. It was reported that in some cases the local authority does not even conduct a community care assessment (as required under the legislation), but instead instructs their solicitor to inform the applicant's solicitor of their decision not to provide support. The same clinician gave an example of a client who was placed in bed and breakfast accommodation while waiting for a community care assessment and who remained there for five months, even after an assessment was carried out and he was deemed eligible for community care support.

Clinicians working with unaccompanied children and young people in Freedom from Torture's London centre reported particular problems with the provision of 'leaving care' support, which should be provided to vulnerable young people up to the age of 21 (or 25 in some circumstances), who have been supported 'in care' under Section 20 of the Children Act for at least 13 weeks after the age of 16. 'Leaving care' services may include support from a social worker with any or all of the following: finding and managing accommodation, going to school or college, finding a job, applying for and managing benefits (if unable to find a job or if a student) and any other needs, as required in the individual case. A pathway plan must be provided and reviewed every six months, and a personal advisor must be appointed.

In the experience of clinicians interviewed for the research, such services were very often not provided to young torture survivors when leaving care, leaving them vulnerable to destitution if they have been unable to successfully navigate the welfare benefits system and/or successfully access suitable housing (or manage their tenancy). Other difficulties faced by young people with no ongoing support included accessing appropriate ongoing education and/or training. Clinicians reported that intervention in support of young people in such situations invariably involved specialist solicitors, who were able to successfully challenge the local authority's refusal to provide adequate ongoing care in many cases. However, despite the involvement of solicitors, it was reported that the situation often took many months to resolve during which time the young person may have suffered severe hardship and distress.

Other difficulties reported by clinicians working with children and young people included clients whose

age had been disputed by the UK Border Agency and/or the local authority, leading them to be treated as an adult within the asylum system. This had led, in some cases, to vulnerable young people being housed in unsuitable accommodation with adults and to a refusal by the local authority to address their overall care needs and provide appropriate support services.

2.5 Accommodation provision for survivors of torture in the asylum system

Entitlement to appropriate accommodation provision

Torture survivors awaiting a decision on their claim who are receiving support from the UK Border Agency and who face 'destitution' are provided accommodation on a one-offer, no-choice basis outside of London except in exceptional circumstances.⁶⁸ Section 95 claimants may apply for support payments without living in UK Border Agency accommodation, for example where someone has friends or family members with whom they can stay. However, this research shows that those who do not request or accept UK Border Agency accommodation may be refused 'cash only' support on the basis that they are not deemed to be destitute i.e. they have other means of support (see 3.2 *Reasons for the refusal or denial of support*).

Those whose asylum claim has failed may be provided with accommodation and support (Section 4 support) from the UK Border Agency if they fulfil the eligibility requirements. The accommodation is offered on a no-choice basis, with no financial support being available to those who do not accept it. Accommodation providers and the accommodation itself are in many cases the same for claimants of Section 95 and Section 4 supports. However, Section 4 claimants are unlikely to be offered accommodation in the same facility in which they have been previously housed (when in receipt of Section 95 support). The reasons for this include the likelihood of there being a gap between supports, during which period they will have been evicted from their UK Border Agency accommodation in most circumstances (unless, for example, they have children).

Since 1999 it has been government policy to 'disperse' asylum seekers who claim asylum support around the UK to any of seven specified 'dispersal areas' and claimants are only accommodated in London and the south-east of England in certain specified circumstances.⁶⁹ Policy guidance allows for the consideration of requests not to be dispersed from London on health and other limited grounds, including if the person is in treatment with Freedom from Torture in London.⁷⁰ In practice it can be difficult to invoke this policy.

While accommodation for asylum seekers was previously administered by NASS and then the UK Border Agency, since 2009 contracts for the provision of accommodation in the asylum system have been awarded through the Commercial and Operational Managers Procuring Asylum Support Services (COMPASS) project.⁷¹ In 2011 new COMPASS contracts were agreed with a number of private companies including Clearel Ltd., G4S Care and Justice Services (UK) Ltd. and Serco Limited (Serco Civil Government). In principle, all asylum seekers have been accommodated by these suppliers since December 2012, though in practice the transition was not completed until April/May 2013 due to delays in completing handover contracts and in sufficient new accommodation being made available. At the time of this research (2011-12) these and other suppliers, including other private companies and local authorities, were contracted to provide accommodation under the COMPASS project, and while the specific findings reported below reflect conditions in these accommodation facilities at that time, Freedom from Torture continues to be concerned about the ongoing and serious nature of accommodation problems regularly reported by clients in this system.

Adequacy of accommodation provision for survivors of torture

Of the 28 questionnaire respondents receiving asylum support at the time of the research, 24 reported that they were living in UK Border Agency accommodation (a flat or room in a shared house). Four of those on Section 95 support were living informally with family or friends. The majority were housed in London (17 people), while five were housed in Glasgow and one in each of Manchester and Birmingham.

Moving accommodation

The majority of the 28 questionnaire respondents supported by the UK Border Agency had lived in the UK for between one and four years, though four people had spent between five and 12 years here. Our

research uncovered considerable instability in the accommodation situation of torture survivors supported by the UK Border Agency, a significant number of whom have had to move many times to different locations in the UK over the months and years that they have lived here. Reasons given for moving accommodation included the following:

- being moved into an initial accommodation centre (full or semi-board hostel) when an asylum claim is first made;
- being moved to UK Border Agency accommodation while an asylum claim is being considered, which may include being 'dispersed' to another part of the UK;
- being moved to a different accommodation provider, in the same or different part of the UK when UK Border Agency contracts with housing providers have changed;
- being moved to different accommodation with the same provider, for reasons including problems with the quality or suitability of the accommodation such as overcrowding or shared rooms (in one case a respondent to this research reported that their asylum accommodation had burned down);
- being evicted from UK Border Agency accommodation due to non-compliance with accommodation regulations (for example leaving the accommodation without permission, having someone to stay in your accommodation or failing to comply with reporting requirements without reasonable cause) and being re-accommodated elsewhere when/if the problem is resolved;
- being evicted from UK Border Agency accommodation when an asylum claim is refused and accommodated elsewhere when a claim for Section 4 support has been accepted; and/or
- moving between friends or relatives' accommodation which has been provided informally where UK Border Agency accommodation has been withdrawn, refused or has not been applied for (for example those who have applied for or been given 'cash only' support).

According to clinicians who commented on this issue, frequent moves and the lack of a safe and secure living space can be very disruptive for their clients, particularly if they are required to move away from professional and social support networks and established service providers.

Clinicians emphasised the importance of 'home' in creating a feeling of material and psychological safety and the necessity of being in a place of safety in order to focus on and process traumatic experiences. On a more practical level, clinicians also noted that changes of address for any of the reasons mentioned by questionnaire respondents frequently cause administrative difficulties and gaps in the provision of financial support, leaving people with no income for significant periods of time. This may happen, for example, when someone is dispersed from their initial accommodation centre to their Section 95 accommodation, if they are moved into different accommodation while in receipt of Section 95 support for any reason and/or when someone is evicted from their Section 95 accommodation and is subsequently accommodated again when granted Section 4 support.

Choice and location of accommodation

In accordance with current asylum policy, all 24 questionnaire respondents accommodated by the UK Border Agency said that they had been allocated accommodation on a 'no choice' basis. With regard to the policy of dispersal, 13 reported that they were clients of Freedom from Torture at the time when they had applied for UK Border Agency support. Of these, 12 said that they (or Freedom from Torture clinicians on their behalf) had advocated to be accommodated in London in order to access ongoing treatment at Freedom from Torture and 11 were permitted to stay. Half of all the questionnaire respondents accommodated by the UK Border Agency (whether in London or in one of the dispersal areas) said that it took more than one hour to get to Freedom from Torture from their accommodation and three had to travel two hours or more to get to their appointments.

Some respondents said that the enforced separation from family (including in some cases their own children⁷²) and community and support networks through dispersal and the location of accommodation in out-lying areas of London and other cities, had led them to refuse to accept UK Border Agency accommodation, even if this meant that financial support was also not provided (see *Chapter 3: Destitution – survivors of torture living with no support* for discussion of this issue).

According to the COMPASS Statement of Requirements, accommodation providers contracted by the

UK Border Agency are required to take account of a number of factors when selecting the location of accommodation for asylum seekers, including the 'cultural compatibility of the environment and the proximity of other people speaking the same language', the presence of 'social tension incidents' and the availability and capacity of local health, education and other support services.⁷³ Accommodation providers are also required to 'agree and acknowledge that the safety and security of the Service Users in the Provider's care is of absolute importance and must not be jeopardised.'⁷⁴

More than half the 24 questionnaire respondents in UK Border Agency said that they had difficulties arising from the location of their accommodation including all seven accommodated outside London. Clinicians reported that social isolation and lack of access to sources of support and social contact compounded the effects of other losses experienced by torture survivors (of family and of living in their home country for example) and exacerbated existing trauma related psychological symptoms, including self-isolation and depression.

... I am very quiet; I just pray, go to the library and then go home. I don't have any friends.

... The people that I have contact with are other asylum seekers but they are always being moved away. You say hello to some people but you are shy to speak.

Those accommodated in Glasgow (and some in London) reported particular difficulty with being accommodated in areas which were far from shops and services, including healthcare services and schools, which caused many problems given the lack of money for transport. Some respondents in Glasgow and London (including three families) said that they do not feel safe where they live due to the high incidence of crime in the local area and/or because they do not feel welcome in their local community.

... The local community is hostile and insult me a lot.

... I don't go out but I hear fighting at night and I know other asylum seekers who have been attacked and brutally beaten.

When specifically asked about relations with their local community, nine of those accommodated by the UK Border Agency said that they do not know people who live around them (including seven of those in London and two in Glasgow) and six people said that it is difficult to get to know people in their local area (four of these in Glasgow). A further three people said that they avoid contact with people in their area, through lack of confidence about how they will be treated.

... I don't know them very well, they don't seem friendly and I don't feel safe.

Of those six people who described their relations with their local community as *generally good*, some ascribed this to the fact that they live in a multi-cultural area or in an area with other asylum seekers. While only a few respondents characterised their relations with others in their local community as *unfriendly* or *overtly hostile* (five people), when asked specifically about experiences of racism, hostility and violent or threatening behaviour in their local area, a larger number said that they had experienced some or all of these. Of the 24 people accommodated by the UK Border Agency, three reported having experienced racist attacks (one of these accommodated in Manchester and two in Glasgow) and five people other types of violent behaviour (all areas), while eight said that they had been subject to racist abuse (all areas and four of the five respondents in Glasgow), one of these *regularly* or *often*. Ten people said they had experienced hostile comments and eight people reported threatening behaviour (all areas and four of the five respondents in Glasgow). In each case three of these said this happens *regularly* or *often*.

... Two weeks ago someone put a brick through the window at 7.30 in the morning on a Saturday. A fight broke out; they called us 'cheap people', 'asylum people'. I stayed in my room and locked the door; I didn't want to get involved.

... Neighbours' children have smashed windows and are routinely aggressive.

... They sent dogs to me, children throw things to me. Lots of insults, people come and bang on your door at night.

Focus group participants also discussed the issue of racism and hostility from local communities in areas where asylum seekers are routinely accommodated, particularly outside London. One participant described the fear he felt when accommodated in an area of Newcastle where people would 'scream at him on the streets' and throw beer cans and where on one occasion he was attacked at a train station.

The same individual also knew an asylum seeker who was killed in a racist attack, following which his housing manager had advised others not to go out in their local area in the evening. This participant said that it felt to him like living in a 'war zone' in his home country.

Clinicians interviewed for the research reported that clients are often housed in areas where the local population is suffering from multiple forms of deprivation, including low income and low levels of employment, poor quality housing and inadequate local services. In this context - and in a situation where far-right political groups actively seek to exploit the issue of 'immigration' in order to gain support and encourage negative perceptions of asylum seekers and refugees (as well as migrants) - they said that many clients are subjected to racist abuse. Indeed a recurring theme raised by clinicians in the research was that clients do not feel safe where they live, with clinicians pointing out that it is particularly important for survivors of torture to be living in a safe area and in secure accommodation in order to create a safe 'recovery' environment.

Appropriate accommodation

According to the contracts, all COMPASS accommodation must adhere to minimum quality standards, and should be 'safe, habitable, fit for purpose and correctly equipped ... in all agreed areas'. Contract requirements include the provision of support services, such as assistance in accessing health services and orientating new arrivals to their accommodation and area. Suppliers are also required to ensure that accommodation is maintained and serviced to the requisite standards and to provide an 'emergency response and reactive maintenance service' with set response times where complaints about the accommodation are received and for repairs to be carried out. Anti-social and/or violent behaviour that occurs in accommodation facilities is expected to be appropriately 'managed' by the contracted providers. Moreover, 'particular characteristics and special needs', including vulnerability arising from torture, should be taken into account in decisions about the type and location of accommodation allocated.⁷⁵

Findings from this research, described in detail below, suggest that the UK Border Agency's contracted suppliers of accommodation to asylum seekers have in many respects failed to meet their requirements and obligations, at least towards these 'service users'. Of particular concern is the inappropriate and poor standard of accommodation provided. This suggests that the UK Border Agency may also be failing in its obligation to provide effective oversight of the provision of accommodation administered through COMPASS.

Adequate space and shared facilities

Of the 24 questionnaire respondents accommodated by the UK Border Agency, 15 reported that they were single, or not currently living with their spouse or partner, and nine said that they were accommodated with family members (five of them were living with their children). Of these nine, two were living with their spouse in one room 'studio' flats within UK Border Agency accommodation facilities. The others were living in flats and in one case a house, with an average of four people sharing three rooms, two of which were bedrooms. These respondents reported an overall lack of space in their accommodation with most saying that family members had no private space. This was reported to be particularly problematic given the trauma symptoms that one or more members of the family were managing, including insomnia, disrupted sleep, nightmares and flashbacks, and the potential impact of these on others, including children.

Most of the 15 single respondents accommodated by the UK Border Agency were accommodated in London and were placed in shared housing with as many as 18 people in one case, more than ten people in three cases and an average of seven people overall. A third of single applicants were required to share a bedroom with someone they did not know.

Respondents in shared accommodation said that the lack of space made it impossible to live a 'normal' life. Although the majority had a room to themselves, they described their rooms as very cramped with no space to store belongings, food or to move around freely - conditions which give rise to considerable stress over time, particularly where individuals find them to be reminiscent of a cell in detention.

... If I do some shopping I can't leave it in the kitchen I have to take it all to the bedroom. There are no cupboards so I have to put my shopping with my clothes or under my bed- there is a small fridge only for milk. I only have my bed - I eat there, wash in there, sit there, everything is in there.

... There are seven women and five children in a six bedroom house; my room is the smallest of all the

rooms there. How can I describe it? I go to the room and I sit on the bed, there is not even room for a chair. I eat sitting on the bed, I write sitting on the bed.

... Our room is really small and we do not have enough space even for praying.

Respondents describe the shared rooms, such as the kitchen, toilet, bathroom and living room, as being inadequate for the numbers required to use them. Only eight people in UK Border Agency accommodation said that they had access to a living room to share with other residents.

... The living room is very small and all have to share it. It is about half the size of this office and there is only a table and four chairs in it so we must go to the kitchen to sit down. Because one kitchen is not working, there is only one that can be used and only space for two people to cook, so others must queue to use it.

Common problems with shared living space reported by respondents, over which they said they had no control, included:

- lack of hygiene in the kitchen, bathroom and toilet;
- Insufficient hot water for all the residents to shower and wash;
- lack of sufficient space and furniture in the living room to accommodate the number of people living there;
- lack of space in the kitchen for more than one or two people at one time and lack of functioning equipment with which to prepare meals;
- no lockable cupboards and lack of space in the fridge to store food in shared kitchens; people taking others' food without permission;
- no locks on bedroom doors, so that documents and belongings are not secure including legal documents, food and clothing; and/or
- noise and overcrowding, leading to lack of sleep and/or the ability to relax.

... I don't really use the living room or kitchen because it is quite filthy and I can't really use them. There are very long queues for the bathroom and no cleaning, no hot water.

... It is difficult to keep food stuffs in the kitchen because I live with different people, the others also do not have enough money, so if they need something they will take it from me - so if I can buy a few things I keep it with my clothes in the bedroom.

... My room is not secure so if I and my roommate leave the room people will break in and take my things. Even my documents are not safe. I must leave them with someone.

Respondents gave mixed answers when asked to describe their relationship with other residents in their shared accommodation facilities. Some respondents described relations as generally good and friendly, however others said that they either do not know or tend to avoid other residents. Many respondents also described particular difficulties with fellow residents, some of which could be attributed to differences in culture and behavioural norms and other aspects of people's diverse backgrounds. However, in other cases it was the violent and abusive behaviour of other residents that was highlighted as a cause of stress and concern.

... From what I know the others are released prisoners but I don't know them. Because they have a tag they can only leave the house for 2-3 hours per day. Almost all of them have mental health difficulties as they all stay indoors all the time.

The most frequently reported problems with other residents included the following:

- language differences and communication difficulties;
- cultural and/or religious differences, attitudes and behavioural norms and expectations that arise from these;

- mental health conditions and symptoms of trauma and behaviour arising from these;
- sexual behaviour, such as women or men bringing back sexual partners to the (single sex) accommodation facility, which can be particularly problematic for those who have suffered sexual torture, especially given the very close proximity in which people are living and the lack of privacy and security in the accommodation generally (see *Quality of accommodation* below);
- alcohol/ drug use/ smoking in the accommodation and behaviour arising from these; and/or
- abusive and/or violent behaviour and/or racism.

Shared bedrooms

As noted above, five of the 15 single questionnaire respondents were living in shared rooms in their accommodation. All five respondents expressed serious concerns about sharing a bedroom, as did participants in focus groups who had experienced the same situation. They reported being concerned that they disturbed and frightened those they shared with due to the nightmares and flashbacks they experienced, causing them to scream out loud and wake in a distressed state. They also reported having difficulties falling asleep or staying asleep, symptoms of both depression and PTSD common among survivors of torture, which were exacerbated by sharing a bedroom with others.

... I don't like sharing, particularly if I wake in the night and shout and have nightmare, but I don't like to say anything.

...I have tried very hard to change my accommodation. I find it very difficult to be with others if I don't know them, I feel stressed and anxious. I don't know my roommate and he doesn't know me. I find it so difficult to sleep I just sit and then when it is quiet during the day I try and sleep or go to a friend's house to sleep. Sometimes if I am exhausted I fall asleep but I wake in fear because of my experience.

Clinicians also reported instances in which their clients have experienced abuse, threats and even violence from roommates in accommodation centres and regarded it as a serious problem for clients to be required to share a bedroom with someone they do not know.⁷⁶ Concerns focussed on the profound impact that such violence and intimidation (committed in their 'home') is likely to have on those who have already suffered the trauma of torture. One clinician gave an example of a client who had been tortured on account of his sexual orientation and who had then suffered threats, intimidation and physical violence from his room-mate on the same basis until he was eventually moved after repeated interventions from the clinician.

In Freedom from Torture's experience, requests from clinicians to move individuals in such circumstances to a place of safety and to re-accommodate them in a single room are not consistently responded to with the urgency that the situation requires and in some cases the problem remains unresolved for protracted periods. Such circumstances may exacerbate existing symptoms of 'hypervigilance' (a symptom of PTSD), already present as a result of torture.⁷⁷ People's ability to manage this and other ongoing psychological symptoms related to torture is constantly undermined by exposure to further trauma.

Clinicians and clients also reported that being disturbed by others experiencing similar distressing symptoms may lead to an exacerbation of their own symptoms.

... They put you in a room with someone so you're sharing. They don't brief him about you, about your mental state, and they don't tell you about him. Maybe one of you is sick. There are two of you living there with closed windows, sleeping, staying together in a tiny room.

Those men or women who have experienced sexual torture are particularly vulnerable in such circumstances, whether or not they feel immediately threatened by those with whom they are required to share a bedroom.

... I feel each and every human being needs private space, especially at bedtime and especially for me with my past rape and abused background.

Clinicians stated that clients often report particular difficulty coping with the behaviour of their room-mates, who may bring back friends, engage in sexual behaviour, drink alcohol, smoke and/or take drugs in shared rooms. Questionnaire respondents also described the stress and difficulty of trying to

live in a very small space with someone you don't know in a situation where you may not have a common language – of continually attempting to be respectful and accommodate the others' needs as well as your own. They described how the necessary tasks of washing, sleeping and eating require compromise and negotiation around both the limited physical and social space.

... I have lived there only 6-7 months, but when I think about it, it feels like so many years. I haven't felt like myself even for a single day. Starting from the bedroom, even if I want to wash, the bed of my roommate is in the way and I will disturb him. The basin in my room is so small, we spill water when we wash and it spills on the carpet which gets wet and smelly. Sometimes I want to sit and he wants to sleep and vice versa. Perhaps around four or five in the morning I fall asleep and then my roommate gets up to wash. I am just falling asleep. Maybe he wants to make his breakfast, he is hungry, wants to go out. I know how this feels and I don't want to disturb him, so I avoid what I want to do. Sometimes I am very hungry and I go to the kitchen and someone is using it so I go back to my room. How can I tell you, it is not me who is living; my outside is living.

Quality of accommodation

Questionnaire respondents were asked to rate the quality of their accommodation in respect of a number of basic characteristics – comfort, warmth, dryness (absence of damp and water leaks), cleanliness, state of repair, safety and security. The overall picture was mixed, though the accommodation was not rated as *excellent* by any respondent in any of these categories. Most said that it was reasonably warm and just over half said that it was free from damp. However, nearly two thirds of respondents reported that their accommodation was either *poor* or *very poor* in terms of comfort, overall cleanliness, state of repair and safety and security.

