



Advocacy and peer support for disabled asylum seekers and refugees

Sheffield Hallam University



Partners for Inclusion



New Perspectives



Northern Refugee Centre



Inclusive Living Sheffield



Sheffield CDAS



Garden Court Chambers

Sheffield Trades Council

Low paid / unwaged: £5
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Do you have a view on health or social care services in Sheffield?

The newly formed Sheffield LINK (Local Involvement Network) aims to give everyone in Sheffield the opportunity to influence local health and social care services so that they meet the needs of the people who use them.

The Sheffield LINK is open to anyone in Sheffield regardless of their age or background.

For more information about the LINK, please contact the support team on:

- ' 0114 253 6690
- ; info@sheffieldlinks.org.uk
- ! Sheffield LINK
The Circle, 33 Rockingham Lane
Sheffield S1 4FW

Burngreave Ashram is Proud to Support No Barriers No Borders

The supportive environment that the group provides for disabled refugees and asylum seekers in the face of so much prejudice and adversity is invaluable.

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Howells LLP works with the most vulnerable members of society to ensure they have access to the services they deserve.

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Contact: 0114 249 6666



Banner Theatre would like to affirm its support for No Barriers No Borders

Banner Theatre's latest show "We Share the Same Sky" will tour nationally from May 2009.

The show looks at employment in the context of a global economy in crisis, exploring the theme from the vantage point of a disabled asylum seeker from Afghanistan, a Polish union organiser in Derby and a worker in a textile co-operative in Venezuela.

Contact Dave Butler:
0845 458 1909

info@bannertheatre.co.uk



Northern Refugee Centre is privileged to be associated with this project.

We would hope that, as an organisation, we can address the issues that are being raised by it. We provide a range of services, including advice, mentoring, refugee community development, Women's Services Development, refugee employment, and the REACT project.

Central to our work is the message that people are people, whatever their immigration status, race, disability, or other label they find themselves judged by.

We welcome this report in bringing issues facing disabled refugees to light, and hope it will act as a catalyst for change in improving understanding, and ultimately lead to just treatment of refugees with disabilities.

To find out more about Northern Refugee Centre's REACT project, please go to: www.nrcentre.org.uk/react or contact Helen on (0114) 241 2783 or Hlabera hlabera.chirwa@nrcentre.org.uk



South Yorkshire Migration & Asylum Action Group

SYMAAG welcomes the production of this report and will ensure that its recommendations are reflected in our campaigning activities as much as possible. Contact: 0114 241 2780 or dignitynotdetention@yahoo.co.uk



Acknowledgements



No Barriers No Borders is not funded. It has no famous supporters or sponsors whose names it can use to galvanise support for its members, who have come to the UK to seek asylum. The response we receive is often shameful. We are denied our rights under relevant legislation and not given the information and support we need to challenge these decisions.

The group would not have come about without the generous support of Burngreave Ashram, who provide a meeting place for the group and, just as importantly, a warm welcome when often this cannot be found elsewhere. No Barriers No Borders would like to thank them for their on-going kindness.

This report is being launched on 3rd December 2008 – the International Day of Disabled People. This is the day when Disabled People all over the world come together to demonstrate pride in being Disabled People and call for the delivery of our full civil rights.

This report and its launch could not have happened without the support of Karen Vitler, Senior Lecturer in Social Work at Sheffield Hallam University. She gave much appreciated support to New Perspectives when they began to provide practice learning opportunities for social work students and her enthusiasm for the work of No Barriers No Borders has been unstinting.

We would also like to sincerely thank Ellen Williamson and Peter Nieto at Howells Solicitors. They have responded marvellously to our requests for legal advice and their work for our members has been and continues to be invaluable.

Without the hard work of Clare Lewis, this report would look very different. She used her tremendous skills as an artist to produce the drawings. Robert Whittaker, New Perspectives' office manager, came to our rescue when we realised that we needed some additional images – our thanks to him.

We must also thank Garden Court Chambers, The Northern Refugee Centre, Sheffield Trades Council, Inclusive Living Sheffield, Sheffield Partners for Inclusion, Banner Theatre, Howells Solicitors, Sheffield LINK and New Perspectives Senior Partners and administration staff for their support.

The most important people who made this report happen and made No Barriers No Borders the wonderful, successful group that it is, are its members. We try constantly to be inspiring and the best fighters for justice. This report is written to celebrate our achievements and send a message of hope to all asylum seekers and refugees. Our work will continue to challenge the institutions and policies that seek to exclude us – we will win our battles and we ask everyone to join with us in that struggle.



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Background

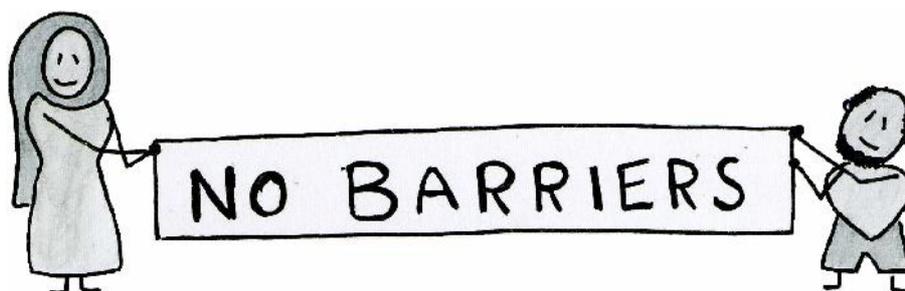
“The worst thing is not having made my own decision to leave my country.”

None of us chooses our country of birth. We may be lucky and be born in a region where people do not experience war, torture or persecution for their political or religious beliefs, natural disasters such as floods, earthquakes or droughts. If this is the case, we are lulled into a sense of security and comfort which we take for granted. The decision to seek asylum in another country is never easy but for the vast majority of people who do so, it is a choice not only of country of residence, it is a choice between life and death.

How did No Barriers No Borders begin?

New Perspectives is a training and consultancy agency led by people eligible to use Community Care services. It is committed to addressing diversity issues collectively, rather than as separate unconnected issues.

The two senior partners of New Perspectives are also activists in the Disabled People's Movement. In recent years, they have provided voluntary support to disabled asylum seekers and refugees needing to access a range of public and community services. The countries of origin from which Disabled People needing such support have come to the UK include Iran, Zimbabwe and Afghanistan. As people heard about the work of New Perspectives to support and advocate for the rights of these disabled asylum seekers and refugees, they began to tell us about other migrants to the UK who had impairments and needed some support, advice or information.



