

Mike Kaye (SHSH) talk at NACCOM conference on 4th Feb 2012

Key aims of SHSH:

- Provide asylum seekers who would otherwise be destitute with sufficient support so that they can meet their essential living needs until they are returned to their country of origin or are given permission to stay in the UK;
- Provide free access to healthcare for all asylum seekers while they are in the UK;
- Grant asylum seekers permission to work if their case has not been resolved within six months or they have been refused, but temporarily cannot be returned through no fault of their own ;
- Improve decision making and ensure that all those in need of protection receive it.

Improvements have been made- but there is still a long way to go.

Decision-making

UKBA accept decision-making isn't good enough and has to be improved.

Improvements include:

- Rolled out early legal advice project (ELAP) providing legal advice for people before their substantive interview.
- Significant improvements to country guidance notes
- Improved gender advice/guidelines
- No of asylum seekers in protection has risen to 1/3

But...

- Refusals- for some countries, 50% of decisions are overturned- this shows that systemic failures and prejudices are still resulting in bad decisions!
- It costs on average £4,000 to appeal- and often not good quality legal advice.
- Decisions need to be made more quickly.
- There are major problems for those who can't be defined as refugees but would be at risk if they were sent back. In the past these individuals were granted exceptional leave to remain but this has been massively reduced (from 24% to 3% of decisions granted).
- Iraqi asylum seekers- 20% get some form of protection in the UK. In other European countries, average 55%.
- Zimbabwe- 2002-11 refused thousands with no status but didn't remove them. Either left completely destitute or on £5 a day but unable to work.

Support system

Red Cross said they were supporting 10,000 asylum seekers (2009 stats?) and nos haven't gone down since then. 28% street homeless at one time. Those on sec 4/95 support are still destitute according to government definition, but then there are those who are completely destitute- with no form of support whatsoever.

The costs of this are huge- illegal work, begging, mental/physical health deterioration, legal aid costs... YOU DON'T SAVE MONEY, YOU JUST MOVE THE COST!

SHSH Solution is to have 1 system of support, 70% income support, from start to finish.

Finance isn't the biggest obstacle to overcome- **the biggest problem is inaccurate perceptions of politicians, the media and the general public.** 70% of people think that we get more than 100,000 asylum seekers each year- last year lowest no since 1989 (17,800). If you put last year's figures together with this year's, the number of asylum seekers wouldn't even half-full Old Trafford!

Give examples/soundbites from other countries... e.g. problems in Cote d'Ivoire led to Liberia taking 100,000 asylum seekers in weeks- Europe doesn't get its fair share...

Misconception of people coming and taking jobs- media culture has been consistently inaccurate for the last 20 years- but people are sceptical of the media and politicians so we potentially have an opportunity here to counter these misconceptions..

- Use word of mouth- tell stories
- Use local media- generally more open than national...
- Celebrate 'successful' or well-known refugees- e.g. Archbishop of York- we forget these people are refugees because we accept them as British- which is good but we should try to do both, recognising value of their refugee heritage and using to turn tide in culture.
- Mobilise people through networks e.g. SHSH- the problem is people are busy and we fail to be consistent with the level of impact we have but the truth is SHSH can and does have an impact! It is an important voice and we should celebrate/remember that:

In the last 2 years SHSH have campaigned *and won* on the need to increase income support for asylum seekers (sec 4). Last year they also got refused asylum seekers (and those on sec 4/95) back on secondary healthcare provision- this has helped 15,000+ people!

Questions...

1. **Is ELAP proving to be successful?**

Need to do a bigger project to see if savings have been actually made. No evaluation yet because project still ongoing...

With the close of IAS and Asylum Justice there is less advice available- we are in a changing culture and there are finite resources.

ELAP funds until the project is completed but people aren't necessarily used to that so may not complete the project, plus asylum seekers sometimes don't turn up to interview... this has led to long delays (which have further ramifications on evaluating the project).

Also concern that asylum seekers aren't taking up ELAP opportunities because people don't see it as an independent body.

2. **Are UKBA tackling the culture of interviewers 'tripping people up' so they fall down on credibility?**

The subjective views of UKBA staff about how someone should/shouldn't have acted are significant and need to be tackled!

This is why delays are bad and ELAP is good- because it limits the risks of stories changing and inconsistencies from different people interviewing them etc...

UKBA is a broad church, and whilst those at the top are a lot better than they were at listening and engaging with SHSH on developing progressive agenda, attitudes in UKBA staff aren't necessarily impacted- the trickle down has been slow! Next week UKBA are releasing new guidelines on case workers re: credibility.

UKBA is also now reviewing their work by regions, which means it will be easier to put strategic pressure on and identify problems/repeat prejudices e.g. if overturn rates are higher in some parts of the country than others...

3. In light of SHSH success with secondary health care provision, why are some asylum seekers still being refused this?

Because of the problems understanding legislation- legislation is being interpreted on a PCT/NHS Trust-by-trust basis and this leads to discrepancies!

The wording of the conditions for support are '*urgent/immediately necessary*'.

Up to the doctors to choose what is urgent or immediately necessary and therefore there is space for prejudice/subjectivity. Also, doctors can charge afterwards but asylum seekers can't pay... this could lead to subjectivity as agendas will be different.

4. Refusal rate on fresh submissions is very high and has not improved! Not being properly looked at or country guidance being taken into account... (as opposed to substantive claims)

Section 4 is a real concern- the clear agenda is that UKBA are trying to save money. Used to be able to get it as soon as you submitted a fresh claim- now you have to prove that the fresh claim is indeed fresh, and they won't give you support whilst they decide.

Unreasonable requests are being made of people- e.g. proving that you are making reasonable steps to return home, when they don't accept evidence of visiting embassy etc. Need to make the same argument as with income support (that saw SHSH success last year)- appeal on grounds of saving money...

5. UKBA aren't an independent body and there is a clear conflict of interests... would it be better if there was an independent body in charge?

Yes- we're moving in the right direction but still not there yet. If there was an independent body would it necessarily be different people (or better/less subjective agenda) heading this up? Probably not- therefore perhaps not as big a solution as some hope.