... One toilet is unusable; the carpet is dirty. The gas cooker has been broken for ages and not repaired in one kitchen. I never ever feel safe and secure where I live. I can't leave things in my room. Two bedrooms were ransacked - the police came but nothing happened.

Most respondents said that their accommodation was supplied with the basic essentials in terms of furniture and equipment such as a table, chair, bed and bedding, refrigerator, sink, cooker and laundry facilities. However, many reported the lack of adequate cooking equipment, utensils and cleaning equipment. When asked to comment on the quality of fixtures and fittings and equipment supplied, respondents said that many of the items supplied were in poor condition, were poor quality or were unclean. Three of five respondents with children said that equipment and furniture supplied was unsafe for children (including broken tables and chairs, exposed hard surfaces and potentially dangerous items which were not secured out of reach) and two said that no childcare or child safety equipment was provided in the accommodation.

... There is a small refrigerator in the room, not enough for my food, just milk and essential things. Cookware and utensils - they gave one small dirty, rusty saucepan to me when I moved in.

... There is no freezer; the cutlery and crockery is very old, there are no pots for cooking.

... I asked for mop and brush; the NASS manager knows me and knows I like cleaning, but he never brings anything. That is why we are unhealthy. We have no knives because someone cut themselves with a knife. I have put my duvet under the mattress because all the metal is coming through.

Half the respondents said that they had reported missing or inadequate equipment to the housing provider but in all cases the relevant equipment was not provided.

... I lock my room whenever I am in it because anyone can walk into the house. It's dirty, it's old, nobody cares; NASS never comes to fix anything. There's no light in the bathroom. We have asked for brooms and a mop and things - they always say they will provide 'next Monday', always next Monday! The grass outside has only been cut once, and is now all overgrown. The manager who provides the house doesn't care; they just take the money from the Home Office.

Structural and maintenance problems that had occurred over the preceding year were reported by questionnaire respondents and included: pest infestation – such as mice, cockroaches and bedbugs, lack of heating or hot water due to system breakdown, windows and external doors that could not be locked, broken windows or glass and absence of smoke or fire alarms.

... I complained for 6 months about a hole in the floor, the owner only just fixed it now. For one month



a broken window was just covered in cardboard, with glass on the floor outside, they have not sent anyone and it is a bedroom and it is very cold. The washing machine leaks. There are cockroaches and mice.

... Sometimes the boiler doesn't work - they come after 3/4 days or a week to repair it. The back door is open 24 hours. The cooker in the kitchen is broken.

... The hot water - it stops every week or so, the landlord comes to repair it and then it stops again

... There is damp halfway up the bedroom wall, when I sleep it suffocates me.

Respondents said that problems were persistent, occurred repeatedly and/or remained unresolved for lengthy periods with half of those reporting these issues to accommodation providers receiving unhelpful or very unhelpful responses and the issues remaining unresolved in most cases.

... Sometimes when I talk to them (the accommodation provider) they just bang the door and leave, they don't even listen. I am on the ground floor and I am scared all the time. I asked if they could do some repair work on the window or move me upstairs but nothing happened.

ZH*

ZH grew up in a political family and was involved in politics from a young age. Whilst still at university, he was arrested following an election in which his party was defeated. He was tortured in detention, escaping only when his wife paid a bribe.

He claimed asylum immediately on arrival in the UK in 2003 but his claim was turned down. The Home Office did not believe that he had been tortured even though he had evidence of the injuries he had suffered. His legal representative did not present the case well and his appeal was unsuccessful the following year.

ZH's support under 'Section 95' was then stopped and he was evicted from his accommodation. He felt suicidal at this point. He received news that a close family member had been killed back home which distressed him and made him more fearful of returning. He stayed temporarily with a friend he had made in the accommodation centre though the room was too small for them both and he worried his friend would be evicted if he was found there. He was also constantly anxious that Home Office officials would detain him and return him to the country where he was tortured.

The pastor of the church ZH attended offered to help him. He found him a new lawyer to bring a further appeal in his case. The pastor and congregation at this church then supported ZH for three years, giving him somewhere to stay and food. He was very unwell at this time and his support deteriorated after the pastor moved away, but he did not feel comfortable complaining or asking for more help. His lawyer referred him to the local authority which provided accommodation and limited financial support due to his vulnerable state and poor mental health.

In 2010, after seven years in the UK, ZH was granted refugee status. The Tribunal hearing his appeal found that the Home Office had not fully considered all the evidence in his case. As ZH was suffering continuing mental health problems and nightmares as a result of his trauma, he was referred to a community mental health team. A nurse referred him to Freedom from Torture for treatment.

ZH's lawyer helped him apply to the local authority for housing and he was given 'temporary' hostel accommodation. ZH felt unsafe there. The door to the hostel entrance was always left open and a number of people living there had drug and alcohol addictions. His application for permanent housing was initially refused and only accepted one year later after his lawyer helped him to challenge the local authority decision. ZH applied for Employment and Support Allowance as he was not well enough to work but this was refused after his assessment. The interview lasted just five minutes and he was not given the opportunity to explain his situation or state of mental health. He appealed this decision, again with the help of his lawyer, this time presenting medical evidence and informing them of his treatment at Freedom from Torture. His entitlement to benefit was accepted.

Now that ZH has leave to remain and is more settled, he is able to work with his therapist more directly on the experiences of torture that forced him into exile, in order to try and find a way to deal with the losses he has suffered and move on with his life.

* Names and other potentially identifying details have not been used in order to preserve anonymity as agreed with research participants.



Public shelter - "I sleep with many people, who have many difficulties and this is where I have to sleep". He explained that he has to arrive between 9pm and 11pm to secure a bed. He has to leave in the morning and he spends the day and evening walking around the streets killing time.



"Poverty place".

Photographs taken with disposable cameras by survivors of torture



In the train - "this could be my seat but because I don't have money I cannot take the train."



Asylum accommodation.

VA*

When VA arrived in the UK in 2006, she could not speak English and found the language barrier a real problem. After claiming asylum, she was sent to live in Home Office accommodation in another part of the UK away from London where others from her home country lived. She was not interviewed about her asylum claim for a year after her application, partly because of the problem of finding an interpreter who spoke her language. Her asylum claim and subsequent appeal were refused.

VA's financial support was stopped at this point and she was evicted from her accommodation with 28 days notice. VA had nowhere else to go so stayed with other asylum seekers in accommodation centres, though this meant the risk of eviction and sometimes sharing a bed. VA found this situation extremely distressing and stressful. She frequently saw friends being detained for removal to their home country. She found it terrifying when the Home Office officials would enter the accommodation forcefully, making arrests, and fighting to put people in handcuffs, amidst screaming and shouting. VA suffered frequent nightmares and was constantly afraid that she would be discovered and sent back to her country. She could not understand why she, and others like her, were made to feel like criminals when they had come to the UK to seek protection from torture and other forms of persecution.

For three years, VA had no financial support or safe place to live. She was totally dependent on others, including asylum seekers and local voluntary organisations. She became very unwell and initially tried to cope by isolating herself. VA was gradually supported to go out, to learn English and to volunteer for local charities. Eventually her English improved and she found it helpful to keep busy and be involved with the local community.

In 2011, VA was finally able to find a lawyer who could help her make a fresh asylum claim. She was able to submit a report from Freedom from Torture which described and evidenced the torture she had suffered. This took time to prepare as she needed many counselling sessions before she was able to disclose details of what she had experienced. Some months later, and five years after her arrival, she was granted permission to live in the UK.

VA was found to be in 'priority need' of housing because of her health problems and continuing vulnerability and now has a safe place to live. She is very keen to support herself and is currently looking for a job while attending college three days per week.

* Names and other potentially identifying details have not been used in order to preserve anonymity as agreed with research participants.

Chapter 3: Destitution - survivors of torture living with no support

3.1 Entitlement to support and profile of those with no support

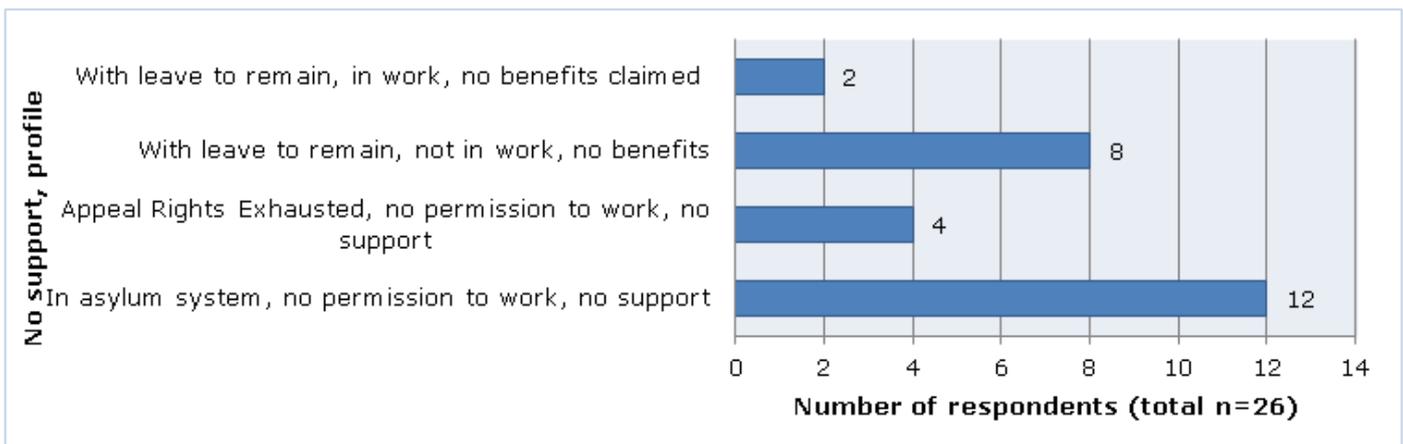
All those who have an ongoing application for asylum (initial application or fresh claim) are potentially entitled to support from the UK Border Agency if they would otherwise be destitute. In addition, those whose asylum claim has been refused may be entitled to support if they would otherwise be 'destitute' and can meet other eligibility requirements (see 2.1 *Entitlement and access to support in the asylum system*).

Other than asylum support, survivors of torture may be eligible for support from the local authority under general social care or child-specific legislation but this support can be very difficult to access (see 2.4 *Access to local authority support*).

With a few exceptions, only those respondents with settled legal status in the UK (refugee status or other leave to remain) have the right to work and therefore to support themselves.⁷⁸ Those respondents with leave to remain are entitled to apply for mainstream benefits, including Job Seekers Allowance (JSA) if they are looking for work, Employment and Support Allowance (ESA) if they are unable to work for health reasons or Income Support if they are unable to work through caring for dependents.

Nearly a third of the 85 questionnaire respondents (26 people) reported having no support from the UK government - financial or accommodation - at the time of the research. The majority of these (16 people) had no settled legal status, were not permitted to work and had no means of supporting themselves. Some were potentially eligible for Section 95 support because they were waiting for a decision on either their initial asylum claim or a fresh asylum. The majority were potentially eligible for Section 4 support, in most cases because they were waiting for the UK Border Agency to decide if their further representations would be considered as a fresh claim. Four people had no active asylum claim or application for fresh claim pending but may still have been eligible if they could comply with the other support conditions. Ten of the 26 respondents had leave to remain and therefore permission to work, two of whom were in work and did not claim support. The remaining eight were eligible to claim support from the Department for Work and Pensions while looking for work or if unable to work.

Table 8: Respondents with no support, profile



3.2 Reasons for the refusal or denial of support

The reasons for the very significant number of respondents with no formal support at the time of research - despite a potential entitlement to government support - are explored below. These include the lack of access to sufficient advice about entitlements and practical support in accessing these and the complexity of the relevant support systems. There were also problems with the application of eligibility criteria and with the assessment processes by which eligibility is assessed - these have the effect of excluding or denying those who are vulnerable and in need of support and/or causing a delay in the provision of necessary support, leaving people destitute.

Lack of access to advice and support

Clinicians interviewed for the research commented on the fact that advice services for asylum seekers and refugees to help them access the support that they are entitled to has diminished significantly in recent years, with drastic cuts in funding to those voluntary sector agencies that specialised in providing these services. This is coupled with an apparent failure in practice on the part of the UK Border Agency and mainstream agencies to proactively inform people of their rights and entitlements and a failure to provide the necessary support to enable people to access these effectively.

Both the asylum and mainstream welfare benefits systems are extremely complex and difficult for most people to fully understand and navigate successfully. Clinicians reported that their clients' efforts to do so are compounded by the problems they may have in explaining their situation and the effect that their history of torture continues to have on them. This is particularly the case for those with limited English language skills and where they may be required to disclose very sensitive information to people they do not know, in an unfamiliar, insensitive or even hostile environment (clients often report negative face-to-face treatment from government officials) or on application forms that were not designed with such circumstances in mind.

Clinicians' report that their efforts to support clients in resolving their difficulties with support agencies are often frustrated by the lack of willingness on the part of decision-makers to take account of information about the person's history of torture and the impact that this may have on their current needs and functioning.

Even where officials are receptive and willing to try and understand the situation, and where clients are able to communicate well and advocate effectively on their own behalf, there may be other barriers that prevent them from doing so. Foremost of these is the financial barrier, which means that a person simply does not have the money or other resources to make the necessary (often lengthy) phone calls to different call centres and individual officials or to send documents by fax or email. In addition, inefficiencies in systems and processes in all the relevant agencies cause errors and delays in the processing of support applications. Such errors and delays are extremely costly to Freedom from Torture clients, who may end up living on the streets or in other insecure situations for months at a time, until the situation is resolved.

Section 55 - delay in making the asylum application

Under Section 55 of the Nationality, Immigration and Asylum Act 2002, asylum support may not be provided if a person is deemed not to have claimed asylum as soon as is 'reasonably practicable' after arriving in the UK.⁷⁹ According to UK Border Agency policy guidance, a Section 55 decision will be made in all cases (with some exceptions including those who have children) and on the basis of written information submitted with the asylum application. 'Reasonably practicable' is deemed, 'generally', to mean submitting an application within three calendar days of arrival in the UK but if a decision to refuse support on Section 55 grounds is likely, then the person will be invited to attend an interview where they will be expected to give reasons for the delay. Decision-makers are instructed to take account of both the 'practical opportunity of claiming asylum' and 'the asylum seeker's personal circumstances' including 'his state of mind and the effect of any instructions given by third parties'. They are required to be alert to and assess exceptional circumstances, vulnerability and other relevant characteristics of the individual - including specifically whether they are a torture survivor - which might have affected both when their asylum claim was made and the account they have given for any delay.⁸⁰

Three questionnaire respondents who had applied for Section 95 support reported that they were refused support because they were not deemed to have made their asylum application 'in time'. The reasons they gave for not submitting their asylum application 'in time' included:

- not knowing about their entitlement for support or how to apply or where to go;
- being given the wrong advice by friends and/or relatives and not knowing that a time limit applied to the application process; and/or
- being unable to get to an appointment with the UK Border Agency due to ill health and, in another case, severe bad weather which had disrupted the transport system.

...When I came to the UK my friend did not advise me about applying for asylum or for support. I came to the UK in January 2011, I asked for asylum in May 2011, after one month I went to NASS and asked

for support (June). Because I didn't contact them immediately, they said I am not entitled to support. ...I was too sick to apply at first. I lacked medical evidence [to prove this] because I had no GP.

Not deemed to be 'destitute' or in need of support

Section 95 of the Immigration and Asylum Act 1999 states that support may be provided for adult asylum seekers and their dependents who 'appear to be destitute or likely to become destitute within a prescribed period' of 14 days.⁸¹ Applicants are deemed to appear destitute if: 'they and their dependants do not have adequate accommodation or any means of obtaining it (irrespective of whether other essential living needs are met)' or 'they and their dependants have adequate accommodation or the means of obtaining it, but cannot meet essential living needs'.⁸² Decision-makers are provided with guidance on how to calculate the 'destitution threshold' for any individual case including assessing funds available to them and whether these funds meet their essential living needs and the availability of 'adequate accommodation' (though this is not defined).⁸³ If an asylum applicant is not deemed to be destitute in these terms (as interpreted by the individual caseworker), they may be refused support.

According to Section 4 of the Asylum Seekers (Reception Conditions) Regulations 2005 which implement the UK's obligations under the European Council Directive laying down minimum standards for the reception of asylum seekers, the UK Border Agency must take into account the 'special needs' of an applicant who is 'vulnerable' – including because they are a survivor of torture – when providing or considering whether to provide Section 95 support (albeit that the applicant must have an 'individual evaluation of his situation that confirms he has special needs').⁸⁴

Of those seven torture survivors with no support at the time of the research who had been refused support on the basis that they were not deemed to be destitute, two had applied for Section 95 and a further five had applied for Section 4 support. In all cases the refusal was due to the fact that they had been temporarily accommodated by others including friends, family members or previously unknown individuals rather than because they were deemed to have sufficient financial resources to meet their essential living needs. The consequence of the decision not to offer Section 95 or Section 4 support to these individuals was that they were rendered dependent on those who had offered them temporary shelter over potentially protracted periods of time. In all these cases cash support was refused on the same grounds as accommodation – that the person was deemed not to be destitute. Their dependency on the good will and resources of others therefore extended beyond the ongoing provision of accommodation to the provision of sufficient food, clothing and other essential needs

Some of these questionnaire respondents, along with participants in focus groups who had been in the same circumstances, described being given temporary shelter and moving from place to place when those who had been accommodating them were no longer able to do so. They were nonetheless refused support on the basis that they had been able to find accommodation and meet their essential needs for a period of time and were expected to continue to do so. One clinician interviewed for this research gave the example of a client, at the time street homeless, who was required to produce letters from all those he had stayed with (even if overnight on their sofa) over a period of time, saying that they could no longer accommodate him, in order to prove that he was in need of UK Border Agency support.

Two respondents reported that they had been released from immigration detention on bail (they had been detained with a view to removal but the removal had not taken place) by an individual who they did not previously know and they were subsequently required to live at this person's address indefinitely (irrespective of whether this was a suitable arrangement for either party). They were told that they were not permitted to leave the bail address and were deemed by the UK Border Agency not to be destitute.

...Because I was bailed out of prison (immigration detention) I have to stay at the address of the person who bailed me out and so the UKBA say I am not entitled to receive benefit.

Another said that he had been too unwell to tolerate the conditions in UK Border Agency accommodation due to poor mental health arising from his history of torture and had been taken in by a family member while his asylum claim was considered. However, the UK Border Agency had refused to give him even cash support to cover his living expenses on the basis that he was not considered to be destitute.

Section 4 criteria and conditions of support

As described above (see 2.3 *Cashless support – survivors of torture living on 'Section 4'*), those whose asylum claim has been refused at the initial and appeal stages can apply to the UK Border Agency for Section 4 support until they leave the UK. To qualify for this support, as well as being deemed to be otherwise destitute, applicants must demonstrate that they are temporarily prevented from leaving the UK by meeting specific requirements. These include the possibility of removal leading to a breach of their human rights if they have submitted further representations for a 'fresh asylum claim' (based on new evidence) which is outstanding. Alternative requirements include taking 'reasonable steps to leave the UK', which usually means co-operating with a re-documentation process through their embassy in order to obtain travel documents and signing up to a voluntary return package.

Nine of the respondents with no support at the time of the research said that they were not able to apply for Section 4 support because they could not meet the requirements. Four of these had been unable to find a legal representative to prepare representations for a fresh asylum claim; the other five were waiting for their legal representative to prepare their further representations (for example they were waiting for the completion of a Medico-Legal Report providing evidence of torture). Given that they could not qualify for Section 4 support on the basis of having made submissions for a fresh claim, respondents said that they could not meet any of the other requirements either. In particular they said that they were unable to demonstrate that they were taking active steps to leave the UK by contacting their embassy for travel documents and agreeing to a voluntary return process, as this would have meant agreeing to return to the country in which they had been tortured, having alerted the authorities in that country of their intention to do so.⁸⁵

... I was afraid to go back to my home country. I was scared for my life, to be tortured again...

Three respondents also said that they could not apply for Section 4 support as this would have meant separation from their family - including their children - due to the requirement to accept accommodation allocated on a no-choice basis (potentially in any area) and the fact that families whose members are on different forms of support (where one of these is Section 4) are not entitled to be accommodated together (see 2.5 *Accommodation provision for survivors of torture in the asylum system*).⁸⁶

...I cannot separate from my children to live alone in favour of vouchers. Section 4 applies to me but I was refused vouchers unless I separate.

Refusal or delay in provision of mainstream benefits

Of the ten respondents with refugee status or other leave to remain with no government support at the time of the research, two were in work. Five of the other eight said that their claim for Employment and Support Allowance (ESA) had been refused or that payments had been stopped. Two others said that they had no support at the time of the research due to delays in receiving their benefits, having recently transitioned from the asylum system. Other respondents to the research, including clinicians and focus group participants, also commented on the difficulties in claiming mainstream benefits that they had encountered among their clients or had themselves experienced, which are discussed further at 4.3 *Barriers to accessing mainstream benefits*.

Refusal or delay in provision of local authority support

As described at 2.4 *Access to local authority support*, eight questionnaire respondents said that they had made applications for local authority support, four of whom were receiving it at the time of the research, two under Section 21 of the National Assistance Act and two under Section 20 of the Children Act.

The other four respondents said that their application had been refused and that they had no formal support at the time of research. All had significant health problems attributed to their history of torture (or possibly other trauma in the case of those who had come to the UK as unaccompanied children) including symptoms of depression and PTSD, physical injuries and chronic pain. While these respondents said that they did not fully understand the reason for the refusal of support from the local authority, between them they said that they had been told that they were deemed ineligible as i) it was not believed that they were destitute and/or ii) it was not believed that they had been tortured and/or iii) they did not have sufficient 'care needs' and/or iv) they could not comply with the condition to cooperate with voluntary return to the country in which they had been tortured.