Background



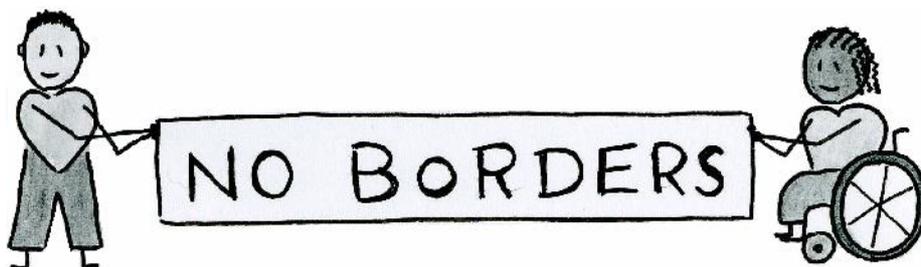
Where is No Barriers No Borders now?

During the early part of 2008, New Perspectives provided practice learning placements for two social work students from Sheffield Hallam University. These students provided one-to-one advocacy for the disabled people affected by immigration controls whom New Perspectives were supporting. The students worked alongside these Disabled People to set up a peer support group for disabled migrants in Sheffield. This group is now meeting regularly and has a constitution, chair, treasurer and secretary. The group also organises social activities for group members, provides speakers for meetings, fund raises and undertakes work to educate people about how their policies and practices can result in their being denied the support they need.

This Report

This report contains some stories about members of No Barriers, No Borders. These stories explain some of the enormous difficulties that these individuals have had in their fight against deportation whilst, at the same time, seeking to access the health and Community Care services to which they are entitled and which they need. The report also seeks to demonstrate that their stories are not unique but are in fact typical of the response and treatment many disabled asylum seekers and refugees receive from professionals, who all too often deny them access to the services and support which they ought to receive.

Finally, we give some good practice recommendations for use by those working with disabled people affected by immigration controls, whether supporting them as advocates, campaigners, supporters or as service providers.





Our Stories: Behzaad

“Rules are rules!!”

Background

Behzaad came to the UK from Afghanistan because he was in danger as a result of the war in his country. His house was attacked and his family was killed, so he could not return there. Having lost his claim for asylum here, he was denied NASS support. In order to feed, clothe and house himself, Behzaad was forced to work unsafely in the illegal economy. He slipped off a roof and broke his back, then spent over six months in hospital and was billed £95,000 for his treatment. Behzaad now uses a wheelchair.

2002

September: Behzaad arrived in the UK in a lorry after paying people to get him into the country. The police caught him in Dover. He was taken to a police station and placed in a hostel. He was sent to Sheffield and placed in a house with 20 other asylum seekers where he remained for about 2 years. He was then placed in another house with 3 other asylum seekers.

2005

Behzaad was refused asylum and hence accommodation from NASS. He lodged a second claim which was refused. Whilst awaiting deportation, he stayed in the houses of a number of different friends. In order to survive, he worked illegally for a number of different building companies. Behzaad worked for approximately £50 cash in hand a week, carrying out long hours with no health and safety procedures.

2007

February: Behzaad fell from a roof whilst working and broke his back. He was discharged from hospital because he could not pay for treatment. He was given a wheelchair that was found *“in the back of a cupboard.”* Behzaad was given a place to live that was not accessible to him. He refused it and fought successfully for alternative accommodation that met his access needs. The kitchen facilities in this second property provided under the National Assistance Act, were however inaccessible to him. He was unable to cook meals or make hot drinks safely. When Behzaad left the hospital, he had no money, medication or support and felt very isolated. Because of his status as an asylum seeker, Behzaad was refused physiotherapy. Behzaad registered with a GP surgery which all asylum seekers are expected to use. This was some distance from his home and he found it difficult to travel there.

July: Behzaad received a Community Care assessment. He was offered a low table on which to prepare food but no solutions regarding how to cook the food once it was prepared! Social services agreed to let Behzaad have Direct Payments only when Behzaad’s advocate, who is a UK citizen, stated that he could administrate these on Behzaad’s behalf. Behzaad’s first language is Farsi. He feels more confident communicating in this language. His social worker referred him to a support service which did not meet his language needs. This is one example of how some health and social care professionals do not empower people like Behzaad to take control of their own support services.

Our Stories: Behzaad



November: The police came to arrest Behzaad at dawn and took him to an Immigration Removal Centre. When they saw he was disabled they left without him. A solicitor submitted a fresh asylum claim for him on medical grounds.

2008

April: Behzaad was assessed for an NHS wheelchair but then told that, because he was an asylum seeker and not entitled to secondary health services, he had no right to one. New Perspectives got clarification from Sheffield NHS senior management, which said that asylum seekers are entitled to NHS wheelchairs.

June: Behzaad was re-assessed for Community Care services. He received less than 35 minutes per day. This included two 30-minute sessions per week for bathing. Behzaad asked for an extra hour. This was granted but 1 hour was taken back when he achieved refugee status. He was informed that he no longer needed assistance to collect his National Assistance benefit.

Following an active anti-deportation campaign, Behzaad was given exceptional leave to remain on compassionate grounds.

30th July: The local authority was told that Behzaad's asylum claim was successful. Within 24 hours, his social worker removed all sources of financial support, including funding for the property where he lived. His social worker informed him *"You could look for private rented accommodation at any time of course if this was your preference subject to suitability and availability."* Behzaad was given 28 days notice to quit his tenancy by the housing association which owned his property. The local authority, which had been funding his housing under the National Assistance Act, told the housing association that it would no longer do so in light of his change of status but made no attempt to find alternative accommodation for Behzaad. He was told that it could take up to 12 weeks before he was offered a property. Three days after the 28 days expired, Behzaad was told he would be placed in an inaccessible bed-and-breakfast hotel as the local authority did not have any vacant suitable properties. He would have received no assistance to help him with cooking his meals, personal care, etc. Behzaad and the social work student who was on placement with New Perspectives went to the local authority housing department and refused to leave until a suitable flat was found. Temporary accommodation was identified in an accessible flat.