3.3 Meeting essential living needs with no support

When asked if they had been able to meet their essential living needs while living with no support from the UK government, most of these 26 respondents, including all 16 who were in the asylum system and had no legal means of supporting themselves through work, said they were not.

Essential living needs - food, clothing, health and hygiene

When asked to report in detail about the food they eat and how often, 19 respondents with no support at the time of the research said that they were *never* or *not often* able to eat adequate food of sufficient quality and variety for a reasonable, healthy diet and that they were reliant on what others were willing or able to give them. Most said that they relied on cheap filling foodstuffs such as bread and they were *never* or *not often* able to eat fresh fruit and vegetables and meat, even though they would have liked to do so. Indeed, over three-quarters said that they were hungry *all* or *most of the time*.

... I only have food in the temple. For the last 3 years I have not even had one meal that I have liked. For my hunger, I eat anything. I have one meal a day mostly - at lunch. When I'm hungry, whatever is available I eat.

... I do not have sufficient food, at times I have nothing to eat. I rely on others to help me survive.

Having access to adequate clothing to keep themselves clean, warm and dry - in particular changes of clothes, shoes and warm winter clothing - was also reported to be very problematic, 19 respondents saying that they were *never* or *not often* able to buy or otherwise obtain (for example from charities or friends) sufficient clothing to meet their needs, especially in cold weather.

... I need a winter coat for me and for my son, and shoes - I am wearing plastic sandals now in the winter.

... I brought some clothes with me, I brought summer clothes, winter clothes my friend gave and I wash and wear it.

More than half these respondents also reported being *never* or *not often* able to buy non-prescription medicines (such as pain killers and cold and flu remedies), essential toiletries, sanitary items such as sanitary towels and cleaning items, being again reliant on what others gave them, including friends and charities. Women respondents described finding it a humiliating experience, having to ask others for such personal items as sanitary towels.

Transport and communication

The majority of respondents with no support were *never* or *not often* able to access essential transport and communication resources. In particular they were unable to pay for postage or faxing of documents or other essential letters, for the use of a phone and/or for essential travel costs as they had no money. As a consequence, they were unable to keep in touch with and attend appointments with legal representatives, Freedom from Torture clinicians and other service providers including GPs, and were unable to maintain social contact with friends and family.

Access to healthcare

Clinicians interviewed for the research said that losing access to healthcare often goes hand-in-hand with destitution. They observed that while GPs may themselves be willing to use their discretion to continue treating a homeless client, receptionists or healthcare assistants often act as a barrier. This can cause survivors of torture to reach crisis point as they run out of anti-depressants or other essential medication at the same time that they become homeless.

Other difficulties arise when clients have no address where they can receive appointment letters for consultation, investigation and/or treatment. One example cited by a clinician involved a vulnerable young person who suffered from epilepsy, among other health difficulties. When he was made homeless and forced to sleep rough he stopped taking his medication as it made him drowsy and he feared that this would expose him to additional risk. He also missed appointments with his consultant as he did not receive new appointment letters (having no fixed address) and had nowhere to keep the letters and documents that he already had. His health deteriorated as a result of the conditions in which he

was living, with nowhere to wash, obtain clean clothes or eat regular meals, and his seizures increased in frequency and severity. With the support of his clinician, his GP eventually became involved and intervened on his behalf, with the result that he was given accommodation and both his situation and health improved.

Social Exclusion

Respondents with no support described high levels of social isolation and exclusion from social and community-based activities due to having no money to pay for travel costs and other associated expenses. Eleven of the 26 said that they are *never* or *not often* able to keep in touch with family by phone or other means, 14 said they could not take part in faith-based activities and 20 said that they couldn't take part in community events, leisure, sports or cultural activities.

... I am not able to meet with my community members because I have no status, no money. I am like a beggar; they will have no respect for me.

Respondents described the severe impact of being isolated on their mood and on their feelings about themselves and about their lives.

... Being alone is very hard to cope with; just too much time alone thinking; feeling useless, unimportant.

... Being unable to take part in social activities makes me feel stressed, unwanted, vulnerable, hate of the life that I am living; isolated.

3.4 Meeting the need for accommodation with no support

Of the 26 respondents living with no formal support from the government at the time of the research, seven people said that they had been forced to sleep rough at times, when they were unable to find shelter; in one case this was for many months. These respondents - including one of the seven women with no support - reported being forced to sleep in train or bus stations, churches, public or abandoned public buildings, in buses and in doorways on the street.

Eighteen respondents said that they were mostly able to find accommodation or shelter with friends and others, or in facilities for homeless people, although sometimes only on a short-term basis.

Clinicians reported that they were aware that clients with no government support often stayed with friends - on couches or the floor - and said that this can be very problematic as the living conditions are often very unsuitable, in addition to which it may put their friends' tenancy or UK Border Agency support provision at risk. They additionally reported that many clients end up street homeless when they find themselves with no support from the government and no legal means of earning money to support themselves, leaving them vulnerable to abuse, hungry, unable to wash and with nowhere to go to and 'sit in peace'. One clinician remarked that while it would have been unthinkable some years ago, this is now a regular occurrence.

Seven focus group participants, including women, reported having been destitute at some point since coming to the UK. Some had been street homeless, even being forced to beg on the street. Others said that even when they had been able to sleep in night shelters, they had to find somewhere else to be during the day. Some respondents said that although they had been able to stay with friends temporarily, they had a similar issue of having to leave during the day, either so that they would not be discovered and cause trouble for their friend or so that they would not be in the way and asked to leave. Some participants described walking long distances on a daily basis because they had no money and nowhere to go, and going to charities for their food.

Of the 18 respondents who reported being informally accommodated by friends, family or others when they had no support, 12 said that they were staying in relatively stable situations for sustained periods of time. Of these 12, the time spent in their current accommodation had ranged from four months to five years, with the average being one year and eight months. Four of the 12 reported that they shared a bedroom with someone who is not a family member and all four said that they were not comfortable with this situation as they were concerned about disturbing others when they woke with nightmares, and uncomfortable with the lack of private space.

... The house is small and all the bedrooms are upstairs and I disturb the [hosts'] children when I scream and have nightmares and then they shout and cry.

A few people said that they felt very unwelcome in the place they were staying, where people had offered them shelter in the short term and had not anticipated how long the asylum process could take and the long term nature of their commitment. Some commented that they did not have much social interaction with their hosts, resulting in loneliness and isolation.

... I am always alone. I don't sit in the evenings with the people I live with. They are normally out.

This group of respondents accommodated informally by others in general reported their accommodation to be of good quality, mainly commenting on the discomfort caused by lack of space and privacy and, in some cases, having no bed to sleep in.

... I sleep in the living room on the sofa. My friend has kept a corner of his room to keep my suitcase and clothes and where I can get changed.

However, one person reported that their 'accommodation' consisted of a garage or shed in the garden in which there was no heating, while another said that they slept in a box room full of the family's possessions.

... I sleep in someone's shed. I have slept there every night for seven months. I used to go to the temple and slept there for two weeks when I was evicted from NASS accommodation. One of the worshippers saw me sleeping there and said I could sleep in his shed instead. Broken things are kept in there.

... I stay in a box room. It's a small room; their things are all in the same room. Sometimes I sit outside on a small wall. If they put the TV on I sit and watch it otherwise I stay in my room.

Since those respondents who were informally accommodated by others - on a short or long term basis - did not have any form of income they were also entirely dependent on their hosts (or on others) to provide for all their other needs, including for food, clothing and travel costs. In many cases their hosts were not in a financial position to do this or were not willing to do so for weeks and months on end. As a consequence the majority of these respondents reported having great difficulty in meeting their overall living needs.

3.5 Living with no support - dependence and risk

Clinicians interviewed for the research observed that destitution and the refusal of material support from the government to torture survivors seeking asylum creates a situation of dependency on others, which can reinforce a torture survivor's position as a 'victim' and significantly lower their self-esteem and increase their vulnerability. When asked to describe how they felt when living in dependent circumstances some respondents said that they had felt *relieved* and *happy* to be supported by someone but more described feeling *anxious*, *fearful*, *insecure* and *shamed* and many responses reflected mixed feelings about their situation.

... You feel relieved just for that night; ashamed that you have to rely on other people.

... I just want to feel safe, that is all I ever wanted.

While those respondents accommodated by friends and others expressed appreciation for the support they had been given, they also said how uncomfortable they were feeling like a 'burden' to those who had agreed to help them. They said that the lack of space and privacy was especially difficult for them to cope with, as was the lack of independence, autonomy and security.

... It's not a normal life, no freedom; I can't do what I want to do at all. I feel humiliated; the residents don't have their space because of me. I have no choice, nowhere else to go.

When asked if they had ever had to do informal work, engage in sex or enter a relationship in order to obtain shelter, money or food that they needed when they were destitute, two respondents said that they had worked informally (both male) and two said that they had been forced to enter a relationship (one male and one female). However, a further five people said that they would *prefer not to say* in response to these difficult questions. In addition, two women disclosed that they had been raped while living with no support, one of whom was street homeless and said that she had been raped *more than once*.

Focus group participants discussed the fact that living without support or the means of supporting oneself can expose people to a greater risk of crime and violence. One said that he had been forced to find shelter and pass the day in a betting shop as in his experience this was one of the few places where homeless people were not 'moved on'. On one occasion someone he saw regularly in the shop asked if he wanted to make money and tried to give him £50 in cash on the basis that he would agree to get involved in drug dealing. When he refused the money and left the shop he was attacked and beaten by this person and two others, he believed as punishment for refusing to cooperate with them and to prevent him from reporting them to the police.

3.6 The impact of destitution on survivors of torture

Several clinicians interviewed for the research said that in their experience when survivors of torture are made effectively destitute, this can lead to deterioration in their mental health and/or to an increased risk of suicide. It can also have a long term impact on their ability to recover from their past trauma, even after they are no longer in destitute circumstances. One clinician said:

I think it's profoundly exhausting to survive destitution, and if you're in that situation for a long time - when there's no hope, there's no certainty, there's no activity that's meaningful - it's then very hard to believe that you have a right to contribute to society, that you've got something you can offer.

When asked to comment on how they have felt in their own words, people described feeling desperate about the lack of control over their lives, knowing that their difficulties are exacerbated by inadequate diet and consequent weakness, chronic pain and poor sleep, and frustrated at being prevented from being self-supporting and from pursuing meaningful activity such as work and education.

... I love to study and I have no means of studying, I love to work and have no means of working.

... It's like living in an open prison; I do not have freedom to make decisions, learn, travel, eat or anything; it is not a good life.

They also described feeling an acute sense of loss - of family and loved ones and of their life back home - exacerbated by their isolation in the UK and the feeling that there is no one to help them and that they have nothing here. Some described feelings of powerlessness, mental instability and a fear of not being 'normal'.

... It is very scary and I worry about being normal at all.

... I don't know what I am doing, I am just getting mad.

Some said that they refused to contemplate suicide because of loved ones at home; others said that they had struggled with suicidal thoughts and self-harming behaviour.

... I feel what is the use of living like this - I have burned myself and cut myself as I feel so bad.

... Life since refusal feels like I have no place in this world; all is bad for me.

... I feel useless and feel like I have no right to live.

Some respondents expressed feelings of confusion and anger about the way they have been treated in the UK and wondered why a country that allows them to enter to seek sanctuary is not willing to treat them properly.

... I do not know what to do or where to go. I have lost faith in the system.

... We are left alone by the government who is supposed to provide us sanctuary, disregarded; I feel very, very low most of the time.

... There is one animal that I envy so much in this country and it's the pet dog. When I see people with pet dogs and see how they are taken care of in homes, fed and everything, I compare myself with them and cannot measure up. I lose hope in living. I envy the dog.

Chapter 4: Ongoing poverty for survivors of torture with permission to live in the UK

4.1 Entitlement to welfare benefits and permission to work

Survivors of torture granted refugee status or other leave to remain in the UK have permission to work.⁸⁷ They are also entitled to claim mainstream welfare benefits provided that they meet the normal eligibility criteria. They are assessed no more or less favourably than other claimants, the only difference being that they are not required to demonstrate that they have been 'habitually resident' in the UK.

Gaining refugee status or other leave to remain, the right to work and access to mainstream benefits, is a source of huge relief to survivors of torture after time spent on asylum support living in a situation of uncertainty with regard to their future, or worse, time spent destitute and reliant on informal means of support. However, actually gaining access to work and to the welfare benefits system can present significant problems for refugees. The relief of gaining security of legal status can dissipate fairly quickly as the reality becomes apparent, while at the same time the survivor may be particularly vulnerable psychologically, as the full impact of torture and the loss of their former life may begin to be fully felt at this time of transition.

Foremost among the practical problems faced at this time are those associated with accessing welfare benefits and housing from mainstream agencies (or from the private sector in the case of housing) for the first time. Following a grant of status, refugees will be given 28 days before being evicted from their UK Border Agency accommodation and asylum support payments ending.⁸⁸ This research reveals that this is insufficient time for all the relevant documentation to be assembled and for applications for welfare benefits from an entirely different support system (and from different government departments including the Department for Work and Pensions and HM Revenue and Customs) to be processed. Gaps in the provision of support by different branches of government can result in torture survivors who are newly recognised refugees, or who have been granted other forms of protection in the UK, living in situations of severe hardship, including destitution and street homelessness.

Gaps and delays in support provision arise due to the complexity of the numerous and separate application processes and the difficulty (and at times impossibility) of sequencing these and other actions that have to be taken to ensure security of income and accommodation when a grant of status is made. For example, documentary evidence confirming identity, legal status and entitlement is required before applications for welfare benefits can be processed. Applicants therefore need to have received documents from the UK Border Agency confirming their immigration status and leave to remain in the UK (Immigration status document⁸⁹) and notice of the termination of asylum support ('NASS 35 form') before the benefits can be paid. They also need a National Insurance number (NINo) to have been issued and while under the New Asylum Model (NAM) the issuing of these documents was meant to have been streamlined, in practice this does not happen in many cases.⁹⁰ Delays in processing benefit applications will occur if the applicant is unable to provide any of the relevant documentation, through no fault of their own.

Application processes for welfare benefits are in themselves confusing. Different welfare benefits and different stages of the application processes require applicants to make telephone calls to call centres or automated 'help-lines', complete application forms and/or attend interviews in person. Any or all of these actions may present difficulties to those who have limited English language skills, who are not familiar with the benefits system, who have significant health problems and/or who have very limited or no money to pay for lengthy telephone calls, for postage of application forms and documents and for transport costs to attend interviews. Further delays in processing claims commonly occur because of confusion and errors, on the part of the applicant and/or those processing the claims, especially where complicated personal or family circumstances raise questions about benefit entitlements and the correct levels of benefit. These difficulties are exacerbated where the claimant is not able to communicate well in English and professional interpretation is not provided. Freedom from Torture anticipates similar and new difficulties after the introduction of an online application process for Universal Credit, which in itself presupposes access to the internet and competency in English.⁹¹ Once applied for, the processing of applications, even without particular complications, is slow and it can take many months for applicants to have all of their benefits processed in full.

The problems in securing necessary welfare benefits described here are compounded when difficulties

with finding accommodation mean that an individual is not only potentially homeless, but is also unable to provide officials with a permanent address or to open a bank account. Difficulties for refugees, including torture survivors, in securing local authority housing are described at *4.8 Barriers to accessing housing*. Finding accommodation in cases where local authority housing is not an option may in itself require the payment of a deposit and evidence of a stable income or access to Housing Benefit, none of which refugees may have.

Delays in the payment of benefits and securing stable housing can have a very serious impact on refugees (and other with leave to remain), perhaps more so than on other claimants, because they are less likely to have family or friends who are in a position to offer material help, or savings and other resources to fall back on in such a situation.⁹² All of this presents survivors of torture with a complex and confusing set of problems to resolve, often without support.

For many years the larger refugee organisations have been funded to provide integration services for refugees, including individual advice, support and advocacy during the transition from asylum support to mainstream benefits. The most recent version of this service - the Refugee Integration and Employment Service (RIES) - ended in 2011 and funds have not been provided for an alternative service, although Scotland continues to have a refugee integration project.⁹³ Larger refugee organisations are still funded to provide limited advice services to asylum seekers - 'One Stop Services' - but these services have been subject to significant funding cuts. Smaller refugee assisting organisations have also been affected by funding cuts, many have closed, and it is generally more difficult than in the past for refugees to find organisations to help them to resolve difficulties in claiming mainstream benefits. Problems exacerbated by lack of access to advice and support have been compounded in recent years by difficulties in finding legal representation to resolve welfare benefits and housing issues, itself compounded by the recent removal of these areas from the scope of legal aid in 2013.

In terms of finding work, refugees may experience similar problems to other job seekers in the UK, given the economic climate and shortage of jobs, though these may be exacerbated by a lack of sufficient English language skills and other factors (see *4.4 Barriers to accessing work*). They may also experience similar problems to other claimants of welfare benefits, including i) ensuring that their personal circumstances are fully and properly assessed against the eligibility criteria for all applicable benefits; ii) administrative failures which may delay or interrupt the regular payment of benefits to which they are entitled; and iii) interruptions to benefits payments when eligibility is re-assessed, circumstances have changed or benefits are otherwise withdrawn. Moreover, refugees are among those facing particular problems in relation to recent changes to the benefits system introduced under the Welfare Reform Act 2012, such as the benefits cap and capping of annual increases of the rate of benefit. They are also among those who are expected to be facing additional difficulties as a result of changes to the benefit system taking place over the next year, including the introduction of Universal Credit.⁹⁴

Of the 33 questionnaire respondents with refugee status or other leave to remain in the UK, 22 were in receipt of welfare benefits from the Department for Work and Pensions at the time of the research. Thirteen of these were receiving Employment and Support Allowance (ESA), six were receiving Job Seeker's Allowance (JSA) and three were receiving Income Support (specific information about receipt of other potentially eligible benefits such as Child Benefit and Child Tax Credit was not requested from questionnaire respondents).

4.2 Barriers to accessing mainstream benefits

Destitution at the point of 'transition'

Clinicians interviewed for the research said that in their experience destitution (including street homelessness) most frequently occurs for Freedom from Torture clients in the transition, or gap, between being granted refugee status or other leave to remain and accessing mainstream benefits and housing, as well as between the final refusal of an initial asylum claim and the submission of a fresh asylum claim. They said that gaps in support at the time of 'transition' most often arise due to i) delays in issuing vital documents; ii) assessments of entitlement to benefits that do not take proper account of the potential vulnerability or situation of survivors of torture; and/or iii) errors and delays in processing the various applications. Any or all of these problems may leave clients without any income and anywhere to live for several weeks or months at a time.

... I haven't personally seen a case where there has been a smooth transition from NASS [UK Border Agency] to mainstream welfare benefits without any gaps.

Clinicians commented on the devastating impact for clients of continuing to suffer from acute support related difficulties, poverty and insecurity at the time when they have gained the right to live in the UK and protection from the risk of further torture. This period, while a time of great relief in some ways, is also reported by clinicians to be unexpectedly difficult for clients psychologically. This is because, with their need for protection resolved, they may have to confront more directly the impact of torture and the losses they have experienced in having to flee their country and former life. Clinicians said that the additional psychological vulnerability that clients may experience at the time of transition can be severely affected by ongoing crises related to income and housing.

... There's nothing worse for our clients than thinking all your problems have ended because you get 'status' and then becoming homeless.

Timely receipt of documents on grant of leave to remain

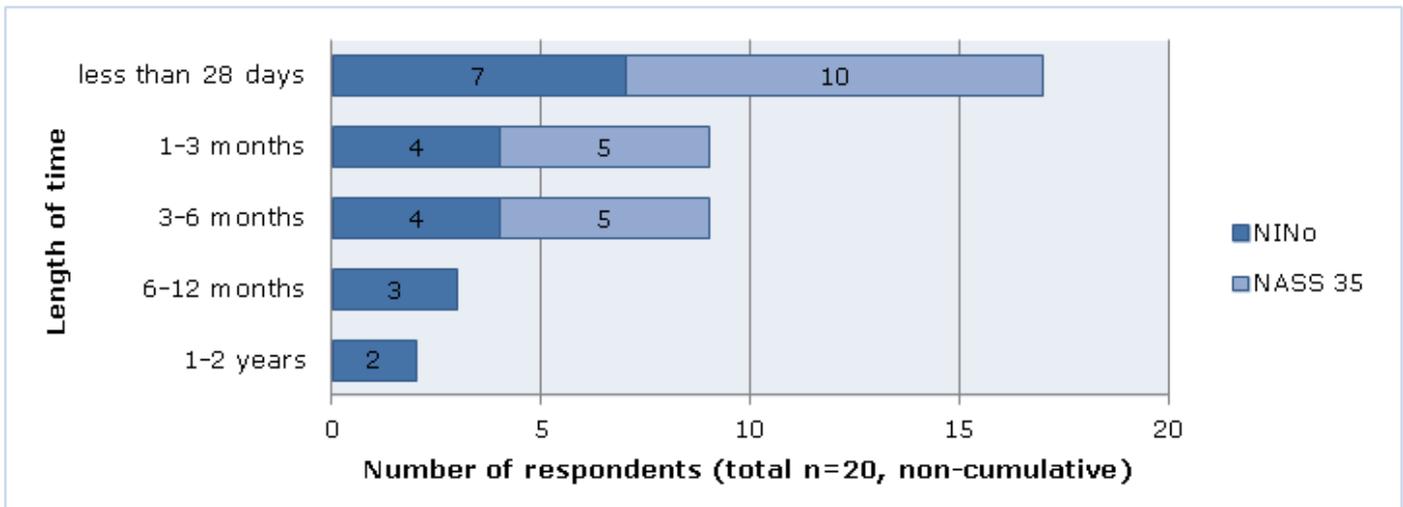
The UK Border Agency gives 28 days notice following a grant of refugee status or other leave to remain to those who have been in receipt of Section 95 support and accommodation, before they are evicted and their support is terminated.⁹⁵ Confirmation of termination of support is given in the form of the NASS 35 document, which applicants are required to present to the Jobcentre Plus along with their immigration status papers when they claim mainstream welfare benefits. They must also be presented to the local authority housing department in order to demonstrate that they will effectively be made homeless at the end of the 28 day period and therefore become potentially eligible for homelessness assistance.⁹⁶ Although in principle UK Border Agency documents should be issued before support is terminated, in the experience of respondents to this research, this does not always occur, leaving people in a situation of limbo between the UK Border Agency and the Department for Work and Pensions.⁹⁷

In addition, as described, those newly granted leave to remain in the UK must apply for a NINo, which is required before they can receive mainstream welfare benefits.⁹⁸ Employers will also usually require a person to have a NINo, although as long as they have permission to work this is not a legal requirement before starting work. Although the NINo application should have been completed at the substantive interview in preparation for a possible grant of asylum and to prevent delay, in practice this does not happen consistently and does not necessarily mean that someone will be issued with a NINo at the time when they receive their status papers. Furthermore, while it should be possible to make an application for benefits if a NINo interview to confirm identity and eligibility has been conducted (whether at the asylum interview or subsequently), in practice the claim may not be processed until the NINo has been issued, again potentially leaving the person with no support in the interim.

Questionnaire respondents who had been granted refugee status or other leave to remain at the time of the research were asked how long it had taken the UK Border Agency to provide them with confirmation of their status and a NASS 35 document. Twenty of the 33 questionnaire respondents with different forms of leave to remain answered the question. Of these 20, ten reported that they had received the NASS 35 document within 28 days and in most cases within 14 days. However, five respondents waited between one and three months and a further five people said that they had waited between four and six months for this document. Overall, therefore, half of those who answered the question reported having waited for more than 28 days for their NASS 35, leaving them without a source of support for between one and six months. One respondent, who had waited for six months for their NASS 35 with no support, said that their solicitor had been forced to threaten to take court action by way of Judicial Review over the issue, before the document was eventually produced.

Respondents who had leave to remain also reported on how long they had waited before receiving their NINo, without which they were unable to successfully progress their benefit applications. Of the 20 people who gave information on this issue, seven said that they had received theirs within 28 days. Four had waited for up to three months and the same number had waited between three and six months to receive this essential document. A further three people reported waiting for between six and 12 months, while two people reported waiting between one and two years.

Table 9: Length of time that respondents waited for their NASS 35 and NINo, following a grant of leave to remain



Two respondents with refugee status or other leave to remain reported having no support at the time of the research due to (among other reasons) delays in processing their claim for welfare benefits. The reasons they gave for this delay included i) delay in issuing their NASS 35 document and/or NINo; ii) they had no fixed address and had been unable to secure private housing until their benefits were in place; and/or iii) they could not open a bank account until they had an income and a fixed address. The consequence for these individuals was that they had been without support for between six weeks to four months.

These respondents all reported that their difficulties had been compounded by poor communication from UK Border Agency and other government officials about what they were required to do to progress their welfare benefit applications. They reported having difficulty with telephone advice and application systems (including when applying for Crisis Loans) due to language difficulties or due to them not functioning correctly. In addition, when they were able to speak to officials directly, they said that they were usually unhelpful; indeed some said that they had had very negative experiences with support agency staff, who had interacted with them in a hostile and unpleasant manner and who had treated their query with a lack of concern.

4.3 Accessing specific benefits

Crisis Loans

While Crisis Loans were available at the time of the research to those eligible for mainstream welfare benefits to help cover some essential costs in emergency situations such as a delay in the payment of benefits (when the delay was due to fault on the part of the Department for Work and Pensions), clinicians commented that their clients found them very hard to obtain and/or inadequate to meet their needs. Crisis Loan payments were made at the local level from the Social Fund and were made at the discretion of local decision makers, according to the eligibility of the applicant, priority of need and the funds available from a finite budget.⁹⁹ In general, applications had to be made by telephone and consisted of detailed questions to establish the person’s eligibility and need, which then had to be supported by evidence provided in person if the loan was in principle agreed. Clinicians said that clients reported struggling to explain their situation during the telephone application and were often not aware or informed that they could ask for telephone interpretation. In one recent case a clinician said that they had spent 40 minutes on the telephone on behalf of a client explaining their situation, which would have been impossible for the client to do on their own due to English language limitations, the complexity of the questions and their situation and not least due to the fact that they could not have afforded to pay the cost of the phone call.

Where Crisis Loans had been granted, clients reported that they were insufficient to cover their needs given that they were paid at a rate significantly below the rate of JSA, were not paid retrospectively and were given only to cover short periods of not more than 14 days (up to a maximum of three pay-

ments). In addition, since the loans were repayable as soon as the payment of benefits commenced (or recommenced), clients said that they then had to manage with a significantly reduced income for an extended period of time.

Since April 2013 Crisis Loans are no longer available, with guidance on the GOV.UK website stating that outstanding loans must be repaid and that help may now be sought from 'budgeting loans' to purchase specific items (although to qualify for this you need to have been receiving an income related benefit for at least 26 weeks) or directly from the local authority, about which no further details are available.¹⁰⁰

Access to Employment and Support Allowance

Employment and Support Allowance (ESA), introduced in October 2008, is financial support for those unable to work due to illness or disability (formerly known as Incapacity Benefit). Access to ESA is dependent on income and on the outcome of tests carried out by a private company (Atos Healthcare), contracted to assess capacity to work (Work Capability Assessment). There are two outcomes that can result in payment of ESA. Applicants may be assessed as having a medical condition or disability that means they have 'a limited capability for work'. They are required to attend work-focused interviews and undertake activities to find work. Alternatively, applicants may be assessed as having more serious conditions resulting in 'a limited capacity for work-related activity' in which case they are considered to be part of the support group of claimants and they will not be required to undertake work-related activities, although the eligibility threshold for this category of benefit is very high.

When a claim for ESA is made (supported by a doctor's letter), the benefit should be paid at the lower rate until the claimant's entitlement has been fully assessed. During this period the claimant will be expected to submit a doctor's letter to the Jobcentre Plus at regular intervals (for example fortnightly or monthly), stating that they are not 'fit for work' and to attend any required activities. The 'Work Capability Assessment', which should take place within three months of the claim being made, is carried out by 'approved healthcare professionals' supplied by Atos. The assessment, consisting of a claimant questionnaire and in most cases a face to face interview, is intended to be a 'thorough and objective assessment' of how a person's health condition or disability affects their ability to carry out a range of everyday 'activities' and based on this, their 'work capability'.¹⁰¹ Applicants are additionally advised to submit medical reports from their doctor and any other information relevant to their assessment. They are awarded 'points' scored against their relative (lack of) capability to perform specific activities ('descriptors') and their total 'score' is assessed together with any other evidence in order to establish if the entitlement criterion for the benefit have been met (i.e. the minimum threshold of points has been met or exceeded). If the applicant disagrees with the outcome of the assessment, they can ask for the decision to be reviewed and have the right to appeal to an independent tribunal. While a review or an appeal is pending, they should continue to be paid the benefit at the lower rate, as long as they continue to provide regular letters from their doctor stating that they are not 'fit for work' and comply with any other requirements to attend the Jobcentre Plus. While legal aid would previously have been available for a legal representative to assist someone in preparing an appeal (though not to represent them at an appeal hearing), this is no longer the case since the implementation of recent cuts to legal aid provision which removed this area from the scope of legal aid. Successful ESA claimants will continue to be subject to Work Capability Assessments at regular intervals (to be determined by the Jobcentre Plus) for as long as they are receiving the benefit.

The Work Capability Assessment process has been subject to sustained criticism, including in government-commissioned independent reviews, and continues to be the subject of public controversy, due to the perceived failure of the process to properly assess applicants' fitness for work, concerns about whether the 'approved healthcare professionals' are properly qualified to carry out the assessments and the considerable distress and hardship inflicted on those whose claims have been rejected.¹⁰² In fact since the Work Capability Assessment was introduced in 2008, it has been reported that about 40% of those found to be 'fit for work' have appealed against the decision, and about 40% of those appeals have succeeded, with the tribunals service having to increase staffing levels to cope with the backlog of cases.¹⁰³ Delays of up to 18 months in some areas for appeals to be heard, may cause considerable difficulties for claimants who will not be paid the full benefit entitlement in the interim or may not be supported at all if they did not submit the appeal in time or in other ways comply with relevant conditions of support.

Particular concern has been expressed by mental health and other charities, including Mind, Rethink Mental Illness and the Citizens Advice Bureau, about the failure of the Work Capability Assessment

to appropriately assess mental health conditions and how these relate to fitness for work.¹⁰⁴ This has made it difficult in practice for vulnerable people suffering from mental health problems to qualify for the benefit. Indeed a recent tribunal determination found that Work Capability Assessments place those with mental health conditions at a 'substantial disadvantage' in the application process. The determination accepted the evidence of Mind, the National Autistic Society and Rethink Mental Illness that people with mental health problems struggle with the assessments because, among other things, they may:

- suffer from confusion and/or other cognitive difficulties which make it difficult for them to understand and/or respond to questions;
- find it difficult to understand, describe and/or explain their symptoms;
- find it difficult to discuss their condition due to shame or fear of discrimination;
- not understand the need to submit additional medical evidence; and/or
- find the process of assessment 'intimidating and stressful'.¹⁰⁵

Evidence from this research bears out these concerns in relation to torture survivors who may be suffering from trauma related psychological symptoms and other mental and physical health problems and find that they are unable to work, even if they would like to (see 4.4 *Barriers to accessing work*). Clinicians interviewed for the research highlighted the significant difficulties faced by those clients who are not capable of working at the point when they are granted leave to remain in the UK in accessing and maintaining appropriate support and welfare benefits, especially ESA. Even when clients are initially granted ESA, they are often subsequently refused the benefit when their entitlement is fully assessed or re-assessed. They may also have their support stopped if they have been unable to comply with the support conditions, including to supply regular doctor's notes and to attend required appointments and 'work-related activities' at the Jobcentre Plus. Clinicians said that their clients may have difficulties in complying with these and other support conditions, among other reasons, due to their history of torture and ongoing mental health conditions that cause symptoms such as confusion and memory difficulties. They may find this difficult to explain to Department for Work and Pensions staff, who may in turn lack sufficient awareness of torture and its consequences to understand or take this information into account. Torture survivors may also be struggling with an insufficient grasp of English as well as a lack of understanding about how the benefits system works.

Clinicians also commented on the poor quality of the Work Capability Assessment, particularly on the basis that it does not take into account mental health conditions in general, nor the specific and complex needs of vulnerable groups such as torture survivors. Moreover, some clinicians said that assessors appear to have difficulty in understanding or accepting the reality of torture - if their clients have been able to disclose that they are a torture survivor during the assessment process and/or if they have presented medical or other evidence of this - and are therefore not willing or able to ask the appropriate questions to assess the person's situation and capability to work.

...I actually think that most people hear the word torture and they immediately shut down and just think 'I don't want to know. I don't know how to handle that. I don't know what it means.'

Others said that their clients do not understand how the assessment process works and often try to present themselves well, answering questions as positively as possible and avoiding showing their vulnerability, with the result that they do not score sufficient points to make them eligible for the level of support that they need. Although those whose ESA claim is refused have the right to appeal, clinicians interviewed for the research said that even if their clients are aware that they can appeal a negative decision, the appeal process is problematic and complex, especially as legal representation for ESA appeals is not covered by legal aid, so clients have to attend the appeal hearing without representation.

Of the 13 questionnaire respondents who were not working at the time of the research due to poor physical and/or mental health, all had applied for ESA. An additional five people said that their claim for ESA had either been refused or that payments had stopped as it had not been accepted that they were unfit for work. Of those who were receiving support at the time of the research, five people said that in the last year there had been one or more periods when they had not been receiving support

or that their support had been stopped. The lack of continuity of support provision had been a problem for almost all these respondents over the preceding year. This had caused them significant stress and hardship, including not having sufficient money to pay for food, heating and other necessities, to pay for essential transport or to pay rent in some cases. One person, who had been granted a 'relief' payment from Freedom from Torture, said that of the £50 they were given, they had spent £30 immediately on electricity tokens. Another said that although they had been granted Crisis Loans to tide them over, this had caused additional difficulties when their benefit payments resumed, as money was immediately deducted to pay back the loans.¹⁰⁶ Two respondents said that they had become destitute for a period of time as a result of being refused ESA.

Two respondents who had been refused ESA or whose support had been stopped said that they had not been asked anything about their mental health or why they felt unable to work in their Work Capability Assessment. Others said that they had not had the opportunity to discuss any problems related to their past experience of torture and described feeling rushed during the assessment interview and unable to explain their situation.

...The form was very confusing. I didn't know how to answer the questions. I have a problem with my hand and arm and they asked if I can put on my socks. It was very annoying; they were asking can you remove your hat or shirt - these sorts of questions. After two weeks they sent a letter saying you should have scored 18-20 points to be eligible for ESA and you scored 0.

... I explained and I had a medical note to say that I am suffering from depression and arthritis and am unable to work. The physical assessment was very brief; they asked me to do a few movements and then moved on. I have mobility problems and memory problems and even though I told them this they gave me zero points for each section. The assessment of my mobility was very brief.

One person said that they had been feeling very unwell during the interview and another said that they had not felt able to trust the assessor sufficiently to be able to explain their situation and particularly their history of torture.

... He did not want to listen to me, but he just wanted to ask me questions about my bladder, I felt let down, he didn't listen to my issues.

Two of the five respondents also reported having had difficulties obtaining the regular letters required from their GP to state that they are not 'fit for work' (prior to the Work Capability Assessment). In one case the receptionist at the doctor's surgery repeatedly refused appointments saying that the doctor is not available, to the point where the person's 'certificate' expired, resulting in their benefit payments being stopped, including their Housing Benefit. This individual said that in order to avoid this problem they had tried to book the next appointment as soon as they had taken the doctor's 'certificate' to the Jobcentre Plus, but were told it was too early to book; when they tried to book an appointment later, they were told that there were no appointments for several weeks ahead.

Access to Job Seeker's Allowance (JSA)

When asylum seekers are granted leave to remain in the UK they are entitled to claim 'income-based' Job Seeker's Allowance¹⁰⁷ until they are able to find work. If they are not well enough to work or are prevented from working for some other reason, including looking after dependents, they may instead claim Income Support. Applicants must apply for JSA at a Jobcentre Plus office and attend an interview to agree what steps they will take to find work. From then on they must attend the Jobcentre Plus every two weeks to show how their job search is going. Those who are not deemed to be complying with specified conditions may have their benefit stopped as a penalty (termed a 'sanction'). Reasons for a 'sanction' include not attending a Jobcentre Plus office when asked, turning down a job or training, failing to apply for any jobs, failing to attend training that has been booked for you or leaving your job or training without a good reason.¹⁰⁸

Clinicians interviewed for the research said that clients often have difficulty in complying with the conditions of JSA for a variety of reasons, including health - and especially mental health - conditions which make it difficult to keep track of, or to get to appointments and other activities as required by the Jobcentre Plus. In these circumstances, torture survivors often find it difficult to explain their situa-

tion to Jobcentre staff, who may not be aware of their history of torture or understand its significance. In addition the requirement to demonstrate their efforts to look for work often do not take account of the significant barriers that refugees may face in trying to enter the job market, including language difficulties and practical difficulties such as finding enough money to communicate with prospective employers by phone and travel to interviews, wearing appropriate clothing and shoes and navigating transport systems to often unfamiliar areas.

Clinicians said that their clients have a strong desire to work but are often over optimistic about their fitness to work. Those who are successful in finding work - sometimes have difficulties in keeping their job due to ongoing health problems, which they have not disclosed or been able to discuss with their employer.

Six questionnaire respondents were claiming Job Seeker's Allowance at the time of the research. Of these, three had been without support at least once during the preceding year. One respondent said that following the termination of their UK Border Agency support there had been a delay of around a month before their JSA payments had commenced. The delay in processing their claim had been exacerbated by a delay in issuing their NINo and difficulties in opening a bank account. A second person said that their support had been temporarily stopped on more than one occasion. This respondent explained their predicament as follows:

... They put pressure on me to find work, the problem is I don't have money to go to the interviews and pay for the CRB [Criminal Records Bureau] checks every time, when I don't know if they will give me a job. My advisor at the Job Centre says I should borrow money from a friend to pay for the travel and CRB check. When you call for a job (care jobs usually) they don't think to ask if you have money to get to an interview and I can't say I don't have money to get there or they may tell Job Centre that I wouldn't come to the interview and my benefit might be cut. The advisers at the Job Centre themselves call me to come to interviews and don't ask if I have the money, or if I can come. If I tell them I want to come but don't have the money, they say you have to be looking for work, as if I am not telling the truth. They know how much money we get - we are expected to look for a job every day but travel cards are so expensive. If I get a travel card every day there is no money for food. They don't talk to me as if I am a human.

Another respondent, who was in receipt of ESA at the time of the research, reported that he had initially been receiving JSA when granted leave to remain in the UK, but had struggled to comply with requirements to attend the Jobcentre for regular appointments due to memory problems and confusion arising from his mental health condition. This had caused his benefit payments to be stopped on several occasions, resulting in his landlord threatening eviction and threatening to take court action to recover the rent. With the intervention of a support worker from the local authority social services department, he was eventually transferred to ESA and his situation improved.

Another respondent on JSA at the time of the research who reported periods with no support in the previous year said that they had been receiving Employment and Support Allowance (ESA) as they had been unable to work for health reasons (depression and high blood pressure) since being granted leave to remain. However their eligibility had been re-assessed and they had been told that they were no longer entitled to this benefit as they were deemed to be 'fit for work'. They had appealed this decision unsuccessfully and there had then been a delay before their JSA payments had commenced, resulting in a period of a month spent with no support. This was particularly problematic for this individual who was taking five types of medication daily, to be taken only with food, which they were unable to buy regularly or in sufficient quantity (they were relying on limited 'relief' payments from Freedom from Torture).

4.4 Barriers to accessing work

Permission to work

Those who are seeking asylum in the UK are not permitted to work while their application is being considered, except in certain very limited circumstances. These circumstances include a person having waited for more than 12 months for an initial decision on their asylum claim, where they are not the cause of the delay. This includes fresh asylum claims. Any decision to grant permission to work is at the discretion of the Secretary of State and even where permission is granted conditions apply, including that the person cannot become self-employed and may only apply for jobs in what are recognised to be 'shortage occupations'.

Most clients who participated in the research said that having access to work is the key to being self-reliant, having self respect and to avoiding poverty and many described significant frustration and distress at not having permission to work and not being able to support themselves from the time they arrived in the UK.

... I don't want to take money from other's hand always - I want to work and get money. It would make anyone - normal people - sick, not to be able to work; everyone needs to work, to earn their living.

Many described having been productive, active members of society in their country of origin, supporting themselves and their families, or having been students with hopes of a productive working life ahead of them. Over half of all questionnaire respondents said that they were in paid employment in their country of origin before coming to the UK. A further nine had been either too young to work or were students. Many respondents had been self-employed, owning a variety of shops and small businesses. Others had been employed, for example as a teacher, university lecturer, nurse, engineer, journalist, film maker, electrician, financial advisor, technician, marketing executive, priest, police officer and secretary.

... It gives self worth as man to work; not to have to beg or depend on others. It is shameful not to work - I was used to providing for others and it is very difficult to now have to rely on others. I cannot even have bank account.

Experiences of living in the asylum system here - particularly the disempowerment, the dependence and the fact that people are unable to be part of society and engage in productive meaningful activity - are reported by respondents to have a severe and potentially long term impact on them, particularly where the process has become protracted over many months and years (see *Chapter 5: Impact of poverty on rehabilitation from torture*).

... If I could work I would return back to life and I would have hope for the future. I would feel independent, nobody would insult me and I would become a human being again.

... I am desperate to work. I feel as though all the knowledge I have is disappearing and my mind is deteriorating.

However, both client and clinician respondents to the research acknowledged that psychological and physical ill health resulting from torture in practice represents a significant barrier for many torture survivors to realising their aspirations to return to work and education, even when they finally gain rights of access to these. This is compounded by the fact that for many torture survivors, the process of rehabilitation from torture may have been significantly delayed by their 'journey' through the asylum system, so that by the time they are entitled to work, they may be less able to do so than when they arrived in the UK.