August: Despite his needs not changing, the support Behzaad received to do his shopping was withdrawn by the local authority, which refused to accept his word about the extent to which he needed to use his wheelchair. Despite his right to choose how his needs are met and his request for this to be via Direct Payments, they tried to insist that Behzaad could only have assistance from a service which has no workers that speak Farsi.



Our Stories: Behzaad

Where is Behzaad now?

Behzaad now has refugee status so is entitled to state benefits and housing. He is still in temporary accommodation because the offers of permanent accommodation he has received, have not met his access needs. He still does not receive the support he needs in his Community Care package but needs on-going advocacy support to resolve this. Behzaad wants to move to a different part of the country to be near friends, with whom he travelled from Afghanistan. Local authorities do not build or own enough accessible properties and take many months to make adaptations so he expects a long wait. While he thought very highly of the district nurses that were assigned to assist him, Behzaad says that more senior medical professionals are patronising and unhelpful.

He is at college studying English. It has been a constant battle to ensure that Behzaad gets access to the support he needs to enable him to live independently.

“As an Afghan coming from the country I just want to say that there are no mechanisms of protection for disabled people in Afghanistan. The disabled people are living a miserable life there and many of them are begging in the streets with almost no housing and no access to any kind of services. The Afghan government doesn’t provide any services to people with a disability and the only services are for the war disabled. This is a monthly payment of 500 Afs = US \$10. With this money someone can only buy 5 kg of cooking oil and that’s it.”

Director of a Human Rights Consortium in Afghanistan



Our Stories: Ahmed



“Not sad, not happy, just blank.”

Background

Ahmed is 27 and originally from Palestine. During the Intifada in 2000, he was shot in the leg. In 2002 and 2004 Ahmed had surgery in the UK which was paid for privately. He now wears a prosthetic leg and has been a user of mental health services since coming to the UK. He cannot return to Palestine because he would have to travel through Israel to reach his home. He would be arrested if he arrived in Israel. His family and friends remain in Palestine. He has no contact with them. He has no place left to go now as he has been imprisoned and deported from Arab countries including Saudi Arabia, Jordan and Syria.

2002 and 2004

Ahmed came to the UK for surgery in 2002, returning for more surgery in 2004

2008

Ahmed came to the UK and claimed asylum.

February: Ahmed came to Sheffield, and was placed in inaccessible, unsuitable NASS accommodation. It had no electricity or heating when he moved in and was far away from areas in Sheffield that could meet his cultural needs, leaving him isolated in the community. The house had 8 steps up to the front door and was situated on the top of one of Sheffield's steepest hills. It had no space for Ahmed to use a wheelchair or store a mobility scooter. He had to share bathroom facilities with other tenants. These facilities were some distance from his living quarters and unsafe because of the absence of adaptations and accessible equipment. Ahmed had to climb 2 flights of stairs to use the shared laundry facilities. Whilst living here Ahmed fell twice and hurt himself.

March: A request was made to NASS, by the Northern Refugee Centre, Leeds Refugee Centre and Sharrow Advice Centre with supporting medical evidence, that Ahmed be re-housed.

April: The request for re-housing was refused. NASS stated that the house Ahmed was living in met his needs.

May: Ahmed requested advocacy support from New Perspectives, who made a referral requesting a Community Care assessment under the 1948 National Assistance Act. A previous request for an assessment had been refused because of Ahmed's status as an asylum seeker. Ahmed was assessed by an occupational therapist, who concluded that adaptations were necessary to make his accommodation suitable. As Ahmed is an asylum seeker, however, the local authority will not fund permanent adaptations to any property he lives in, therefore the occupational therapist recommended that Ahmed be re-housed to a more suitable property. A representative from NASS also assessed Ahmed's house and stated that they were unaware of any steps leading up to the property.



Our Stories: Ahmed

June: Ahmed had a Community Care assessment, which stated that his current housing did not meet his cultural, accommodation, mobility, safety or general daily needs. During this assessment, Ahmed stated that his living conditions at that time were worse than the treatment he received in a Saudi prison.

July: Ahmed's accommodation became more unsafe, as water from a shower began gushing into the property's cellar onto an electrical fuse box. This presented a very real fire risk and, in the event of a fire, Ahmed would have been unable to escape quickly because of the number of steps out of his flat. The private landlord of the property, who has a contract with NASS to provide accommodation for asylum seekers, accused Ahmed of damaging the property and then told NASS that there were no maintenance problems with it. This was despite the electricity supply provider confirming that the situation represented an unacceptable risk. The property is still being used by NASS to house other asylum seekers but Ahmed successfully resisted bullying and harassment by his landlord and was eventually instructed by NASS to move into a different NASS property. This property was also unsuitable for his needs as well as being completely infested with rats and mice. The rodents were in his bed, kitchen, living room and toilet. Ahmed felt that he had been deliberately transferred to this property despite the provider knowing that it was uninhabitable.

August: Ahmed was granted Direct Payments to enable him to employ a personal assistant. Following a legal challenge by a local solicitor with which No Barriers No Borders works closely, Ahmed was able to move into more accessible, clean accommodation.

Where is Ahmed now?

Ahmed has moved house again (for the third time in six months) and finally has accommodation that enables him to live a more independent life with some access to the support he needs. He has still not persuaded the Council to meet his need for suitable accommodation under the National Assistance Act. NASS still provides his accommodation, which like many houses used to accommodate asylum seekers, is in a district where drug dealing and prostitution are rife. Ahmed has had many individuals knocking at his front door demanding money and he has been advised by his landlord not to return home too late in the evening. Understandably he does not feel safe even in his own home.

As soon as Ahmed had moved into this property, the local authority social services department took the opportunity very speedily to re-assess his support needs. His Community Care package was cut. Ahmed has had negative experiences with a number of professionals and finds it difficult to trust people. He feels that everyone makes promises to him but that they do not keep them. He has recently had his claim for asylum refused. The reasons given are that there is no territorial occupation in Palestine and that he could go either to Syria or Jordan. Ahmed does not know whether the unfair treatment he feels he has received is because he is Palestinian, an asylum seeker, a disabled person or all three. He wants to ask whether anyone will guarantee justice for him. He feels that the reasons given by the Home Office for refusing his asylum claim are "*very silly and arguable points*" and that they want to refuse his case simply because he is Palestinian. He wants to thank all of the people who have helped him, even those who have treated him unfairly.

Our Stories: Jaama



“The best thing about here is being able to sleep without fear.”

Background

Jaama is a 35-year-old man who came to the UK in 2004 from Somalia. Somalia suffers from long term political instability and violence. Jaama was shot in the leg during the on-going Somali civil conflict and now has difficulty walking unaided. Jaama was granted refugee status and indefinite leave to remain at the end of 2005. Jaama became separated from his family when he had to leave Somalia, but with the support of the British Red Cross, he was reunited with them in 2006. His family now live in the UK with Jaama.

2004

January: Jaama arrived in UK with an agent. He stayed with the agent for 2 days before going to the Home Office in London to seek asylum. Jaama waited at the Home Office from 8am to 9pm, but he was given neither food, nor anything to drink. The weather at this time was very cold – there was snow and ice on the ground – and Jaama had no warm clothing. He was given a bus ticket and sent unaccompanied to a hotel in Croydon despite not knowing London or the surrounding area. On his way there, Jaama fell and had to be assisted by strangers to the hotel.

February: Jaama was sent to a detention centre in Ashford, Kent

March: Jaama arrived in Sheffield, where he knew no-one. He was placed in NASS accommodation.

May: Jaama became ill and was assessed for Community Care services. Despite asking for 9 hours personal assistance per week, he was given only six hours to help him manage his cooking, cleaning and shopping. This amount of support did not meet his needs, although Jaama was pleased to be allocated support workers who were also Muslim and understood his needs. These workers were supplied by an agency and did not come at times he wanted or do the things he needed. Jaama was also given some equipment to assist his mobility at home.

September: Jaama became a student, but the support workers from the agency would not arrange their visits to fit in with his study timetable. This restricted Jaama's independence.

2005

March: The local authority placed Jaama in accommodation that was unsuitable and inaccessible to him. Jaama had difficulty in walking up and down stairs, but was allocated a ninth floor flat. He was worried that in the event of a fire, he would be unable to use the lift to get out of the building.

June: At his request, Jaama's agency support workers were replaced with Direct Payments.

September: Jaama began an accountancy degree course.



Our Stories: Jaama

2006

With the assistance of the British Red Cross, Jaama was reunited with his wife and 2 young children.

Jaama's Community Care package was stopped, as the local authority maintained that his wife should provide the support that he needs. This is despite the fact that Jaama's wife does not speak English so he has to undertake shopping, etc. for his family.

2007

January: Jaama moved to a house in a very white area of the city. He and his family experienced a great deal of racial harassment. Even with the support of his GP, health visitor and others, Jaama had to fight for 8 months to be moved to a different area. He was also assessed by an occupational therapist, who would not recommend that any adaptations should be carried out to assist Jaama to access his home.

Where is Jaama now?

In September 2007, Jaama was eventually transferred to Housing Association property. This is where he still lives now. The property still does not meet his access needs as it has stairs which he finds difficult and painful to climb. Jaama and his family are still being subjected to racist harassment from neighbours. Reports of this to the police have been met with disinterest.

Jaama has completed an access course in Business Studies, and has studied accountancy at Sheffield Hallam University.

Jaama's impairment is increasingly restricting his mobility, partly as a result of living in inaccessible accommodation. He would find it helpful if he could use a wheelchair some of the time but his current housing is not wheelchair accessible.



Our Stories: Mary



Background

Mary was born in Zimbabwe thirty three years ago, and lived with her husband and son in the south of the country. She was involved in a serious car crash in 2000, and spent over a year in hospital. This meant that she was unable to continue working as an accountant. Mary believes that her car crash was a result of her involvement in opposition party politics in Zimbabwe.

2002

February: Because of the political situation in Zimbabwe, Mary came to England with her 5 year-old son. She feared for her safety and that of her family. Zimbabwe's economic problems also meant that the health care system had deteriorated and she found it difficult to get the support she needed. Mary and her son arrived in the UK with a 'visitor visa', which lasted for about 4 months. Mary's access to health care was limited, and her needs could only be met if it was an emergency. During this time, Mary lived with family members settled in the UK, but this accommodation was not accessible to her.

October: Mary claimed asylum. The case worker who dealt with Mary's asylum claim referred her to social services, who refused to support Mary to continue living with her sister, but told her that they could not provide her with accessible housing for herself and her son. Social services informed Mary that her sister could continue to look after her son, but that she would have to move into residential care. Mary only saw her son once a week during this time and experienced racism from staff during her stay in the residential home. *"They were abrupt, insulting, rough and they were rude to me in a way. The way some of them would wash me didn't allow me any dignity or respect."* Mary was repeatedly told that because she was still in the process of claiming asylum, her accommodation and support needs could not be met. Mary could not push a manual wheelchair but was refused an electric wheelchair.

2003

Mary was misinformed by her social worker that she could not rent Council-owned property because of her and her husband's status.

2004

After one year, Mary's family found private rented accommodation for her and her family. The house was not properly accessible and she had to pay for a ramp to be placed at the front door. No other adaptations were made so, for example, she was unable to open the front door to get in or out of the flat. She was given 1 hour and 45 minutes' support each day from a care agency. She was not able to choose or change the times that the agency came to assist her. One example of this is that the agency decided that she had to go to bed at 8.00pm or 9.00pm each evening.



Our Stories: Mary

When Mary's husband got a job as an NHS accountant in Leeds, earning around £850 per month, this support was withdrawn. The family was not entitled to further support, including Child Benefit to care for Matthew, as Mary's claim for asylum had not been processed by the Home Office. Mary's husband had to stretch his income to cover his transport cost to Leeds every day, child care for their son to be taken to school, rental costs for their property, utility bill payments, food and other relevant accessories for Mary considering her situation.

Mary's husband struggled to support his family with this income for about two years, but accrued a lot of debt because the family did not have enough money to pay all of their utility bills. The family situation was putting too much strain on Mary's husband because she was not getting adequate care from social services. Consequently, her husband had to care for their son, clean the house and cook the family's food. This was on top of having to work. The money that he was bringing home was not enough to support the family.

2006

May: Mary's family were allocated a house in Sheffield. While this housing did not meet all of Mary's needs, it did enable the family to live together with some support from social services.

Mary asked her social worker to look into their financial situation but social services refused financial support for her family. Mary applied for support from the National Asylum Support Service who took 6 months to reply to this application.

December: Mary switched from an agency to Direct Payments for her care and support.