4.5 In work

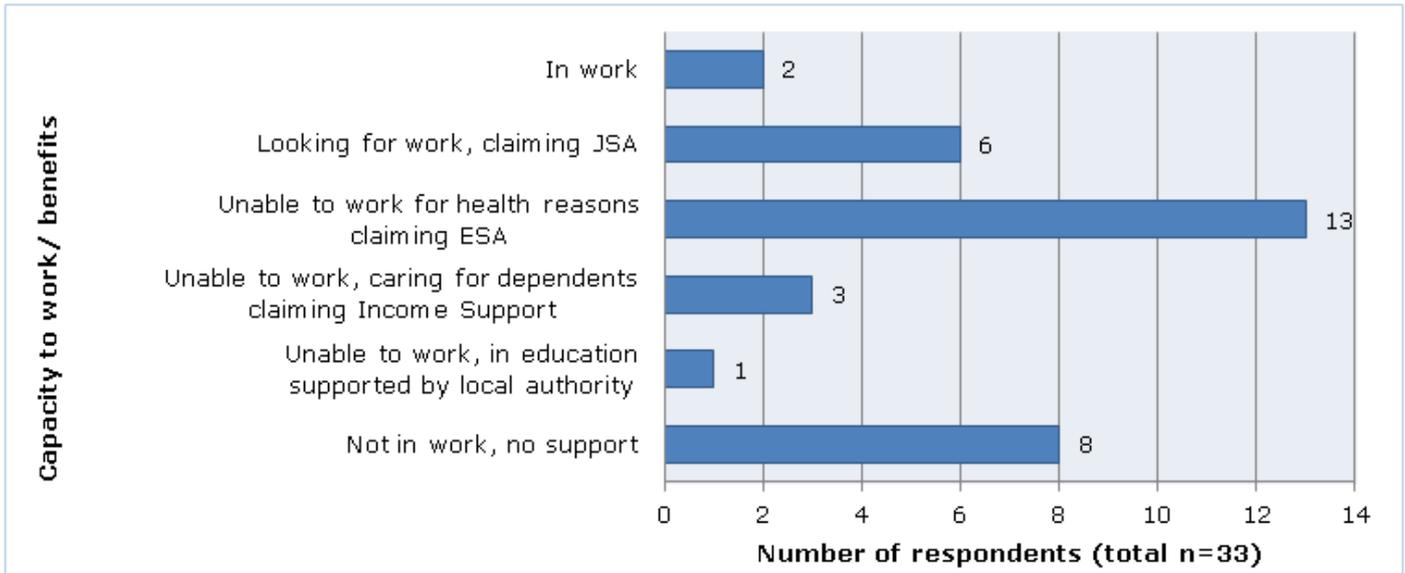
Of the 33 respondents who had leave to remain in the UK and permission to work at the time of the research, only two were in work - one in a take away restaurant and the other as a housekeeper. One had been a student in their home country and the other a small business owner. In both cases the individuals said that they did not believe their current jobs to be commensurate with their skills and/or experience and that the language barrier, lack of money and lack of work experience in the UK had prevented them from finding more appropriate work or being able to start a business. However, both said that they were mostly able to earn enough to support themselves and that it was better than being unemployed.

4.6 Not in work - barriers to employment

Of the 31 respondents who had permission to work but were not in work, just under half said that they were unable to work or to look for work at the moment. In most cases this was because they were not well enough, while in three cases respondents said that they were unable to work due to childcare or other caring commitments. The 13 questionnaire respondents who were not working at the time of the research due to poor physical and/or mental health had all applied for ESA; eight were currently in receipt of the benefit and five said that their claim had either been refused or subsequently stopped as it had not been accepted that they were unfit for work. All three of those who said they were unable to

work due to caring commitments were in receipt of Income Support and six people were receiving JSA, while looking for work. One person was not working, but was under 21 and in full-time education, supported by their local authority.

Table 10: Respondents with leave to remain, work/benefits situation



Of those respondents who had permission to work and who said that they felt well enough to work but had not been able to find a job, the majority attributed this primarily to a lack of adequate English language skills.

... The main problem is the language problem, I cannot even ask my neighbour for advice about the system and how things work. Language is a huge barrier.

In addition, they said that the following issues had been significant barriers to them finding employment in the UK since gaining permission to do so:

- Lack of appropriate/recognised qualifications, especially from UK institutions. Professional and academic qualifications from the person’s country of origin may not be accepted by UK employers and they may not have proof of their qualifications with them.
- Lack of work experience and references from former employers in the UK, which may count against them when applying for a job as the prospective employer may view this as evidence of a poor employment record and/or attitude to work, especially if the person has been living in the UK for many years. Many employers do not understand that asylum seekers do not have permission to work and those who apply for jobs may not have the opportunity to explain this during the job application process.
- Delay in receiving National Insurance documents and establishing a fixed address when granted refugee status or other forms of leave to remain.
- The economic climate and lack of available jobs in their local area, coupled with the inability to move to other areas to look for jobs due to financial constraints and residency requirements which make it impossible to access social housing in new areas.
- Discrimination in the employment market, and employer preference for UK nationals or for members of their own ‘community’ in the case of migrant communities; employers who refuse to consider employing those who do not have a UK passport even if they have leave to remain in the UK and permission to work.
- Ongoing mental health issues, which impact on daily functioning, such as persistent nightmares resulting in chronic lack of sleep and difficulty keeping to regular working hours.

4.7 Entitlement to housing and Housing Benefit

Access to adequate housing was one of the key poverty issues raised by clinicians interviewed for the research, both for those survivors of torture in the asylum system and for those with refugee status or other leave to remain in the UK. Refugees and those with other forms of leave to remain can apply to be housed by their local authority if they meet the eligibility criteria. Shortages of social housing in most parts of the UK means that those eligible for housing are likely to be put on a waiting list and offered some form of 'temporary' accommodation such as a hostel, which they may be expected to live in for an extended period, until suitable accommodation becomes available. Those who do not meet the criteria for local authority housing can apply to Housing Associations, but otherwise they must seek housing in the private sector.

With regard to accessing housing, as with welfare benefits, refugees and those with other leave to remain face particular problems in the transition from the asylum support system. Funding cuts to advice and support services will almost certainly make this transition harder. Changes to Housing Benefit entitlements are likely to have a significant impact on large numbers of people, including refugees, who are living in high rent areas, with the expectation that many will have to move to find smaller, cheaper accommodation or move to other parts of the country.¹⁰⁹ It is at present unknown whether the need to be located near specialist torture treatment centres will be taken into account when decisions are made about housing torture survivors who have been assessed by a local authority as in 'priority need'.

Entitlement to local authority housing - 'homeless', 'in priority need' and 'with a local connection'

The Housing Act 1996, Part VII (as amended by the Homelessness Act 2002) sets out the legal duties of all local authorities towards people who are homeless, while case law clarifies the definition of legal terms and the duties on local authorities.¹¹⁰ In principle, a person should be considered 'homeless' if they have no accommodation available to them, or no accommodation that it is reasonable for their household to continue to occupy. Those without leave to remain in the UK such as asylum seekers and 'refused' asylum seekers are ineligible for Part VII assistance. A person does not have to be currently sleeping on the streets to be treated as being homeless; the local authority must treat someone who is 'threatened with homelessness', which normally means they are likely to become homeless within 28 days, as homeless. If a person applies to their local council for homelessness assistance, the council will look at any accommodation they have access to and whether it would be considered reasonable for them to stay there. For example, they may decide the person is not homeless if they are living with friends or family who consent to them staying and have not asked them to leave. The local authority also has a duty to assess if a person has a 'priority need' for housing. If a person appears to the local authority that they may be eligible for assistance, homeless and in priority need they must be provided with emergency accommodation from the date they make a homelessness application until they receive a written decision on their application. People considered to be in 'priority need' include those who are pregnant or responsible for dependent children. Applicants may also be considered in 'priority need' on the grounds of 'vulnerability' related to old age, mental illness and/or disability – potentially including ill health and/or disability caused by torture – or those fleeing domestic violence. Many care leavers are considered vulnerable and in 'priority need', depending on their individual circumstances.

It is not the case that being a refugee (or someone with other leave to remain) is sufficient grounds *per se* to be considered in 'priority need' of local authority housing. However, the Homelessness Code of Guidance (section 10.35) states that local authorities 'should give careful consideration to the possibility that [refugees] may be vulnerable as a result of another special reason. Authorities should be sensitive to the fact that former asylum seekers may be reluctant to discuss, or have difficulty discussing, their potential vulnerability, if, for example, they have experienced humiliating, painful or traumatic circumstances'.¹¹¹ It may therefore be possible to establish (with the provision of appropriate documentary evidence) that a combination of different factors make an individual refugee vulnerable and on this basis in 'priority need' of housing, including language problems, a history of torture and mental and physical health problems. When considering whether a person is in 'priority need' for an application to the local authority for housing, the husband/wife/civil partner and children of a person with refugee status can be considered in the assessment, but they cannot confer priority need on the applicant if they do not have leave to remain in the UK.¹¹²

If the local authority decides that a person is eligible for assistance, 'homeless', not intentionally homeless¹¹³ and in 'priority need', it is required to find longer-term temporary accommodation (usu-

ally shared accommodation for single people under the age of 35). The applicant must have a 'local connection' with the local authority they are applying to. A 'local connection' may be based on how long the person has lived in the area, family connections in the area, work in the area or a connection with the area for another special reason. Refugees and others given leave to remain are normally considered to have a 'local connection' to the last local authority area in which they were provided with Section 95 accommodation by the UK Border Agency during the asylum process; this does not apply to accommodation provided under Section 4 support. If they chose to move from the area where they received Section 95 accommodation after being granted 'status' (given that the 'no-choice' UK Border Agency accommodation may have required them to move away from family and/or community support), in order to apply for local authority housing it will be necessary for them to establish a 'local connection' in the area in which they have chosen to live, in the same way as any UK citizen. This may be done for example by living in that area for at least six months, or having employment in that area.

Local authorities do not have a legal responsibility to provide accommodation for people who are not in 'priority need'; however, individuals can apply to their local authority to join the waiting list to rent a council property, whether or not they have been assessed as homeless and in 'priority need'.¹¹⁴ Additionally, if an individual does not qualify for homelessness assistance, they should still be provided with advice and assistance where needed. This should mean explaining entitlements and signposting people to other organisations who may be able to help, although clinicians interviewed for the research said that local authorities are often not proactive in informing people of their entitlements and of services available.

Only eight of the 27 questionnaire respondents who were in receipt of mainstream benefits said they were living in local authority housing at the time of the research, six of whom were in London, one in Manchester and one in Birmingham. The relatively small proportion of potentially eligible claimants (30%) housed by local authorities is perhaps an indication of the difficulty for Freedom from Torture clients of accessing this form of housing and of being accepted by the local authority as in 'priority need'.

Accessing housing from private landlords and housing associations

Refugees and those with other leave to remain may also seek housing in the private rented sector or from social landlords such as housing associations. They can apply for Housing Benefit to help pay the rent if they are on a low income. Many housing associations seek tenants facing particular forms of disadvantage and list refugees as one of the groups from which they welcome applications. Renting from a housing association can bring additional benefits – for example they may organise social events and training courses, provide additional support services for those with special needs, shared facilities such as gardens and children's play areas, and support for those struggling to manage their money.

Six of the 27 questionnaire respondents who were in receipt of mainstream benefits said that they were living in housing association accommodation at the time of the research, two in London, two in Glasgow, one in Liverpool and one in Greater Manchester.

The private rented sector is more difficult to access for Housing Benefit claimants in general, and for refugees particularly, because many private landlords favour tenants who are earning and can pay rent from their own income. Most private landlords ask for a deposit - typically a month's rent which refugees are unlikely to have. Housing benefit is only paid once an applicant has found a place to rent, but it can take around a month for Housing Benefit applications to be processed and for the rent to be paid. Unless a landlord is prepared to accept a delay in receiving the rent, therefore, prospective tenants who rely on Housing Benefit are excluded from renting the property. It can also take longer to process Housing Benefit applications from refugees if there are confusions about their eligibility and the eligibility of family members, difficulties in gaining the relevant documents and delays in issuing National Insurance numbers.

Refugees may face additional difficulties if private landlords are reluctant to rent to someone with limited leave to remain.¹¹⁵ Renting in the private sector can also be a more risky option for refugees because private landlords may increase rents and are unlikely to be flexible or accommodating if the tenant finds it difficult to manage the accommodation or has difficulties paying the rent and other costs.

Ten of the 27 questionnaire respondents who were in receipt of mainstream benefits at the time of the research said that they were living in private housing, all but one of these in London.

Access to Housing Benefit

Those without an entitlement to homelessness assistance can apply for Housing Benefit to pay, or help pay, for accommodation rented from a private landlord or a housing association if they are unemployed or on a low income. Housing Benefit is paid directly to the landlord, unless the rent is higher than the Housing Benefit allowance.¹¹⁶ The rate of Housing Benefit is based on what is a 'reasonable' rent for a suitable property in the local area. Single people under 35 can only get Housing Benefit for bedsit accommodation or a single room in shared accommodation. Council Tax Benefit was abolished and replaced with Council Tax Reduction on 1 April 2013.

The introduction of the benefit cap as part of the Welfare Reform Act 2012, however, means that from April 2013 a limit has been introduced on the total amount of financial support that people of working age can receive. The cap on benefits will initially be administered jointly by the Department for Work and Pensions and local authorities through deductions from Housing Benefit payments, until the introduction of the new Universal Credit system. Four local authorities in London – Bromley, Croydon, Enfield and Haringey – implemented the cap in April 2013 and the remaining local authorities will implement it in phases from 15 July 2013, with the aim of all 'appropriate households' being capped by the end September 2013.¹¹⁷

Significant concerns have been expressed about the potential consequences of the benefit cap on low income households - including refugee households - such as families being forced to give up tenancies in local authority housing in high rent areas and landlords evicting tenants who can no longer afford to pay their rents or failing to renew tenancy agreements with those who are on Housing Benefit.¹¹⁸ Clinicians interviewed for the research expressed particular concern that vulnerable clients, who may have been able to settle in an area after long periods of uncertainty, will have to move again into an unknown situation. One clinician gave the example of an extremely vulnerable client who had finally managed to settle in a London borough with his family, who had been living in a precarious situation for a number of years. The children were settled in school, he had found a GP whom he trusted and had begun to attend English classes when his rent was assessed to be £100 over the 'cap' and he was required to uproot once again and look for alternative housing. Given the lack of availability of low rent housing in many inner London boroughs he was likely to have to move with his family to an outlying borough or out of London altogether.

For those whose rent has been assessed as above the capped limit and who have been given notice of impending eviction, there is the additional risk that local authorities will find that they have made themselves 'intentionally homeless' if they have failed to proactively look for cheaper accommodation, and thereafter refuse to house them or support them in finding housing. Although it is possible for people to be awarded a discretionary local housing allowance to 'top up' their Housing Benefit, allowing them to remain in their existing property, the local authority has no duty to provide this and given budget cuts, they are unlikely to be able to award this allowance widely, if at all, on anything other than a short term basis.

4.8 Barriers to accessing housing

Clinicians interviewed for the research highlighted the problem of access to housing for survivors of torture with leave to remain in the UK, and in particular the difficulty of being assessed as entitled to local authority housing on the basis of 'priority need' and vulnerability. Clinicians commented on both the poor practice and the significant variability between local authorities and individual housing officers, in terms of the way that eligibility assessments are carried out and in terms of the support and services provided to those who are homeless and looking for accommodation. Local authority housing officers were described as often being reluctant to take account of the fact that someone is a torture survivor in assessing their needs, unless they have evidence from the person's doctor of a medical condition and particular needs based on this. Even with such evidence, if it is based on a mental health condition rather than, for example, physical disability, it may not be taken into account. One clinician gave the example of a client who was refused local authority housing and whose appeal against this decision was rejected, despite the housing department admitting that their medical assessor had only read one page of a two page letter submitted by the client's GP and had not considered any information from his consultant.

Clinicians reported that due to the poor quality of the assessments carried out by local authorities it has often been necessary for clients to involve a specialist lawyer in order to challenge the decision in court through Judicial Review, although it should be noted that the availability of legal representation

for such cases will be significantly reduced with the recent changes to the scope of civil legal aid provision. Clients interviewed also highlighted the need for the intervention of lawyers to support an application for housing from the local authority, particularly to ensure that their mental health situation was properly taken into account in the assessment of their vulnerability and 'priority need' for housing. Four questionnaire respondents reported that they had needed to use a housing lawyer in order to resolve a problem with accessing appropriate housing in the last year.

All those respondents accommodated by the local authority at the time of the research said that they had accepted the housing offered on a 'no choice' basis, regardless of its suitability, having been told that the alternative was destitution. In the experience of Freedom from Torture clinicians, typical reasons for a property not being suitable include overcrowding issues (the property not being big enough to accommodate a family for example) or in the light of physical health problems or disability, such as a person who has mobility problems being offered a flat on an upper floor of a property with no lifts.

Clinicians reported that where refugees (and others granted leave to remain) are found not to be eligible for housing from the local authority in their area (or any other area of the country), difficulties with securing private accommodation - including finding a deposit and having all the necessary documents, a bank account, Housing Benefit and other applicable benefits in place - can and frequently do lead to periods of destitution and even street homelessness.

Focus group participants stated that people who are not eligible for local authority accommodation often find themselves in a 'Catch 22' situation of needing housing in order to apply for benefits (and indeed work) and of needing benefits or proof of employment in order to find decent housing.

4.9 Quality of housing

Local authority housing

Clinicians highlighted the fact that their clients were often housed by local authorities in inappropriate accommodation. They were particularly concerned about clients who had been accepted as homeless and in 'priority need' by the local authority being housed in hostels, sometimes for extended periods with little or no prospect of more suitable housing being provided. Clinicians stated that hostels are often an intolerably frightening and insecure environment for clients. They reported that some clients decide to leave such hostels out of desperation, even preferring to live on the street and even though, having rendered themselves 'intentionally homeless', they will be ineligible for any other accommodation. Some of those clients interviewed also commented on the lack of safety they had experienced when living in hostels, particularly in relation to residents who have alcohol or drug related problems.

Clinicians also commented on the fact that single clients aged 18-35, who are entitled to local authority housing on the basis that they are vulnerable, are now only offered shared accommodation such as a room in a shared house, even when they have previously been housed in self-contained accommodation. One clinician said that two of her clients had been re-housed in these circumstances recently, despite her intervention to try and prevent this on the basis that they would not be able to cope. They were both eventually moved back into single occupancy accommodation when they experienced a breakdown in their mental health.

Clinicians also focused on the quality of housing offered to clients including property that is awaiting demolition and from which the previous tenants have been moved out. As one clinician remarked:

... As a psychological message about how much you're worth, that's a pretty sharp message I think. 'You're not worth anything.'

Clinicians observed that their clients are often housed in overcrowded conditions and in areas where the local population is suffering from multiple forms of deprivation, including low income and low levels of employment, poor quality housing and under-resourced and inadequate local services. As described in section 2.5 above, many clients are subjected to racist and other forms of abuse in this context. These conditions impede the safe recovery environment required by survivors of torture in order to process their past trauma as part of the rehabilitative process.

The eight questionnaire respondents in local authority housing reported experiencing problems with their accommodation including: inadequate heating and draught exclusion, falling or unstable ceiling plaster, leaking pipes, inadequate or absent locks on doors and windows making the property insecure,

pest infestation and broken fixtures and fittings including taps, toilet and basin. All but one of these respondents said that they had reported these problems to the housing department; three had found their response to be *helpful* but four people found them to be *very unhelpful* and in most cases the problems were not resolved, or only after a considerable length of time.

Private housing

Two of the ten questionnaire respondents in private housing said that they had been forced to accept sub-standard private rented accommodation. In one case, the respondent said that they had not been considered eligible for local authority housing and had needed to find somewhere to live quickly when they were given notice of eviction from UK Border Agency accommodation. They said that because they had no deposit, no evidence of income in the form of payslips and no references, they were forced to accept sub-standard accommodation from a landlord who was willing to let a property to them in these circumstances. This meant that when they asked the landlord to carry out necessary repairs, he told them that when they signed the tenancy agreement they had accepted the property as they had seen it. The other respondent said that they had been told by the housing department to accept a privately rented flat despite being accepted as being in 'priority need' of housing on the basis that 'there is not enough housing in London'. They described being shouted at by the housing officer and threatened with being sent out of London. This respondent thought that accepting private accommodation would be a temporary arrangement and was distressed to find out that it was not, since, no longer homeless, they would no longer be considered eligible for housing by the local authority.

When the ten respondents in private housing were asked to rate the quality of their accommodation half found it to be *good*. However, half said that they were unable to pay for adequate heating and/or that there were inadequate or inefficient (expensive and poor performing) heating facilities in the accommodation. Two people rated their accommodation as either *poor* or *very poor*. The main buildings and maintenance problems identified by these respondents included an inadequate or irregular supply of hot water and/or heating, inadequate draught proofing, blocked drains and leaking pipes, inadequate locks on doors or windows and pest infestation. Of those who said they had reported these issues to their landlord, half said that the response had been helpful and half found the landlord to have been unhelpful; in most cases respondents said that the problems had not been resolved.

Housing Association

The six questionnaire respondents accommodated in housing association property also reported problems in relation to damp and poor heating, blocked drains and leaking pipes. Other structural and maintenance problems included the power supply being cut, broken windows, absent fire alarms and pest infestations, each in at least two cases. Five of the six respondents said that they had reported the problems to the housing provider and although in two cases their response was reported to be helpful, in the three other cases it was not, with the problems remaining unresolved in two of these cases.

OH*

OH came to the UK in 2005, when he was just 17 years old. He escaped his home country after being detained and tortured in prison for six months for participating in protests over poor student conditions.

OH applied for asylum as soon as he arrived but the Home Office did not believe that he was a child. Wrongly assessed to be over 18, he was sent to live in adult accommodation. Three months later his asylum claim was refused. The Home Office did not believe he was a survivor of torture. OH appealed this decision but when his lawyer failed to attend the court hearing, he was forced to present his case alone. Two weeks later his appeal was dismissed, his accommodation and financial support were terminated, and he was left destitute.

OH initially stayed with friends, or in his local Mosque, but at times he was forced to sleep on the streets or on night buses. He had difficulty sleeping more than one or two hours a night and he had nightmares about the things that had happened to him. He relied on charities, community organisations and the Mosque for food but would sometimes not eat for two or three days. Policemen triggered traumatic memories of his interactions with the authorities back in his home country so he would instinctively run from them whenever he encountered them while sleeping rough. This only made them suspicious and they arrested him several times. He survived like this for five years.