2008

NASS agreed to support Mary and her son but later claimed that it was the responsibility of the local authority social services department to support Mary and her son. Eventually Mary sought legal help and support from the Northern Refugee Council in Leeds to clarify whether this was correct. This support prompted social services to agree to support them. During this battle, Mary almost lost her house because her landlord took her to court to evict her.

Where is Mary now?

Mary is now receiving support from social services and, with the help of advocacy support, also has a Community Care package that meets her needs. Her claim for Child Benefit remains unresolved.

Our Stories: The story of many refugees



The stories of Behzaad, Ahmed, Jaama and Mary are not unusual. During its work, No Barriers No Borders has had contact with or been told about many other disabled asylum seekers and refugees facing a broad range of physical, social, behavioural and institutional barriers. These individuals with physical, mental health and learning impairments are facing the same barriers and fighting the same battles as the members of No Barriers No Borders profiled already in this report. Below are short summaries of the experiences of a few more people with whom No Barriers No Borders has come into contact.

Claude

Claude is an asylum seeker from the Cameroon. He has two children with a medical condition that requires daily medication, warmth and good nutrition. The hospital that treats his children has warned that these children will have at best only a few years to live if they are sent back to the Cameroon. Typically, adults with this condition survive and live independently in the UK, but there are no disabled adults with this condition in the Cameroon.

Claude's family were arrested during a dawn raid in May 2008 and made to leave their home without any changes of clothes. They were all taken to Yarl's Wood Detention Centre and told they were to be deported within 6 days. The children were denied their prescribed medication and became ill. The family of 5 had 2 single beds in which to sleep so some of them had to sleep on the floor in their small, cold cell. Claude told the medical staff at Yarl's Wood that his children were ill but they refused to even take their temperatures or provide proper blankets and clothes. After a great deal of work by Claude's campaign and his solicitor – Amie Henshall of Parker Rhodes Solicitors – Claude and his family were released from Yarl's Wood and their deportation cancelled. Claude is still fighting his case for asylum

Abbas

Abbas is an asylum seeker from Afghanistan. As a result of being tortured during the conflict there, he has a permanent back injury. He has permanent pain in his leg and is awaiting an operation to deal with this. Meanwhile he has difficulty in walking and climbing steps. He also has a mental health condition. Despite his mobility difficulties, he was placed in NASS accommodation where his bedroom is situated on the top floor of a three-storey house. The bathroom and kitchen facilities are situated on other floors, so Abbas has 20 steps to negotiate each time he goes up or down stairs between his room, the bathroom and the small, shared kitchen.

Abbas was recently given a hospital appointment for an assessment in preparation for the day surgery on his leg. Because he would not have been able to manage the steps in his house after this operation, his surgery was cancelled by the hospital. He has no idea when his operation will now take place. The local authority will not make permanent adaptations to his property. This is because it is let to the UKBA by a private landlord and local authorities do not adapt private property.



Our stories: The story of many refugees

Nadim

Nadim is a wheelchair user who came from Pakistan in 1998 after he and his family experienced religious persecution and physical abuse. His claim for asylum has been mishandled by solicitors and the Home Office. Repeated applications for asylum have been rejected. He has spent 10 years living in inaccessible accommodation, fighting to have his needs as a disabled person met.

Nadim lives with his wife in Manchester. Fortunately, they were put in touch with Louise Massamba of the Merseyside Refugee & Asylum Seekers Pre & Post Natal Support Group, who advised them of their rights under the 1948 National Assistance Act. She wrote to the local authority reminding them of their legal duty towards Nadim, which eventually accepted its responsibility to provide Nadim with National Assistance Act housing and basic financial support. The local authority would not adapt the property into which it placed Nadim to make it accessible for him. This again was because the local authority subcontracts the provision of suitable National Assistance Act support to private landlords.

Within the last month, Nadim heard that his claim for asylum has at last been successful. His financial support and housing – both provided via the local authority – were immediately stopped and the family were evicted from the property in which they were living. They were sent by the same local authority to separate single sex hostels for homeless people, as there was no suitable temporary accommodation for homeless couples needing accessible housing. After New Perspectives contacted the local press about this story, Nadim and his wife were transferred together to hotel accommodation. They are still waiting to be housed in permanent accommodation and to have their benefits sorted out.

Emiola

Emiola is a 23-year-old disabled woman from Nigeria. After being rejected by her mother she had to sleep on the streets and beg to survive. After being raped, she had to endure an abortion. She was brought to the UK in 2005 and abandoned at a bus station in Manchester. Less than a month later, after claiming asylum, her application was refused. She is still trying to win her legal battle for asylum. In 2008 she had a baby and lives in accommodation that is inaccessible and unsafe for her. She is unable to get out of her flat with her baby and this is an obvious risk for them in the event of a fire. Her local social services department have given her an inadequate Community Care assessment and she has been assessed as having no support needs. The kitchen and bathroom facilities in her flat which is provided under the National Assistance Act, are inaccessible and unsafe.

Emiola cannot leave the flat with her baby, to travel on inaccessible public transport in her manual wheelchair to collect her National Assistance Act funding from the town hall which is miles away. She faces similar obstacles in going to the shops to buy even basic provisions. She clearly ought to qualify for genuinely accessible accommodation, human support and equipment under the National Assistance Act. She is a member of WAST (Women Asylum Seekers Together) which is doing its best to provide some basic levels of voluntary support to her. She has contacted New Perspectives which put her in touch with a specialist Community Care solicitor in Sheffield (the Community Care Project at Howells) with which the agency works closely. This solicitor is working to get Emiola re-housed with a Community Care package that meets her needs.

Our stories: the story of many refugees



Fatuma

Fatuma has lived in the UK since 2000. She has 2 children who are living in Kenya. She has asked for help to bring her children to the UK but has not been given any advice about how to do this. Fatuma came to London and claimed asylum. From London she came to Manchester. When Fatuma arrived in the UK, she was feeling unwell. She went to hospital where doctors informed her that she had suspected meningitis. She was given a lumbar puncture which resulted in Fatuma becoming paralysed as she was at the time taking blood thinning medication. She stayed in hospital for a year. Fatuma tried to claim compensation but has been told that she can not do so as the doctor who performed her lumbar puncture had either not been told or had forgotten that she was taking blood thinning tablets.

Fatuma now has leave to remain in the UK. Fatuma has had bad experiences with solicitors as she feels that they have not listened to her personal needs. She has had mixed experiences from social services but she believes her present social worker to be a good worker.