In 2009, OH was referred to Freedom from Torture by his GP for therapy including treatment of his trauma symptoms. He secured a lawyer who presented a fresh claim on his behalf. This was also refused and OH remained destitute, living on the street and sleeping in a tube station and on night buses. In 2011, another lawyer assisted OH in submitting further representations about his asylum claim to the Home Office, which this time included a medical report detailing his history of torture. After initially being refused asylum support while this fresh claim was considered, OH successfully brought an appeal and was provided with basic accommodation and £35 per week on the 'Azure card'. Three months later he was granted permission to live in the UK.

Following his grant of legal status, OH was evicted from his Home Office accommodation and financial support was discontinued. He was refused emergency accommodation from the local authority even though he was homeless and had presented evidence that he was a torture survivor. His mainstream benefits were delayed for three weeks and he was left destitute once again. OH was finally provided with temporary hostel accommodation after his lawyer threatened the local authority with legal action. He is still hoping to find a permanent place to live.

* Names and other potentially identifying details have not been used in order to preserve anonymity as agreed with research participants.

Photographs taken with disposable cameras by survivors of torture



Dampness on bathroom wall.



Bad landlord - "I told landlord to cut the grass but he doesn't do it. Can he take the sofa? Still doesn't do it - ignores us. Makes us feel powerless. I cut the grass myself with scissors."



Coat covering broken bedroom window. The housing manager promised to repair it but it is still broken after several months.



"My bedroom - this is what it looks like and still looks like as I have no money to fix it."

Chapter 5: Impact of poverty on rehabilitation from torture

The impact of poverty on survivors of torture at all stages of the asylum system and beyond has been presented and discussed in chapters 2-4. In this chapter we explore the particular implications of living in situations of poverty and insecurity for survivors' rehabilitation from torture, drawing on the evidence provided by client respondents and by clinicians delivering rehabilitation services at Freedom from Torture.

5.1 Evidence of the psychological impact of torture affecting the capacity of torture survivors to manage persistent poverty and insecurity

... As a result of the torture I am a completely different person than I used to be, I have become much quieter and find it harder to carry difficulties.

...The torture I endured has weakened my person, weakened me as human being. Everything has become suspect and the environment hostile; sometimes I feel out of myself.

Client participants in the questionnaire, focus groups and semi-structured interviews provided evidence of the many ways in which torture has impacted on them psychologically, affecting their functioning and their ability to manage their difficult circumstances. They described suffering traumatic flashbacks and nightmares which make it difficult to sleep, concentrate or cope with past trauma, regular panic attacks as well as feeling constantly anxious, fearful and unsafe. They also described feeling highly sensitive, irritable, unduly affected by events and circumstances, and as though their mind is unstable.

Many respondents stated that torture had fundamentally altered them as a person, changing their world view and making it difficult for them to trust other people. They described feeling as though the environment and other people are hostile and that others are constantly critical and judgmental of them. They also described feeling unable to tell people about the torture they have experienced and being concerned about 'scaring people away' with the reality of what has happened to them.

... Torture has totally overturned my life and incapacitated my abilities and disabled my ambitions.

Incapacitation was a recurring theme. Clients said that torture had impacted negatively on their confidence, on their ability to solve problems and look after themselves or others, and on their ability to cope with daily life. Many described feeling like a failure or as though they were only 'going through the motions' of life and not able to 'live' in a fuller sense. Some said that they felt their life was finished.

... I am exhausted, living with this day by day. I am running out of stamina to deal with the pain.

These findings are supported by the evidence provided by Freedom from Torture clinicians who were interviewed for the research. They discussed the difficulty survivors of torture may have in managing their responses to the disempowerment, humiliation and psychological trauma caused by torture. Such responses typically include symptoms of depression and Post Traumatic Stress Disorder including poor sleep, recurrent nightmares, difficulties with memory and concentration, intrusive thoughts, disassociation and distressing flashbacks to the torture itself. They explained how these symptoms may hinder the ability of torture survivors to manage and cope with additional problems that confront them for the period they are in the asylum system (sometimes many years), and when attempting to integrate into mainstream society after being granted permission to live in the UK.

... If you're not sleeping, you're constantly trying to manage intrusive memories or thoughts and when you do sleep, it's restless or disturbed by violent nightmares. You're having to work hard to stay in the present and lots of things can trigger flashbacks or at the very least, painful memories. Having to manage all of that - which is what our clients manage - plus the profound uncertainty of what you're going to eat and where you're going to go and how you're going to get there, you know... I'm stating the obvious, but it's much more difficult for torture survivors.

5.2 Evidence from clients of the impact of poverty and insecurity on rehabilitation

... With all this torture, I escaped and came here to save my life, but the situation here - no money, food, accommodation - is making me worse, my mental state is worse.

... Our current living conditions keep our torture trauma still alive. We can't move on.

Sixty-nine of the 85 respondents to the client questionnaire (81%) stated that their rehabilitation from torture had been affected to some degree by their experiences of poverty, marginalisation and insecurity in the asylum system, and beyond for those granted permission to live in the UK, which had compounded the psychological health problems related to their torture. Two-thirds of all respondents indicated that their rehabilitation had been affected *a lot* by these experiences with the remainder identifying a smaller impact. Only two people stated that there had been no particular impact or no impact at all.

The descriptions given by clients of this impact suggest a complex interplay between the pre-existing trauma and the problems they face related to their claim for protection, unmet material needs and social exclusion. These poverty related problems persisted for those granted permission to live in the UK (see *Chapter 4: Ongoing poverty for survivors of torture with permission to live in the UK*).

Focus group participants explained that many survivors of torture feel so incapacitated by their experience of living in impoverished and insecure circumstances in the asylum system or so unwell that they believe they will never be able to work and be self-reliant again. One participant said that her mental health situation had not improved when she was granted legal status in the way she had expected, to the point where she had attempted suicide at this point. She explained that after the process of seeking asylum, she had reached a point where she felt she had no purpose in her life and did not belong anywhere. Others described feeling as though their lives had been wasted and that when they finally achieved permission to live in the UK and a situation of 'safety', it was too late for them to be able to return to a 'normal life'.

Client respondents described the following impacts of living in situations of poverty and insecurity:

- debilitation and distress provoked by persistent fear and anxiety about the future including, for those not yet granted permission to remain in the UK, the constant dread of being returned to the country where they were tortured;
- frustration and constant anxiety with the lack of control over vital aspects of their lives and their living conditions, reminiscent of their powerlessness during periods of detention and torture. Nearly three-quarters of all questionnaire respondents (61 people) stated that they felt they had very little or no control over their lives;
- feelings of being 'stuck' in a situation with no way back and no clear way forward;
- loss of confidence and an inability to cope with daily life;
- feeling incapacitated and weakened, as though they are no longer able to do the things they were previously able to do; and/or
- some respondents went as far as describing their treatment in the asylum system as feeling like a form of 'mental torture'. Many focused on the fact that UK Border Agency and other government officials did not believe they had been tortured and had 'treated us like liars'. One respondent described how the experience of being disbelieved in relation to their torture caused them to attempt suicide twice, after their asylum claim was refused on that basis.

5.3 Evidence from clinicians of the impact of poverty and insecurity on rehabilitation

... Poverty can be the last straw that breaks people.

... It's incredibly hard to recover and to process horrendous memories and your feelings around all the things that you've lost when you're surviving from day-to-day in really, really difficult circumstances.

These findings were confirmed by clinician respondents. All 18 of the clinicians interviewed acknowledged that dealing with the effects of poverty and insecurity connected with the asylum and mainstream welfare systems are an inevitable aspect of therapeutic work with survivors of torture, given the difficulties they experience in these systems.¹¹⁹

Clinicians stated that poverty problems negatively affected therapeutic work with clients, slowing down work towards recovery and creating obstacles to their clients' ability to achieve the degree of rehabilitation from torture that was otherwise possible for them. Many said that the frequent crises and practical difficulties experienced by their clients have the effect of diverting the focus of clinical sessions away from examining past events including trauma and the impacts of these, which can be damaging to the client and hinder recovery in both the short and longer term.

Poverty and torture rehabilitation - A clinical perspective from Andy Keefe, National Director of Clinical Services at Freedom from Torture

'Rehabilitation for victims should aim to restore, as far as possible, their independence, physical, mental, social and vocational ability; and full inclusion and participation in society.'

UN Committee Against Torture, General Comment No. 3 (2012)

The UN Convention Against Torture recognises that survivors of torture have a right to rehabilitation understood as the 'restoration of function or the acquisition of new skills required as a result of the changed circumstances of a victim in the aftermath of torture or ill-treatment.'¹²⁰ Freedom From Torture provides clinical and practical rehabilitation services to about one thousand survivors of torture every year.

Accounts by survivors and professionals included in this research show how poverty blocks and undermines rehabilitation:

Not having money for a bus fare can stop a survivor even getting to a session with their therapist. If they can attend, there is often so much of a practical nature to discuss - 'where will I sleep tonight? How can I afford to eat this week?' - there is little time to work through, contain and relieve the appalling traumatic memories and feelings a survivor of torture can be constantly beset with.

Successful therapy with a survivor of torture requires first that they feel safe, have a stable, peaceful living environment and can begin to feel they are no longer in immediate danger. Sleeping rough, sharing a room with a potentially violent stranger, constant changes in accommodation, not having enough money for a nutritious diet or to buy essential toiletries will all prevent the survivor from feeling safe and hence being able to make best use of the therapy.

Many survivors of torture experience depression and anxiety as well as trauma and the inability to plan for the future, the hopelessness and vulnerability poverty engenders reinforce these feelings. The stresses of the asylum process and the daily struggle to live on low or non-existent income without secure accommodation leave survivors feeling helpless, hopeless and that they are in a hostile environment beyond their control. These feelings can remind survivors of similar emotions they experienced during torture and detention, reinforcing such feelings and further undermining the process of rehabilitation.

Poverty also isolates as lack of resources to travel or socialise prevents survivors of torture from making links with and fully participating in the communities in which they live, prohibiting the restoration of social functioning.

The experiences recounted in this report reveal how poverty is a barrier to the free enjoyment of a fundamental human right.

Clinicians explained that experiences during the asylum process, including poor treatment from public servants, often remind torture survivors of their past trauma, causing distress and exacerbating difficulties in coping with trauma symptoms arising from torture. Situations of chronic and/or acute poverty may also cause additional trauma for torture survivors, which in itself delays and undermines the process of rehabilitation.

Clinicians commented on the lack of sufficient understanding of the specific needs of torture survivors among both mainstream service providers and specialist providers in the asylum system, and on inconsistencies between and within support services provided in different parts of the UK. They attributed the lack of understanding and consequent poor service delivery to the lack of training about the specific mental health implications of surviving torture; the difficulties that torture survivors may have in navigating complex benefits systems whilst managing distressing trauma symptoms; the difficulty that support providers have in believing or accepting that torture has taken place (particularly those outside the asylum system) and/or being unwilling to confront the reality of torture and its impact; and the perceived lack of specialist knowledge and skills required to work with survivors of torture.

Clinicians reported significant concerns about the long term impact on survivors of torture of living in poverty and in situations of insecurity, with the following problems identified in particular as having a negative impact on the rehabilitation process:

- i. Chronic insecurity; surviving from day to day and lacking, in particular, a 'safe recovery environment' essential for focusing on and processing traumatic experiences at a psychological level.
- ii. Marginalisation and social isolation through not having the means to establish and maintain social relationships, a chronic lack of meaningful activity and the inability to engage with and be an active member of society. This has a particular impact on survivors of torture who may experience a lack of self-worth, symptoms of depression and isolate themselves as a result of torture.
- iii. Difficulty communicating with clinicians by phone and accessing and paying for transport to attend appointments at Freedom from Torture and elsewhere (even where travel costs are reimbursed on arrival). Clinicians reported that travelling long distances was often very difficult for clients, even when they are able to pay for public transport, due to poor health, inadequate diet and inadequate clothing to protect against the weather. This may result in them arriving at Freedom from Torture in an exhausted state, unable to concentrate during clinical sessions or focus on dealing with difficult and painful issues.
- iv. Living for long periods on a chronically inadequate diet and with constant hunger in some cases. Clinicians reported that this affected clients' cognitive functioning and in particular their memory, their ability to concentrate, their physical health and their mood, all of which reduce the capacity of clients to participate fully in clinical sessions and impede their progress in therapy.
- v. Chronic dependence, disempowerment and a lack of agency, including the ability to make choices and have control over key aspects of their life, reaffirming the sense of worthlessness and humiliation that torture survivors experience as a result of being tortured.
- vi. Destitution, including street homelessness and dependence on others to provide basic material support, leading to a serious deterioration in mental health, increased risk of suicide and the long term effects of these on a person's ability to recover from trauma.

Clinicians reported that such problems not only led to a protracted therapeutic process but also undermined the person's ability to meaningfully integrate in society once they have achieved the legal right to remain in the UK and some stability in their 'external' world.

Chapter 6: Conclusions and recommendations: Tackling poverty as a barrier to rehabilitation from torture

... Torture has totally overturned my life and incapacitated my abilities and disabled my ambitions.

... Our current living conditions keep our torture trauma still alive. We can't move on.

This report has detailed the numerous ways in which welfare support systems in the UK force torture survivors as asylum seekers and refugees to live with great insecurity and in severe poverty. Throughout the report we have identified the specific impacts of various dimensions of this poverty on survivors of torture. While the material situation of torture survivors as they go through the asylum system may be in many ways the same as that of other asylum seekers, the particularity for survivors of torture relates to the experience of torture itself which, as one clinician described it, is '*designed to break people in a different way*'.

... It's incredibly difficult for people who've been disempowered, abused, stripped of everything - you know it's quite frequently said that survivors of torture are the 'living dead' - to then come here and try and find the resilience, the ability, the mindset, the control, the energy to fight for what anyone else in this country has as a right.

Torture affects an individual's ability to manage themselves, their situation and to cope effectively with further difficulties. Most torture survivors are therefore psychologically ill-equipped to cope with the poverty and insecurity they experience in the asylum system - which often continues even after they have been recognised as refugees and granted permission to remain in the UK. The practical difficulties and frequent crises caused by failures in both the asylum and mainstream welfare support systems, and the inadequacy of the support provided, form a significant barrier to rehabilitation.

When considering our recommendations for solving the problems set out in this report, we have taken as our starting point the views of torture survivors themselves and the specialist clinicians who work with them. We asked all our research respondents what issues should be prioritised in addressing poverty and its impact on the rehabilitation of survivors of torture in the UK. Their responses, together with our analysis of the political, policy, legal and human rights contexts, underpin the conclusions we have drawn and the recommendations we propose.

Prompt permission for survivors of torture to remain in the UK

Granting protection to torture survivors quickly was one of the top three priorities of more than half the survivors of torture who responded to our questionnaire. Particular issues highlighted by respondents to this research included:

- i) disbelief of torture disclosures, or low significance attached to such disclosures by asylum decision-makers, giving rise to protracted legal processes;
- ii) features of the asylum process (such as detention and inappropriate interviewing practices) which may inhibit early torture disclosures and/or reinforce trauma symptoms suffered by torture survivors, thus undermining their ability to give a full account of what has happened and of the future risk to them;
- iii) difficulties in accessing and retaining good quality legal representation so that an asylum claim can be properly assembled and any problems in the handling of that claim by the Home Office can be challenged quickly; and
- iv) poverty and insecurity arising from the asylum support system, which undermines a torture survivor's ability to engage fully and effectively with the asylum decision-making process.

Respondents to this research said they would like to see an asylum system that:

- is designed to facilitate and support a full disclosure of the claimant's history, including torture, at the earliest possible stage of the process and which proactively addresses the particular needs of torture survivors in respect of this;

- treats a disclosure of torture appropriately in the context of determining the asylum claim, including the assessment of the need for protection and the treatment of the claimant in the asylum process. This includes proper assessment of any medical evidence provided in support of an asylum claim;
- provides information and advice to claimants about the asylum process to enable them to fully and effectively engage in the process; and
- ensures access in practice to good quality, properly funded legal representation including so that a judicial process can be accessed where necessary.

Freedom from Torture recommendations

The Home Office should:

- continue its programme to reform the asylum screening process in order to better facilitate and respond to early disclosures of torture;
- rollout new guidance on handling asylum claims involving allegations of torture or serious harm with facilitated training for all asylum decision-makers to improve the quality of decision-making, save the cost and distress for applicants of unnecessary appeals and fresh claims, and prevent destitution; and
- Work with the Ministry of Justice, the Legal Aid Agency and voluntary sector organisations to enable early access to legal representation for asylum seekers to ensure they are fully informed about the asylum process from the outset of the determination process and that all necessary evidence in support of the claim is made available to the Home Office in advance of the claimant's first substantive interview.

The Ministry of Justice and Legal Aid Agency should:

- Use the next tender process for legal aid contracts to strengthen minimum competence standards and performance measures for legal aid providers; and
- Ensure there is no curtailment of the current legal aid eligibility for asylum seekers (or funding levels for) preparing fresh claims, onward appeals or seeking judicial review of asylum decisions.

Treating survivors of torture with dignity and humanity

Just under half of all respondents identified this issue as one of their top three priorities. In relation to their treatment by public servants, and by the 'system' generally, torture survivors described the lack of recognition of their humanity and a constant undermining of their basic human dignity. Clinicians pointed out that torture survivors suffering from trauma-related symptoms often experience negative interactions with authority figures in a particularly intense way.

Respondents to this research said that they would like to see:

- torture survivors treated with respect, empathy, flexibility, tolerance and humanity by national and local decision-makers and service providers administering the asylum system, the asylum support system, and the mainstream benefits systems;
- interview and assessment processes for these systems that are 'humane' in their design and implementation, in which torture survivors are listened to and their disclosures of torture are acknowledged, believed and acted upon in appropriate ways;
- the particular needs of survivors of torture - arising from the particular vulnerabilities that are a consequence of torture - understood and appropriately responded to by government decision-makers and service providers;
- a reduction in the isolation and marginalisation of torture survivors living in the asylum system

since this is a barrier to integration and rehabilitation in the long term; and

- efforts on the part of the government, the voluntary sector and the UK media, to address and remove the social stigma that is currently attached to the labels 'asylum seeker' and 'refugee' in the UK.

Freedom from Torture recommendations

The Prime Minister, Deputy Prime Minister, Home Secretary and Immigration Minister should:

- more regularly use policy speeches and other public opportunities to explain the UK's commitment to protecting those fleeing persecution including torture.

The Home Office should:

- invite survivors of torture to work with the Director General of its new UK Visas and Immigration section on the customer service agenda announced as part of the process to re-absorb the UK Border Agency's asylum responsibilities into the Home Office;
- provide facilitated experiential training, with input from specialist organisations, for all staff who make decisions about or otherwise come into contact with asylum applicants in order to improve awareness of the impact of torture on victims and the implications for Home Office processes; and
- launch a process, involving Freedom from Torture and other stakeholders, to review and strengthen the methods for monitoring compliance by contractors and their sub-contractors with personnel standards in the Statement of Requirements for contractors providing accommodation and transport.

See below for relevant recommendations relating to the Department for Work and Pensions and local authorities.

Financial support for survivors of torture in the asylum system

Nearly half of all respondents identified the need to address problems with financial support in the asylum system within their top three priorities:

Respondents focussed on the following issues:

- i) the low level of financial support provided to those in the asylum system (section 95 support and section 4 support) which is demonstrably inadequate to meet essential living needs and causes hardship and humiliation as well as compromising their capacity to engage effectively with the asylum process;
- ii) cashless support (section 4 support), which causes further hardship, is inefficient to administer, marginalises and stigmatises people and undermines their dignity;
- iii) poor administration of the asylum support system which causes delays or gaps in the provision of support, leaving vulnerable people without income or the means of earning it and exposing them to the risk of destitution; and
- iv) assessment processes in the asylum support system, which may inappropriately result in the refusal of support, leaving vulnerable people without income or the means of earning it and exposing them to the risk of destitution.

Many questionnaire respondents, and most participants in client focus groups, highlighted the importance to them of having permission to work while their asylum claim is decided as a means of supporting themselves and being self-reliant. Indeed, the lack of permission to work for asylum seekers was a major theme of discussion and the key change that focus group respondents called for, though they also recognised that many torture survivors are not well enough to work. Clinicians supported the right to work for asylum seekers and recognised it as an issue of great importance to clients. However, they also stressed the necessity of appropriate safeguards to protect and support those torture survivors who are unable to work due to their physical and/or mental health.

Respondents to this research said that they would like to see:

- the rate of financial support given to asylum seekers increased in line with mainstream support in order to meet people's essential living needs, given that almost all of those in the asylum system are not currently permitted to support themselves through employment;
- cashless support (section 4 support) abolished and asylum support continued where needed until the individual is granted permission to remain in the UK and has successfully accessed the relevant mainstream welfare benefits (or found employment) or until they leave the UK;
- asylum support applications processed quickly and efficiently, with delays in payment and irregular payment of financial support being prevented as far as possible, in order to reduce the level of insecurity and hardship that people currently suffer;
- asylum seekers given permission to work if they are well enough to do so, while awaiting for their asylum claims to be decided; and
- the potential vulnerability of torture survivors properly recognised, so that they are not refused support and made destitute where they are unable to support themselves financially.

Freedom from Torture recommendations

The Government should:

- raise asylum support rates to provide for a standard of living equivalent to mainstream welfare support provision. If utilities are provided as part of the provision of accommodation, the asylum support rate should be equivalent to at least 70% of income support rates. This rate should then be increased in line with annual cost of living increments for mainstream support;
- implement the recommendation of the Joint Committee on Human Rights for 'a coherent unified, simplified and accessible system of support for asylum seekers, from arrival until voluntary departure or compulsory removal from the UK'¹²¹ such that Section 4 support is abolished and Section 95 support is transformed into an 'end to end' cash-based support system; and
- grant the right to work to asylum seekers who have not had their cases resolved in six months, or who have been refused but cannot be removed through no fault of their own.