Genevieve

Genevieve has lived with her family in Luton since 1996. She had to take on a job when her husband was diagnosed with Vertigo and a heart condition in 2004 and was unable to work. She was arrested in 2006 while at work. She was sentenced in 2007 and had a stroke while in prison. Upon her release from prison, she was moved directly to Yarl's Wood Immigration Removal Centre, from July to October 2008. She is a wheelchair user and has a number of other medical conditions. She requires help with using all basic amenities; having a bath; getting and eating food; getting dressed and undressed.

Throughout her detention at Yarl's Wood, which is very inaccessible, she had **to rely on the good will of other detainees for support**. Sometimes she missed meals because there was nobody to support her and sometimes detainees were woken at 3.00am to assist her. On one occasion, she had to attend hospital and Yarl's Wood sent an inaccessible mini-bus to take her back to the detention centre. Three officers proceeded to bodily lift her into the bus - one holding on to the right leg and the other the left foot while the third put his hand around her armpit covering her bust and threw her into the van on the count of three. There was no seat belt so she had to lie on the lap of one of the officers for the one hour journey back to the detention centre. The same procedure was used in reverse to remove her down from the bus on arrival at the centre. Whilst at Yarl's Wood, she developed bed sores and rashes and Genevieve did express the wish that she were dead.

Several doctors maintained that detention was not the place for this woman. A judge refused her bail on the grounds that her house needed to be made accessible before she was allowed home. Social services said they could not do anything about this because of her legal status.



Access to health and Community Care services

The asylum process can be inhumane and degrading for anyone, but for asylum seekers with impairments, many of its rules and procedures present very real and often insurmountable barriers.

The greatest cause of impairment is poverty, but war, torture and lack of access to clean water and good medical treatment are also important factors. Mental ill health is the most common medical condition amongst disabled asylum seekers. It is not surprising then, given the experiences they have survived before arriving in the UK, that many asylum seekers have cognitive, physical and/or mental health conditions. This is often not recognised by the authorities that staff the immigration process.

Failed asylum seeker 'set himself on fire'

An asylum seeker set himself on fire because the Home Office refused him permission to stay in Nelson, an inquest heard.

Barham Ahmed, 28, of Rook Street, who was depressed, was found by a passing motorist as he staggered across Carr Road shortly after 5am on February 18th. He was severely burnt.

He died just over an hour later from his injuries at Blackburn Hospital. Police found an empty petrol can and burnt clothes by a fire-damaged bench in Victoria Park, the inquest heard.

Dr Walid Salman, who carried out the post mortem examination, concluded that Mr Ahmed had not consumed any alcohol or drugs and had died due to severe burns.

Full article: The Burnley Citizen, Wednesday 24th September 2008

[http://www.burnleycitizen.co.uk/news/3699549.Failed asylum seeker set himself on fire in Nelson/](http://www.burnleycitizen.co.uk/news/3699549.Failed_asylum_seeker_set_himself_on_fire_in_Nelson/)

People arriving in the UK who wish to claim asylum must do so within two days of their arrival. If they are not aware of this and fail to do so, they usually lose their right to asylum. If a disabled person claims asylum within this time period they may also be entitled to health, housing and social services support under the 1948 National Assistance Act (NAA). This entitlement can be put at risk if their asylum claim is late.

Under the NAA, disabled asylum seekers are entitled to the same services as people born here. The NAA is enabling legislation, underpinning subsequent acts relating to specific provision (e.g. Community Care and Direct Payments support). An asylum seeker's entitlement under these acts is entirely unaffected by their status, despite popular myths and rumours to the contrary – often reinforced by misinformation provided through statutory services.

Access to health and Community Care services



Financial Support

People can stay in the country where they are seeking asylum until their asylum application has been dealt with by the authorities. Whilst waiting for their case to be processed, they receive Income Support from the government. For asylum seekers, this is 70% of the “basic level” of benefit. Often people are given this financial support as vouchers to be spent at designated shops such as particular supermarkets. These places may not sell the kinds of food that some people prefer, e.g. Halal meat. They may also be some distance away from a person’s home – a particular issue for many disabled asylum seekers as public transport is often inaccessible and they may not be able to walk long distances. These shops are often not the cheapest places to shop. Asylum seekers do not get any help with travel costs e.g. to GP or hospital appointments.

Housing

The Home Office UK Borders Agency (UKBA - formerly NASS) provides asylum seekers whose claims are being processed with accommodation. If an asylum claim fails, this accommodation is withdrawn. It appears to members of No Barriers No Borders that often the UKBA refuses to accept that some disabled asylum seekers need accessible accommodation.

Usually asylum seekers do not have any options about where they live and often have to live in shared accommodation, with no choice about who they share with. All of the members of No Barriers No Borders have experienced problems in having their access requirements as disabled people recognised by the UKBA. The UKBA have contracts with private accommodation agencies. These flats and houses are often filthy and in an appalling state of disrepair. The housing adaptations which some disabled asylum seekers need are not funded by the private landlords, local authorities or the UKBA. The UKBA appears to accept, without question, the information provided by these landlords about their properties. Landlords often either do not inform the UKBA that the property is inaccessible to their tenant or, in some cases, simply move the tenant to another inaccessible property. These moves can be to any area and do not take into account the support networks and services upon which disabled asylum seekers may rely.

Sometimes asylum seekers are put into detention centres. These are very inaccessible and do not offer Community Care or adequate health support systems. The Home Office lost an important test case in 2008, the result of which was to confirm that the Disability Discrimination Act does apply to such Centres. About 25% of asylum seekers are not housed by NASS or under NAA by local authorities, but live with family or friends instead. If an asylum claim is refused, the person becomes homeless unless they are deported. This has the greatest impact upon asylum seekers with mental health conditions.

Community Care Services

If an individual’s application for asylum is successful, they then become a refugee and have the right to work and the same rights to health and Community Care services, benefits and housing as do other UK citizens. Local authorities are obliged, under section 47(1) of the National Health Service and Community Care Act 1990, to assess people’s Community Care needs.