The Home Office should:

- increase staff training and performance management to improve the quality of asylum support decisions, including correct application of the legal test for destitution, to prevent destitution and save the cost and distress for applicants of unnecessary appeals;
- urgently devise and implement an action plan to tackle destitution caused by delays and other problems related to poor administration of the asylum support system; and
- ensure an effective system of emergency payments to prevent destitution as a result of asylum support system failings.

The Home Affairs Committee should:

- require and scrutinise quarterly reports from the Home Office on the appeal overturn rate for asylum support decisions.

The Ministry of Justice should:

- abandon plans to introduce a residence test for legal aid and ensure there is no curtailment otherwise of the current legal aid eligibility for asylum seekers, including refused asylum seekers, seeking judicial review of decisions related to asylum support.

Relevant UN human rights mechanisms including the Committee Against Torture, the Special Rapporteur on Torture and the Special Rapporteur on extreme poverty and human rights should:

- consider joint initiatives highlighting poverty as a barrier to the right to rehabilitation for torture survivors in the UK and elsewhere.

Accommodation for survivors of torture in the asylum system

Respondents emphasised the poor quality of accommodation, and insecure and inappropriate accommodation, as a priority issue for survivors of torture living in the asylum system. Clinicians particularly emphasised the importance for survivors of torture of being in secure and appropriate accommodation as a prerequisite for effective torture rehabilitation therapy. The refusal, by the Home Office and other public authorities, to accommodate torture survivors, resulting in inappropriate dependency or destitution, was highlighted as extremely damaging and undermining of all other efforts by torture survivors to cope with the effects of torture and move forward in their lives. Respondents considered that the UK government uses destitution (through refusal of support) as a means of inducing those whose initial asylum claim has been refused, to return to their country of origin. This 'policy' was regarded as both wholly ineffective - given that returning to the country where they have been tortured is something that survivors are unable to contemplate - and the cause of extreme hardship.

Respondents to this research said that they would like to see:

- survivors of torture in the asylum system provided with reasonable quality, appropriate and secure accommodation until they are granted permission to remain in the UK and have successfully accessed alternative housing, or until they leave the UK;
- the vulnerability of survivors of torture properly recognised by those administering the asylum support system and all possible measures taken to prevent them from being made destitute;
- improved monitoring of asylum accommodation providers to ensure that accommodation meets the required quality standards and that problems are resolved quickly and appropriately;
- recognition of the inappropriateness of shared rooms for torture survivors in accommodation centres; all possible measures being taken to prevent torture survivors from being allocated shared rooms, and an urgent response to situations where the security of those required to share rooms is threatened; and
- due regard to the location of accommodation provided to torture survivors in the asylum system, taking account of proximity to essential facilities including shops, schools, healthcare facilities and other essential voluntary and statutory services, as well as refugee and migrant communities who may provide informal forms of support.

Freedom from Torture recommendations

The Government should:

- task an independent inspectorate to monitor the quality of accommodation provided to asylum seekers with powers to conduct proactive and unannounced inspections.

The National Audit Office should:

- re-examine the provision of accommodation for asylum seekers and provide recommendations on how to achieve a system of contracting in which minimum standards are complied with in practice.

The Home Office should:

- ensure that decisions concerning the provision of accommodation to torture survivors comply with Section 4 of the Asylum Seekers (Reception Conditions) Regulations 2005. In particular, those receiving or accepted for treatment at one of Freedom from Torture's centres should be accommodated close by to that centre. Torture survivors, including those who have experienced rape, should not be forced to share bedrooms with strangers and self-contained accommodation should be provided wherever this is clinically necessary;
- ensure shared accommodation is subject to thorough risk assessment processes taking into account health and safety considerations for each resident. Requests for torture survivors to be removed from unsafe situations should be responded to with the appropriate degree of urgency;
- ensure that the contract management procedure with accommodation providers involves an effective mechanism for monitoring the quality of accommodation and the treatment of people within asylum accommodation, including significant penalties for providers when standards are not being met.

Ongoing support for survivors of torture with permission to live in the UK

Respondents who had been given refugee status (or other forms of leave to remain in the UK) emphasised the enduring poverty related problems torture survivors experience as they move out of the asylum system and attempt to integrate into mainstream society. The particular difficulties experienced by survivors of torture as they 'transition' from the asylum system, revolve around i) securing basic income and adequate housing; ii) accessing support from the mainstream welfare benefits system where this is needed; and iii) finding appropriate work when they are physically and mentally well enough to do so. These ongoing difficulties compound the psychological (and sometimes physical) impact of torture itself, making effective rehabilitation problematic for torture survivors.

Respondents to this research said that they would like to see:

- the provision of better information and more effective assistance to survivors of torture when they are granted permission to live in the UK, commencing before their asylum support is terminated and continuing until their situation with respect to income and housing is settled;
- more effective coordination and cooperation between the Home Office and the various government departments – including the Department for Work and Pensions, HM Revenue and Customs and local authority housing and social services departments – which regulate and administer mainstream welfare and social support systems, in order to deal with the specific needs of those 'transitioning' from the asylum system;
- improved awareness among mainstream welfare benefits providers as well as housing and other local authority service providers of torture survivors as a vulnerable group and better recognition of their particular needs;
- interview, assessment and other administrative processes relating to welfare, housing and social support systems that i) are 'humane' in their design and implementation ii) reflect both the reality of the way claimants are living and their capabilities iii) give individuals the opportunity to be listened to iv) give torture survivors the opportunity to disclose their history where it is relevant v) ensure disclosures of a history of torture are responded to appropriately;
- support applications processed quickly and efficiently, with delays in payment and irregular payment of financial support being prevented as far as possible;
- recognition by support providers of the potential vulnerability of torture survivors so that i) processes to establish eligibility for particular types of support, including Employment and Support Allowance, properly take account of trauma symptoms arising from torture and of the individual's mental health state; ii) torture survivors are not refused support in a situation where they are unable to support themselves; and iii) all possible measures are taken to prevent them from being made destitute;
- torture survivors provided with reasonable quality, appropriate and secure local authority accommodation, where they are unable to provide accommodation for themselves and where they are eligible according to the established criteria of being vulnerable and in 'priority need';
- the potential vulnerability of torture survivors who are deemed to be in 'priority need' of housing to be recognised, so that all possible measures are taken to prevent them from being allocated housing in shared rooms or in unsuitable hostels, and so that there is an urgent response to situations where the safety of torture survivors housed by the local authority is threatened;
- improved assistance from local authorities to those who they cannot house in accessing appropriate private housing, taking account of vulnerability and particular needs arising from the history of torture; and
- improved support to torture survivors who are well enough to work, to assist them in overcoming the barriers to work identified in this research, including lack of English language skills and poor understanding among UK employers of the situation of those who have newly gained permission to work and may not have access to the required documents, references and locally recognised qualifications.

Freedom from Torture recommendations

The Home Office should:

- ensure that the Biometric Residence Permit, NASS 35 form and National Insurance number are immediately forwarded to refugees upon grant of permission to remain in the UK so that they may promptly access mainstream welfare provision;
- ensure that asylum support is not withdrawn until the Department for Work and Pensions and HM Revenue and Customs are ready to commence mainstream welfare provision via an identified bank account; and
- work with the Department for Work and Pensions to develop a process through which refugees are automatically transferred to appropriate mainstream welfare benefits without the need for further applications.

The Department for Work and Pensions should:

- create a strategic lead tasked with developing an action plan to ensure the mainstream benefits system is more responsive to the needs of refugees including torture survivors. This plan should address:
 - administrative problems at the point of transition
 - low awareness among frontline service providers of difficulties facing refugees leading to poor customer service and decisions
 - problems with the handling of clinical evidence during eligibility assessments for those suffering trauma related mental health problems
 - the need for new strategies to support refugees into suitable English language courses, requalification, training and employment as appropriate
 - implementation of the new universal credit system to ensure account is taken of the vulnerability of refugees and others without access to English language support or online facilities
- implement the recommendations of the Public Accounts Committee aimed at improving Employment and Support Allowance decision-making and the Work Capability Assessment process, and in particular the recommendation 'to review the operation of the work capability assessment for vulnerable groups'.¹²²

The Ministry of Justice should:

- abandon plans to introduce a residence test for legal aid and ensure there is no curtailment otherwise of the current legal aid eligibility for refugees (and others granted leave to remain) seeking judicial review of decisions related to provision of immigration status papers and access to mainstream welfare entitlements; and
- conduct a review of the impact on people living with mental health problems of the withdrawal of legal aid for welfare benefits law.

Local authority housing departments should:

- ensure that refugee communities are consulted in the development of housing and homelessness strategies and that these address the housing needs of refugees;
- ensure guidance on the potential vulnerabilities of former asylum seekers set out in paragraph 10.35 of the Homelessness Code of Guidance for Local Authorities is properly translated into local practices and supported by training to frontline staff; and
- ensure housing advice, information, policies, procedures and provision are accessible to refugees and torture survivors, take full account of their needs and are supported by training to frontline staff with the input of specialist organisations.



Local authority social services departments should:

promote equal access to community care services and services under child-specific legislation through the provision of training and guidance to staff on the needs and vulnerability of refugees including torture survivors, and monitoring.

Endnotes

- 1 Vienna Declaration and Programme of Action, 25 June 1993, para 5.
- 2 See for example Interim report of the Special Rapporteur of the Commission on Human Rights on the question of torture and other cruel, inhuman or degrading treatment or punishment, A/55/290 (2000).
- 3 The London Declaration on Poverty and Torture (2011) is available at <http://www.irct.org/media-and-resources/irct-news/show-news.aspx?PID=13767&NewsID=3377>.
- 4 Committee Against Torture, General Comment No. 3 - Implementation of article 14 by States parties, CAT/C/GC/3 (2012), para 11.
- 5 Principle 21 of the UN Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, A/RES/60/147 (2005).
- 6 Joint Committee on Human Rights, Tenth Report of Session 2006-07, *The Treatment of Asylum Seekers*, HL Paper 81-1, HC 60-1, para 121.
- 7 Committee of Public Accounts, Twenty-third report of Session 2012-13, *Department for Work and Pensions: Contract management of medical services*, HC 744, para 2.
- 8 Niall Cooper and Sarah Dumbleton, *Walking the Breadline: The scandal of food poverty in 21st century Britain*, Oxfam and Church Action on Poverty (May 2013).
- 9 See also Principles 18 and 21 of the UN Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, *op cit*.
- 10 UN Committee Against Torture, General Comment No. 3 - Implementation of article 14 by States parties, *op cit.*, para 11. In para 15, the Committee recognises that states may fulfil their obligations by providing rehabilitative services directly or by supporting services delivered by private or voluntary sector service providers.
- 11 The Committee Against Torture has confirmed that the obligation to provide 'as full rehabilitation as possible' refers to the need to restore and repair the harm suffered by the victim to the extent possible, and 'does not refer to the available resources of States parties and may not be postponed'. *Ibid.*, para 12.
- 12 *Ibid.*, para 22.
- 13 *Ibid.*, para 15. The principle of non-discrimination is also addressed in para 32. The Committee's interpretation of the scope of Article 14 is consistent with the drafting history for the treaty. A proposal to limit obligations under Article 14 to torture committed in any territory under the jurisdiction of the State party was dropped by states during the drafting process. This interpretation also makes sense from both practical and clinical perspectives. From a *practical* perspective, the Committee's view is sensible because otherwise many survivors of torture would be placed in the perverse situation of having to return to a risk of further torture in order to exercise their right to rehabilitation. From a *clinical* perspective, the Committee's view should be supported because survivors of torture require rehabilitation services in whichever state they are living, including 'host' states of asylum; and for many survivors of torture the process of rehabilitation will be impossible in their country of origin, owing to risks of further torture, discrimination, retaliation or breach of confidentiality or fear of the same, even if appropriate services are in theory available. For further discussion of these issues, see 'Freedom from Torture response to the Committee against Torture's working document on Article 14 of the UN Convention against Torture' at pp. 8-10, available at <http://www.freedomfromtorture.org/sites/default/files/news/FFT%20response%20to%20the%20CAT%20consultation.pdf>.
- 14 UN Committee Against Torture, General Comment No. 3 - Implementation of article 14 by States parties, *op cit.*, para 13.
- 15 For discussion of these research methods see for example: John W. Creswell and Vicki L. Plano Clark, *Designing and Conducting Mixed Methods Research* (London: Sage Publications, 2007); P. Reason and H Bradbury (Eds), *The Handbook of Action Research*, (London: Sage Publications, 2006); and A. McIntyre, *Participatory Action Research*, Qualitative Research Methods Series 52, (London: Sage Publications, 2008).
- 16 Although it was considered, it did not prove feasible to translate the questionnaire given the number of different languages spoken by Freedom from Torture clients and uncertainty about which particular clients would participate (and therefore which languages would be required). Even if the questionnaire had been translated, it would have also been necessary to translate the responses, which would have been beyond our resources.
- 17 Clients from Freedom from Torture's Newcastle centre did not participate in the questionnaire but both clients and clinicians from this centre participated in qualitative interviews.
- 18 The UK Border Agency was responsible for provision of asylum support until March 2013 when the agency was disbanded and its responsibilities transferred to the Home Office. Given the recent nature of this transfer and the fact that the UK Border Agency was responsible for asylum support at the time when this research was conducted, throughout this report the UK government body responsible for the provision of asylum support will be referred to as the UK Border Agency, except where it is more appropriate to refer to the Home Office.
- 19 Since its foundation in 1985, more than 50,000 people have been referred to Freedom from Torture (formerly the Medical Foundation for the Care of Victims of Torture) for rehabilitation and other forms of care and practical assistance. In 2012 Freedom

from Torture provided treatment services to more than 950 clients from around 80 different countries. In addition our independent medico-legal report service is commissioned to prepare between 300 and 600 medico-legal reports every year, for use mainly in UK asylum proceedings.

20 When 'further representations' based on new evidence (such as medical evidence of torture) have been submitted in respect of an asylum claim and accepted by the UK Border Agency, after all previous rights of appeal have been exhausted, this is known as a 'fresh claim'.

21 Still Human Still Here, *At the End of the Line: Restoring the integrity of the UK's asylum system* (2010), pp. 29-52.

22 Home Office White Paper, *Fairer, Faster and Firmer: Modern Approach to Immigration and Asylum*, 1998, Chapter 8 Asylum Procedures available at: <http://www.archive.official-documents.co.uk/document/cm40/4018/4018.htm>; Still Human Still Here, *ibid.*, p. 34; Oxfam GB Research Report, *Coping with Destitution* (2011), p. 8.

23 <http://www.ukba.homeoffice.gov.uk/sitecontent/newsarticles/2013/may/11-transition>; BBC News, 'UK Border Agency to be abolished as 'not good enough'', 26 March 2013, available at: <http://www.bbc.co.uk/news/uk-politics-21945067>.

24 Still Human Still Here (2010), *op cit.*, p. 29; Still Human Still Here, *Evidence on the destitution of asylum seekers for the Home Affairs Select Committee inquiry* (2013), para 1.3, available at: <http://stillhumanstillhere.files.wordpress.com/2013/04/home-affairs-select-committee-evidence-from-shsh-20-april-2012.pdf>.

25 See Part VI of the Immigration and Asylum Act 1999. See also UK Border Agency, Asylum Process Guidance, Asylum Support, Assessing destitution available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/asylumsupport/guidance/assessing-destitution?view=Binary>.

26 Immigration and Asylum (Provision of Accommodation to Failed Asylum-Seekers) Regulations 2005.

27 Under the Regulations, *ibid.*, having established that they are destitute, a former asylum seeker must then show they meet one of five conditions set out in Reg. 3(2)(a)-(e).

Regulation 3(2)(e) - Human Rights Breach - includes those who have submitted further representations for a 'fresh asylum claim', which remain outstanding after 14 days.

28 See UKBA Policy Bulletin 82, Asylum seekers with care needs, available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumsupportbulletins/general/pb82?view=Binary>.

29 Part VI of the Immigration and Asylum Act 1999; Home Office White Paper, *op cit.*

30 See for example, Still Human Still Here (2013), *op cit.*, p. 2, citing House of Lords Hansard, 5 March 2013, Col. 1457: '... an asylum seeker will spend an average of 525 days on Section 95', and '... At the end of 2012, more than 4,400 asylum seekers had been waiting more than six months for an initial decision.'

31 See *Report of the Parliamentary Inquiry Into Asylum Support For Children And Young People*, (2013), at section 3 'How children and families experience asylum support', available at: <http://www.childrenssociety.org.uk/what-we-do/policy-and-lobbying/parliamentary-work/parliamentary-inquiry-asylum-support-children-an-1>; Still Human Still Here (2013), *op cit.*, and Still Human Still Here, (2010), *op cit.*, p. 34.

32 As reported by the *Parliamentary Inquiry into Asylum Support For Children And Young People* this is due to the fact that there is no statutory provision to increase asylum support annually, unlike income support where annual increments are linked to the consumer Price Index, *op cit.*, p. 8 and Appendix D, p. 30. See also, Still Human Still Here (2013), *op cit.*, p. 3: '...1.4 While no new rationale for calculating the level of asylum support payments has been announced, the actual support rates have been further reduced in recent years. For example, in 2009, the Home Office reduced support for single adults aged 25 or above to just 55% of income support. Furthermore, asylum support payments have not been increased in line with inflation. For example, the Government did not provide any increment to asylum support for 2012-13, despite raising income support payments by 5.2%. Consequently, asylum support levels for those on Section 95 have been severely reduced in real terms and are no longer calculated with reference to any system. For example, adults over 25 get 52% of income support, a lone parent 50% and a couple 65%.'

33 See for example *Report of the Parliamentary Inquiry Into Asylum Support For Children And Young People*, *op cit.*, p. 8; Still Human Still Here, Evidence to the Parliamentary Inquiry Into Asylum Support For Children And Young People, paras 2.1-2.2, available at: http://www.childrenssociety.org.uk/sites/default/files/tcs/Policy/asylum-inquiry/still_human_still_here.pdf; Oxfam GB, *op cit.*, p. 8.

34 For example, this point was made by witnesses to the cross-party parliamentary inquiry into asylum support for children and young people referred to above who cited the UK's obligations under the EU Reception Conditions Directive and the International Covenant on Economic, Social and Cultural Rights (ICESCR). See *Report of the Parliamentary Inquiry Into Asylum Support For Children And Young People*, *op cit.*, p. 11. Note that on 18 July 2012, the German Federal Constitutional Court found that the benefit levels paid to asylum seekers in Germany - approximately £6 per day - were insufficient and did not meet Germany's constitutional stipulation that everybody should be entitled to a 'humane subsistence level'. The Court made reference in its judgment to Germany's international obligations under, *inter alia*, the EU Reception Conditions Directive and the ICESCR. See BVerfG, 1 BvL 10/10 on 18.7.12, para (1-140) available at www.bverfg.de/entscheidungen/ls20120718_1bv1001010.html.

35 This decision was communicated in an email from the Head of Asylum Policy at the Home Office to stakeholder organisations on 6 June 2013 as follows: '...Today, the Minister for Immigration announced his decision to maintain the amount of support provided to asylum seekers and failed asylum seekers supported by the Home Office at the current rate. In making his decision he considered a range of information including income support rates, EU asylum support payments, and the views of partners. He con-

cluded that the package of support provided under Section 95 and Section 4 of the Immigration and Asylum Act 1999 are *sufficient, and meet the statutory requirement to provide for recipients' essential living needs*' (emphasis added).

36 Although those whose asylum claim had been refused and who had not (yet) submitted a fresh claim or who had no ongoing legal proceedings may not technically be considered to be within the asylum system, they did not have settled immigration status, were not entitled to access mainstream support and were not able to return to their country of origin, due to ongoing fears of persecution and so for the purposes of this research have been considered to be within the 'asylum system'. It should be noted that all other respondents (45%), who had refugee status or other leave to remain in the UK, had previously been through the asylum system and brought this experience to bear in their responses to the research.

37 This included 20/28 of those on asylum support at the time of the research: 13/19 of those on Section 95 support and 7/9 of those on Section 4 support. See 2.1 *Entitlement and access to support in the asylum system* for an explanation of Section 4 and Section 95 forms of asylum support.

38 The remaining respondents said that they were 'not sure' or did not respond to this question.

39 For those on Section 95 support these figures are fruit 12/19, vegetables 11/19, meat or fish 9/19, and non-meat protein 11/19. For those on Section 4 support they are 3/9; 4/9; 5/9 and 6/9 respectively.

40 There are only two charity shops included in the list of permitted shops for those using the Azure payment card; these are Red Cross and Salvation Army. See: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/asylum/vouchers.pdf> for the full list of permitted retailers and conditions of use of the Azure card.

41 9/19 receiving Section 95 support and 4/9 receiving Section 4 support said that they are *never or not often* able to buy these items.

42 Those on Section 95 support may apply for travel to be arranged or for expenses to be reimbursed for specified activities including attending substantive asylum interviews, appeal hearings, bail hearing and, in certain circumstances, appointments at Freedom from Torture. See Policy Bulletin 28, Providing travelling expenses and reimbursing essential travel costs, paras 2.5 and 5.1, available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumbulletins/travel/pb28?view=Binary>. Travel tickets to attend regular reporting events required by the UK Border Agency, where the person lives more than three miles from the reporting centre, may be provided if the person requests it in advance when they attend to report, see Reporting to the UK Border Agency, Assistance with travel costs to reporting centres, available at: <http://www.ukba.homeoffice.gov.uk/aboutus/contact/reporting-centres/travel-costs/>. Those on Section 4 support may be entitled to claim support for travel in certain prescribed circumstances - to register a birth and for essential healthcare treatment - where they make the appropriate application and can provide the necessary evidence. The journey must be more than 3 miles unless they have a child under 5 or are 'unable or virtually unable to walk a distance of 3 miles'. Section 4 claimants may be eligible to apply for £5 to be credited to their payment card on a six monthly basis to make essential phone calls, and for a payment of £2.50 for essential stationery including stamps. See: Additional Services Or Facilities Under Section 4 Of The Immigration And Asylum Act 1999, pp. 13-14 available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/asylumsupport/guidance/additional-services.pdf?view=Binary>.