Access to health and Community Care services

Asylum Claims

Whether an individual's application for asylum is successful depends on a number of factors. It can sometimes seem as though there is little consistency in the way that decisions are made and the process used. In our experience, asylum applications are affected by:

- the quality and commitment of the solicitor representing an asylum seeker
- current Home Office advice on the country that the asylum seeker has come from
- whether an individual asylum seeker has an effective anti-deportation campaign with a lot of support
- whether the local MP where an asylum seeker lives takes an interest in their case and responds to requests that s/he ask the Home Secretary that their constituent be given leave to remain in the UK.

Anti-deportation campaigns for disabled asylum seekers need to find information about the social, economic, political, health and housing conditions for Disabled People in the country to which people are being threatened with deportation. This is not always easy. Some of the organisations named in the 'Further Information' section of this report may be able to help. Disability Awareness in Action may also be a good starting point. They were able to provide such information about Afghanistan:

"If X were to return to Afghanistan his life would probably be very short, especially if he has no family to support him. Life for people with spinal injuries requires constant medical support and extremely hygienic living conditions with fully accessible toileting facilities. This he is unlikely to acquire outside some institution.

[...] We do know that most support facilities are only supplied by the Red Cross, not the government, that a high percentage of disabled people are beggars and that attitudes to disabled people are not good. Most buildings are inaccessible."

Disability Awareness in Action

www.daa.org.uk

Access to Health Services

Asylum seekers, including those whose claims have failed but who are appealing against deportation, are entitled to primary and secondary health services for as long as their application is under consideration. They may have to pay certain charges such as those for prescriptions (although many disabled asylum seekers won't have to pay). Asylum seekers are also entitled to register with a GP. GPs can use their discretion to allow people who have exhausted the appeals procedure to register with them. Emergency treatment or essential primary care services should be provided free of charge to anyone. However, those whose claims have exhausted the appeals process are not generally eligible for free hospital treatment, unless this is necessary to save their life or to prevent a condition from becoming life-threatening. Even for such essential treatment, people can be charged and PCTs are encouraged to chase payment. If an asylum seeker is in the process of having treatment when their asylum claim exhausts the appeals procedure, this treatment should be completed without charge. (Correct as of 6th November 2008).

Good practice in working with disabled asylum seekers and refugees



Recommendations:

1. Make sure that you have a detailed knowledge of legislation regarding immigration and the provision of public services or find out where you can get reliable information.
2. Make sure that you also have knowledge about the relevant policies and procedures used by the service providers with which you are dealing, as well as those of Government departments, including the UK Borders Agency.
3. Find out if there are any solicitors firms in your area, which specialise in Community Care or housing issues.
4. Find out which solicitors in your area have a good reputation for carrying out immigration work.
5. Find out which advocacy services exist in your area and the type of advocacy support they provide, including the issues about which they are knowledgeable.
6. Find out if there are any peer support networks or groups for asylum seekers and work with them to ensure that they are accessible to disabled people. Work with local organisations of Disabled People to ensure that they welcome, include and understand issues facing disabled asylum seekers and refugees.
7. Do not make assumptions about whether an individual may need an interpreter. Just because someone can use spoken English to converse in everyday situations, this does not mean that they will be able to understand the jargon used by medical professionals and other service providers. This is particularly the case during stressful situations like assessments and other meetings likely to determine or otherwise affect a person's eligibility for support or the level of service provision they will receive.
8. Do not make assumptions about whether or not individuals require correspondence, official documents or other materials translated into a language of their choice – ask them.
9. Do not automatically take no for an answer when trying to get a service for a disabled asylum seeker or refugee. If the service is refused or withheld, ask why and be prepared to go the extra mile to get it if necessary.
10. Remember that the individuals you are working with are human, just like you. They may have had very difficult and painful experiences and been treated with disrespect and insensitivity. Their lives are private and they should not be expected to share personal information irrelevant to the service being sought if they do not volunteer it.



Good practice in working with disabled asylum seekers and refugees

11. Bear in mind that someone you are working with may have received difficult news about their asylum claim or the circumstances in their country of birth, where they may have friends or family. They may need support at times like this or simply to be able to talk to someone.
12. Disabled People's organisations, statutory services and voluntary sector groups, particularly those working with Black and Minority Ethnic communities, should undertake regular training in asylum seeker, refugee, migrant worker and other immigrant' rights and entitlements; disability law and definitions; barriers facing people with multiple impairments such as those caused by war, violence and bereavement; and on the use and provision of interpreters and translated materials.
13. Call upon and campaign for the Home Office to review, in consultation with disabled people's organisations, consistent access to National Assistance Act and related support for asylum seekers and refused asylum seekers. This should include the use of cash payments as standard rather than vouchers. This would cause less hardship for disabled asylum seekers than does the present system. There is also a need for additional subsistence support for disabled asylum seekers who experience particular hardship due to their social exclusion.
14. Disabled people's groups should review the existing practices and policies of statutory, private and voluntary sector service providers in relation to the accessibility of their services for refugees and asylum seekers. These providers should take a more proactive approach towards delivering adequate and equal services to disabled migrants, including consulting them on service improvement and development plans.
15. Disabled people's groups should review their existing member and service user data collection system so that they record more accurately the needs of disabled asylum seekers and refugees. They should ensure choice and confidentiality with regards to self-identification of immigration status.
16. Organisations working with disabled refugees and asylum seekers should be represented on key policy bodies.
17. The needs of disabled refugees who wish to work should be taken into account when employment support projects are being planned, funded and delivered.

Good practice in working with disabled asylum seekers and refugees



18. Funders should pay for outreach support projects for isolated disabled refugees and asylum seekers.
19. Local authorities and primary care trusts (PCTs) should ensure that their workforce delivering frontline services receives training to provide culturally appropriate services.
20. Local authorities and PCTs could commission voluntary sector groups to provide some of these culturally specific services.
21. Clarification is necessary concerning the responsibilities of UKBA and social services departments regarding the provision of appropriate accessible housing for disabled asylum seekers and refused asylum seekers. Similarly, Disabled People who gain refugee status should not be penalised by being forced further into poverty or homelessness linked directly to their success in obtaining UK citizenship.
22. Refugee support organisations should produce information detailing the main entitlements of disabled refugees and asylum seekers and the services provided by mainstream organisations – including contact details, eligibility criteria and specialist provision.
23. All groups seeking to work with refugees, asylum seekers and other people from Black and Minority Ethnic communities, should have equality impact assessments and access audits carried out, to find out how they can make their facilities and services inclusive and accessible to disabled migrants.
24. All such organisations need to work in partnership with disabled people's organisations, to ensure that disabled refugees and asylum seekers have the support they need.
25. Further research about the experiences of disabled asylum seekers and refugees is essential. Consider whether your group could seek funding for such research.