43 Istanbul Protocol, *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, United Nations New York and Geneva, 2004, Chapter V Physical Evidence of Torture, 4. Musculoskeletal system, para 184.

44 *Ibid.*, Chapter VI Psychological Evidence of Torture.

45 6/19 respondents receiving Section 95 support and 5/9 receiving Section 4 support reported that they are regularly unable to attend essential appointments with doctors and with counsellors and therapists due to being unable to afford the travel expenses. Others said that they can only sometimes afford to pay for transport to get to these appointments depending on what other essential expenses they had that day or week.

46 Asylum seekers are granted 'temporary admission' in the UK while their asylum claim is under consideration (unless they are detained), which usually has a number of conditions attached to it. The most common conditions are that they must reside at a specified address, must not work and must present themselves to an immigration officer at a reporting centre on a specified date and time. The frequency of the requirement to 'report' is set according to the risk of 'absconding' as assessed by UKBA. Failure to report may put the person at risk of being detained and may have negative consequences for their asylum claim. Asylum applicants are required to inform their UK Border Agency case owner if they are unable to attend or if they have missed a 'reporting event' and they must have a 'genuine' reason. If the reason is ill-health, they must produce a doctor's note.

According to UK Border Agency policy, Freedom from Torture clients should only be subject to 'low frequency reporting'; in practice this is not always applied due to an apparent low level of awareness of this policy among UK Border Agency decision-makers and legal representatives.

See: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/contactmanagement/contactmanagement/standard-soperationalpolicy.pdf?view=Binary>.

47 This breaks down as 13/ 19 receiving Section 95 support and 4/9 receiving Section 4 support.

48 This breaks down as 10/19 receiving Section 95 support and 4/9 receiving Section 4 support. See footnote 42 in relation to the extra payments that those on Section 4 support may be entitled to. Section 95 claimants are not entitled to apply for extra payments for such items.

49 This breaks down as eight of the 19 receiving Section 95 support and six out of the nine receiving Section 4 support.

50 See Asylum Process Guidance: Withdrawal Of Asylum Support Where A Breach Of Conditions Has Occurred describing the 'conditions of support' provided for under Reg. 20 of The Asylum Support Regulations 2000 as amended in 2005, available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/asylumsupport/guidance/breachofconditions.pdf?view=Binary>.

51 'Social exclusion' is a term which is used to refer to the alienation or disenfranchisement of certain people within society as a result of low income and other related factors. Contemporary notions of poverty include both low income and social exclusion and acknowledge the interrelatedness of these factors, which together result in severe and chronic disadvantage and impact on the opportunities that are available to individuals and families, as compared to the average member of society. See The Poverty Site, Notes, Relative poverty, absolute poverty and social exclusion: <http://www.poverty.org.uk/summary/social%20exclusion.shtml#note3>.

The notion of 'social exclusion' developed by Professor Peter Townsend *et al.* in the Joseph Rowntree Foundation research on poverty and social exclusion in the UK, includes four dimensions – impoverishment, labour market exclusion, service exclusion, and exclusion from social relations and social participation. See: Joseph Rowntree Foundation, *Poverty and social exclusion in Britain* (2000), pp. 1-12 and Chapter 5, available at: <http://www.jrf.org.uk/sites/files/jrf/185935128x.pdf>.

52 See Istanbul Protocol, *op cit.*, Chapter VI. Psychological Evidence of Torture, B. Psychological consequences of torture 3. Diagnostic classifications (a) Depressive disorders and (b) Post-traumatic stress disorder.

53 For those on UK Border Agency support detailed responses were as follows: *never* or *not often* able to celebrate special occasions with others, such as birthdays, anniversaries or festivals - 17/19 of those on Section 95, and 7/9 of those on Section 4; *never* or *not often* able to take part in leisure or sporting activities - 17/19 of those on Section 95 and 7/9 of those on Section 4; *never* or *not often* able to take part in community events or meetings - 15/19 of those on Section 95 and 7/9 of those on Section 4; and *never* or *not often* able to take part in faith based activities - 12/19 of those on Section 95 and 3/9 of those on Section 4.

54 This included 8/19 on Section 95 support and 3/9 on Section 4 support.

55 This included 10/19 on Section 95 support and 6/9 on Section 4 support.

56 This included 15/ 19 on Section 95 support and 8/9 on Section 4 support.

57 See: <http://www.ukba.homeoffice.gov.uk/asylum/support/apply/section4/>.

58 Still Human Still Here (2013), *op cit.*, paras 4.2-4.3.

59 For example, the scope of items that may be purchased with the Azure card has recently been further restricted to exclude the following: 'Vehicle fuel, store/gift cards or vouchers of any kind, tobacco products and alcohol', according to letters received by Freedom from Torture clients, dated May 2013.

60 For conditions including the carry over limit see: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/asylum/vouchers.pdf>.

The carry over limit does not apply for those with dependents.

61 See also UK Border Agency, Asylum process guidance, Asylum support, Section 4 support, Accommodating applicants, available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/asylumsupport/guidance/section-4-support-inst.pdf?view=Binary>.

62 See Freedom from Torture, *Body of Evidence: Treatment of Medico-Legal Reports for Survivors of Torture in the UK Asylum Tribunal* (2011), available at: <http://www.freedomfromtorture.org/document/publication/5317>.

63 See for example, Asylum Support Partnership, *Your inflexible friend: The cost of living without cash*, (2010), http://www.refugeecouncil.org.uk/assets/0001/7057/ASP_-_azurecard-v4.pdf and *Report of the Parliamentary Inquiry Into Asylum Support For Children And Young People*, *op cit.*, p. 14.

64 Relevant statutes include the Children Act 1989 and the National Assistance Act 1948 in England and Wales and the Children (Scotland) Act 1995, the Social Work (Scotland) Act 1968, the Local Government in Scotland Act 2003, and the Mental Health (Care and Treatment) Scotland Act 2003 in Scotland. The information that follows in this section is based on ASAP Factsheet 8, Local Authority Assistance for Asylum Seekers and Refused Asylum Seekers, April 2012, available at: <http://www.asaproject.org/wp-content/uploads/2013/03/fs8.pdf>.

See also UK Border Agency, Asylum Support Policy Bulletin 82, Asylum Seekers with Care Needs, available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylum-support-bulletins/general/pb82?view=Binary>.

65 It is well established in case law that when assessing eligibility of asylum seekers for this support, local authorities must disregard the potential availability to the person of accommodation provided by the UK Border Agency. *Westminster City Council v National Asylum Support Service* [2002] UKHL 38.

66 See UK Border Agency, Asylum Support Policy Bulletin 82, *op cit.*, Fn 1. See also Scottish Refugee Council Policy Briefing, 'Scottish Refugee Council response to the Joint Committee on Human Rights, Report into the Treatment of Asylum Seekers' (2007), para 5.

67 Where an unaccompanied child applies for asylum, decision-makers must first consider whether they qualify for asylum and/or

Humanitarian Protection. If they do not qualify, consideration must be given to whether they qualify for Discretionary Leave on the basis that there are not suitable arrangements for their care in their country of origin.

See UKBA, API Discretionary leave, 2.7 Unaccompanied asylum seeking children (UASCs), available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumpolicyinstructions/apis/discretionaryleave.pdf?view=Binary>.

68 For details of accommodation provision to asylum seekers see: <http://www.ukba.homeoffice.gov.uk/asylum/support/accommodation/>.

69 'Dispersal' areas include London and the South of England; Wales; Midlands and East of England; North East, Yorkshire and Humber; North West; Scotland and Northern Ireland: <http://www.ukba.homeoffice.gov.uk/aboutus/workingwithus/workingwithasylum/compassprogramme/>.

70 The Freedom from Torture policy concession with regard to dispersal out of London (Policy Bulletin 19) applies to torture survivors who have been accepted for treatment at Freedom from Torture. While this concession is no longer published on the UK Border Agency website it still applies where the relevant criteria are met.

71 For details of the COMPASS Project see: <http://www.ukba.homeoffice.gov.uk/aboutus/workingwithus/workingwithasylum/compassprogramme/>.

72 See for example: Report of the *Parliamentary Inquiry into Asylum Support for Children and Young People*, *op cit.*, p. 22: 'Separating families appears to be a common practice within the asylum support system. We heard how couples are not being housed together, despite the fact they have a child together. Restrictions embedded in the support system mean children are sometimes prevented from building relationships with their fathers. This could be because the father is not an asylum seeker or is not part of the same asylum claim as the mother: *'Requests for children to be*

accommodated near their fathers are not usually taken into consideration.' After dispersal, it is difficult for fathers to spend time with their children as there is no flexibility about receiving overnight guests. This adds a layer of bureaucracy for parents without a marriage certificate who wish to be supported

together but do not pass the two-year cohabitation requirement.'

73 See: COMPASS Statement of Requirements available at:

<http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithasylumseekers/accommodation-standards.pdf>.

74 *Ibid.*, para 1.2.1.6.

75 *Ibid.*, 1.2.1.1 'The Provider shall understand the background and needs of the Service User and understand that some Service Users will have particular characteristics and special needs that require the provision of particular accommodation or accommodation in a specific locality, and/or the provision of transport that is suitable for their needs... 1.2.1.2 In particular, the Provider acknowledges and agrees that Service Users will ... Need to be managed with sensitivity. They may have suffered trauma, be suspicious or frightened of authority figures and/or be afraid of other Service Users and strangers'; 1.2.1.3 'The Provider further acknowledges and agrees that some Service Users will have particular characteristics including... Vulnerability... Extract from Statutory Instrument 2005 No 7: When the Secretary of State is providing support or considering whether to provide support under Section 95 or 98 of the 1999 Act to an asylum seeker or his family member who is a vulnerable person, he shall take into account the special needs of that asylum seeker or his family member. A vulnerable person is... A person who has been subjected to torture, rape or other serious forms of psychological, physical or sexual violence...'

76 Forced sharing of bedrooms most commonly occurs for Freedom from Torture clients accommodated in London; the rationale given by the UK Border Agency for this is the acute shortage of accommodation in London and lack of available single room accommodation, even where this has been requested for a torture survivor on health grounds or to prevent risk.

77 Hypervigilance is one of the 'hyperarousal' symptoms of PTSD and refers to the experience of being constantly tense and 'on guard.' A person experiencing this symptom of PTSD will be motivated to maintain an increased awareness of their surrounding environment, sometimes even frequently scanning the environment to identify potential sources of threat; see: <http://www.nice.org.uk/nicemedia/pdf/CG026NICEguideline.pdf>.

78 See: <http://www.ukba.homeoffice.gov.uk/asylum/support/employment/>. The majority of asylum applicants are not permitted to work while their application is considered. However, if an applicant has waited longer than 12 months for an initial decision on their asylum claim they may request permission to work. In addition, if their asylum application has been refused, they may request permission to work if they have made further submissions on their asylum claim, which have been outstanding for more than 12 months (this only applies to those who have already made further submissions). See <http://www.ukba.homeoffice.gov.uk/aboutus/workingwithus/workingwithasylum/failed-asylum-seeker-work/>. Permission to work is only granted if the person is not themselves responsible for the delay in reaching the decision on the application and if granted, restrictions apply so that the person will not be able to become self-employed and may only apply for jobs included on the list of 'shortage occupations' published by UK Border Agency.

79 See Policy Bulletin 75 for guidance on 'Section 55 (late claims)' available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumsupportbulletins/accesstosupport/>.

80 *Ibid.*, paras 7.3-7.12.

81 See Asylum Process Guidance, 'Assessing destitution' available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/>

policyandlaw/asylumprocessguidance/asylumsupport/guidance/assessing-destitution?view=Binary.

82 See Section 19 of the Nationality, Immigration and Asylum Act 2002 for a definition of 'destitution' and UKBA Asylum Process Guidance, 'Assessing destitution', *ibid.*, p. 3.

83 See UKBA Asylum Process Guidance, 'Assessing destitution', *ibid.*, pp. 22-28.

84 See UKBA Policy Bulletin 83 available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylum-supportbulletins/accesstosupport/pb83?view=Binary>.

85 The remaining criteria for eligibility for Section 4 support include having a physical impediment or other medical reason that prevents travel, it being accepted that there is 'no viable route of return' to the person's country or an ongoing judicial review application, all of which in practice are very difficult to meet.

86 See Asylum Process Guidance, Section 4 Support, Dispersal arrangements, pp. 33-34; 'An applicant granted Section 4 support may be required to move to new accommodation in another area.'

87 The exception currently being those who have waited for over a year for an initial decision on their asylum claim who may be entitled to apply for permission to work, subject to certain specified conditions; see <http://www.ukba.homeoffice.gov.uk/asylum/support/employment/>.

88 See: UKBA Asylum Process Guidance, Ceasing Asylum Support, 3. Asylum support <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/asylumsupport/guidance/statuscessationguidance.pdf?view=Binary>.

89 Although it is noted that the Home Office is now issuing Biometric Residence Permits (BRP) for refugees and others with leave to remain; see <http://www.ukba.homeoffice.gov.uk/visas-immigration/while-in-uk/do-i-need-brp/>.

90 Under NAM, a 'NINo' application should be completed at the time of the substantive asylum interview, which is then submitted by the case owner on grant of status and the Department for Work and Pensions notified. However, in practice where the asylum claim is initially refused and decided on appeal or if there has been a considerable delay in deciding a claim, then the UK Border Agency is unlikely to arrange for a NINo interview and the individual must make the application themselves.

See Asylum Process Guidance, Procedures for issuing a National Insurance number (NINo) to asylum claimants granted leave to enter or remain in the United Kingdom, available at: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/implementingandservingdecision/guidance/ninoguidance.pdf?view=Binary>.

91 See Department for Work and Pensions guidance on Universal Credit, Simplifying the welfare system and making sure work pays: available at: <https://www.gov.uk/government/policies/simplifying-the-welfare-system-and-making-sure-work-pays/supporting-pages/introducing-universal-credit>.

92 See, for example, the recent case where a child was found to have starved to death in temporary accommodation in London. The case review found that the family had become dependent on 'ad hoc' charitable handouts despite a successful asylum claim because of 'significant problems' transferring the family from Home Office to mainstream welfare support services, <http://www.insidehousing.co.uk/care/child-starved-to-death-after-benefits-delay/6524052.article>.

93 '...The Scottish Refugee Integration Forum (SRIF) was first set up in January 2002 by the Scottish Executive to allow Scotland's statutory and voluntary agencies to work in partnership to support refugees more effectively'. See <http://www.scotland.gov.uk/Topics/People/Equality/Refugees-asylum/integration> and '...The Scottish Government is responsible for devolved issues which relate to asylum seekers who are living in Scottish communities while their immigration application is being processed. This includes integration initiatives, such as English language classes and translation assistance, and services such as health care, education and legal advice', <http://www.scotland.gov.uk/Topics/People/Equality/Refugees-asylum/responsibility>.

94 In December 2012 regulations for Universal Credit and for Personal Independence Payment were laid before Parliament. See <http://www.cpag.org.uk/content/universal-credit-update>.

95 See Asylum Process Guidance, Ceasing Asylum Support, 3 Asylum support.

96 *Ibid.*, 5.4 Letter to the DWP (NASS 35).

97 See ASAP briefing, Termination of Asylum Support for those Granted Leave to Remain (2013), '...There have been some recent decisions by the First Tier Tribunal Asylum Support (AST) which found that those who are awarded leave to remain should continue to receive asylum support until after they receive their status documents from UKBA. Depending on the person's circumstances, this may be either Section 95 support or Section 4 support... these decisions were made by individual judges and are therefore not binding on other judges sitting in the tribunal. However... these decisions raise good arguments as to why support should continue to be provided to individuals who, often through no fault of their own, are unable to obtain the status documents the need to obtain employment or mainstream benefits' available at: <http://www.asaproject.org/research-publications/newsflashes/>.

98 See: <https://www.gov.uk/national-insurance/your-national-insurance-number>.

99 See Department for Social Development, Social Fund Guide, Part 3 Crisis Loans: http://www.dsdni.gov.uk/index/ssa/information_for_advisors/ssani_adviser_technical_guides/social_fund_guide/social_fund_guide_pt3/social_fund_guide_pt3_crisis_loans.htm.

100 See Crisis Loans: <https://www.gov.uk/crisis-loans>.

101 These 'activities', designed to assess physical as well as 'mental, cognitive and intellectual function', include 'mobilising',

'standing and sitting', 'learning tasks', 'making yourself understood', 'coping with change', 'coping with social engagement' and 'awareness of hazards which are relevant to work'. Department for Work and Pensions, *A guide to Employment and Support Allowance – The Work Capability Assessment* (2013), pp. 8-9.

102 See for example Professor Malcolm Harrington, *An Independent Review of the Work Capability Assessment – year 1* (2010), available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/70071/wca-review-2010.pdf; *An Independent Review of the Work Capability Assessment – year 2* (2011), available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/70102/wca-review-2011.pdf; *An Independent Review of the Work Capability Assessment – year 3* (2012), https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/70123/wca-review-2012.pdf.

103 See Guardian, *Fitness-for-work tests unfair on people with mental health problems, court says*, 22 May 2013, available at <http://www.guardian.co.uk/society/2013/may/22/fitness-work-tests-mental-health-unfair>.

104 See Professor Malcolm Harrington *op cit.*, 2010, 2011, 2012 reports.

105 *DM v Secretary of State for Work and Pensions* [2013] UKUT 260 (AAC) (22 March 2013).

106 It should be noted that Crisis Loans, which were paid from the 'social fund' and intended to cover essential costs following an emergency or following a disaster are no longer available since April 2013, see: <https://www.gov.uk/crisis-loans>.

107 'Income-based' JSA is paid to those who have not made sufficient NI contributions in the last two years to qualify for 'contribution-based' JSA: <https://www.gov.uk/jobseekers-allowance/what-youll-get>.

108 For further information see <https://www.gov.uk/jobseekers-allowance/further-information>.

109 See for example <http://www.crisis.org.uk/data/files/publications/Crisis%20Briefing%20-%20Housing%20Benefit%20cuts.pdf>.

110 The 1996 and 2002 Housing Acts apply in England and Wales only. Similar legislation exists in Scotland. The Housing (Scotland) Act 1987 as amended by the Housing (Scotland) Act 2001 states that people are homeless if there is no accommodation that they are entitled to occupy.

111 See Department for Communities and Local Government, *Homelessness Code of Guidance for Local Authorities*, available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7841/152056.pdf.

112 See: http://www.housing-rights.info/03_2_Refugees.php.

113 For example, the person deliberately did (or did not do) something that caused him or her to leave accommodation which s/he could otherwise have stayed in, and it would have been reasonable for the person to stay there e.g. failure to pay the rent or mortgage when funds permitted this, eviction for antisocial behaviour or departure from accommodation that you could have stayed in.

114 However, since June 2012 the Localism Act allows local authorities in England to set their own rules about who can apply to join the waiting list for housing, though this should not affect their duties to provide for those who meet the homelessness criteria set out above.

115 Those granted refugee status are initially given limited leave to remain for five years, following which they may apply for Indefinite Leave to Remain (ILR), an application which may be subject to an 'active review'. See <http://www.bia.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumpolicyinstructions/apis/refugeeleave.pdf?view=Binary>.

116 It should be noted that from October 2013 Department for Work and Pensions will introduce Universal Credits that will include a housing component and local authorities will phase out direct Housing Benefit payments. One consequence of this is that Housing Benefit will not be paid direct to the landlord but tenants will take responsibility for budgeting and ensuring that they pay their rent. Concerns have been raised that this increases the likelihood of tenants falling into rent arrears. The National Audit Office has written a report on how the department is preparing to take on this role, available at:

http://www.nao.org.uk/publications/1213/housing_benefit_reform.aspx.

117 See Department for Work and Pensions guidance available at: <http://www.dwp.gov.uk/local-authority-staff/benefit-cap/>

118 See for example Department for Work and Pensions *Monitoring the impact of changes to the Local Housing Allowance system of Housing Benefit: Summary of early findings* (2012), available at

<http://research.dwp.gov.uk/asd/asd5/summ2011-2012/798summ.pdf>.

119 The 18 clinicians interviewed for the research represent a range of specialists and professions offering therapeutic care and reflect the nature of the multidisciplinary clinical teams at Freedom from Torture. The sample was made up of eight 'caseworker-counsellors' (practising either 'client centred' or 'integrative' models of counselling), three Clinical Psychologists, three Psychotherapists, two Family Therapists, one Consultant Psychiatrist and one Child Psychiatrist, who between them saw a total of 246 clients (some of whom were treated in groups).

120 Committee Against Torture, *General Comment No. 3 - Implementation of article 14 by States parties*, CAT/C/GC/3 (2012)

121 Joint Committee on Human Rights, Tenth Report of Session 2006-07, *The Treatment of Asylum Seekers*, HL Paper 81-1, HC 60-I, para 121.

122 Committee of Public Accounts, Twenty-third report of Session 2012-13, *Department for Work and Pensions: Contract management of medical services*, HC 744, para 2.



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

Freedom from Torture, formerly known as the Medical Foundation for the Care of Victims of Torture, is a UK-based human rights organisation and one of the world's largest torture services centres. Since our foundation in 1985, more than 50,000 people have been referred to us for rehabilitation and other forms of care and practical assistance. In 2012, our centres in Birmingham, Glasgow, London, Manchester and Newcastle provided treatment to almost 1400 clients from around 65 different countries.

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