Recommendations for further reading

This list is not exhaustive but simply refers to sources of information that we have come across during our work.

Disabled people in refugee and asylum-seeking communities

Keri Roberts and Jennifer Harris.

<http://www.jrf.org.uk/bookshop/details.asp?pubID=470> (Free download)

Other **Joseph Rowntree Foundation** publications about BME / Disabled people:

<http://www.jrf.org.uk/bookshop/publications.asp?series=Race+and+ethnicity>

Disabled Asylum Seekers Ignored

BBC News article referring to a York University Study

http://news.bbc.co.uk/2/low/uk_news/2262165.stm

Disabled refugees and asylum seekers in Britain: Numbers and social characteristics

Keri Roberts and Jennifer Harris.

www.york.ac.uk/inst/spru/research/pdf/nlcb1816.pdf

First do no harm: Denying healthcare to people whose asylum claims have failed

Refugee Council.

<http://www.refugeecouncil.org.uk/policy/position/2006/healthcare.htm>

A Study of Asylum Seekers with special needs

Refugee Council.

<http://www.refugeecouncil.org.uk/policy/position/2005/specialneeds.htm>

Am I Safe Yet? Stories of Women Seeking Asylum in Britain

Women Asylum Seekers Together (WAST) Ada House, 77 Thompson Street, M4 5FY

wastmanchester@yahoo.co.uk

Supporting Disabled Refugees and Asylum Seekers: Opportunities for New Approaches

Metropolitan Support Trust, 2008

http://www.refugeesupport.org.uk/documents/MST_RCU_DisabilityFullReport_1108.pdf

Immigration Controls: they make you sick: Essays on immigration control and health

Steve Cohen, Manchester Metropolitan University, 1997

The 'Where To Live' Strategy: Consultation Report

A report commissioned by Sheffield Partners for Inclusion and produced by New Perspectives for Sheffield City Council's Neighbourhoods and Community Care Directorate, 2006

Available from: new.perspectives@blueyonder.co.uk

Useful contacts



Useful organisations:

Sheffield Committee to Defend Asylum Seekers

c/o Sheffield Trades Council
Sheffield Trades and Labour Club
Talbot Street
Sheffield, S2 2TG
sheffcdas@btinternet.com

Asylum Seekers Support Initiative - Short Term (ASSIST)

c/o Victoria Hall
60 Norfolk Street
Sheffield, S1 2JB
0114 275 4960
www.assistsheffield.org.uk

The Embrace Project

(a project of the Children's Society)
Unit 9, 12 O'Clock Court
21 Attercliffe Road
Sheffield, S4 7WW
0114 275 7322

Community Care Project

Howells Solicitors
The Avery Building
15-17 Bridge Street
Sheffield, S3 8NL
0114 249 6666

Merseyside Refugee & Asylum Seekers Pre & Post Natal Support Group

St. Bernards Church Hall
95a Kingsley Road
Liverpool, L8 2TY
Contact: Louise Massamba
louisemassamba@btinternet.com

Sheffield Advice Link

North Gallery
Castle Market
Exchange Street
Sheffield, S1 2AJ
08451 232350
www.salink.co.uk

Night Shelter

(For homeless people)
For details, contact **ASSIST**

Northern Refugee Centre

Scotia Works
Leadmill Road
Sheffield, S1 4SE
0114 241 2780
www.nrcentre.org.uk

Inclusive Living Sheffield

The Circle Building
Rockingham Lane
Sheffield, S1 4FW
0114 253 6750
www.inclusivesheffield.org.uk

Parker Rhodes Solicitors

14 & 22 Moorgate Street
Rotherham, S60 2DA
01709 5111 00
www.parker-rhodes.co.uk

National Coalition of Anti-Deportation Campaigns (NCADC)

110 Hamstead Road
Birmingham, B20 2QS
www.ncadc.org.uk

Useful Websites:

Disabled People's International: www.dpi.org

The Sickle Cell Society: www.sicklecellsociety.org



Glossary

Asylum Seeker: Someone who is fleeing persecution in their own country and wishes to apply for protection in another country.

An Asylum Seeker's case is decided upon the criteria of the 1951 United Nations Convention of Refugees. Claiming asylum in the United Kingdom can often be a long and difficult process. Once an Asylum Seeker's case has been decided (and all appeals exhausted) they usually become either a Refugee or a Failed Asylum Seeker.

Community Care Services: Community Care services are arranged or provided by the local authority social services department. The aim of these services is to enable a person to carry on living in their home and to keep as much independence as possible.

These services can include help with personal tasks like bathing and washing, getting up and going to bed, shopping and managing finances. This support should be provided at the convenience of the person requiring assistance.

Direct Payments: Direct Payments are cash payments given to people who receive Community Care services to enable them to make their own decisions about how their support is delivered.

Failed Asylum Seeker: A person who has had their asylum application turned down, and who has exhausted all appeals against that decision.

Failed Asylum Seekers are usually due for immediate deportation from the UK. However sometimes they cannot be deported because their home country is too dangerous, or because they are too ill to fly. Despite illness being a criteria for Failed Asylum Seekers to remain in the UK, they are not eligible for the majority of NHS services.

NASS: National Asylum Support Service, a branch of the Home Office tasked with providing support for Asylum Seekers and some Failed Asylum Seekers.

Glossary



Refugee:

Someone who has been deemed, under the 1951 United Nations Convention of Refugees, to be genuinely fleeing persecution. A refugee is given leave to remain (either indefinite, or 5 years), and is eligible to make an application for full British Citizenship.

Section Four support:

Under the 1999 Immigration and Asylum Act, the government provides short term support for failed asylum seekers for whom it is unsafe to return to their last country of residence or country of birth, but who are not legally entitled to work in the UK. This support is provided in the form of housing and vouchers to buy food and other necessities, and is often limited to one supermarket in a major city. This may not be a shop close to the residence of the asylum seeker, and may not enable asylum seekers to use local independent shops that meet their cultural needs.

UKBA:

United Kingdom Border Agency. This organisation has replaced NASS as the main agency who work with asylum seekers. According to its website, it focuses on securing the United Kingdom borders and controlling migration in the United Kingdom.





Notes





Notes



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