

HEALTHY LIVING PROJECT FINAL REPORT



**Positive
Action
For
Refugees
&
Asylum
Seekers**

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**Positive Action for Refugees and Asylum Seekers ©
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I am also thankful to the local agencies including the **PCT, Black Health Initiative, Solace, Leeds city council Conservation unit, Feel Good Factor , Stop Hate UK, Touchstone, Mayisha Project, British Trust Conservation Volunteers (BTCV), Voluntary Services Overseas (VSO), Touchstone** as well independent health professionals for their valuable services.

Above all, I will like to sincerely thank **Leeds City Council Social Services** for recognising the impact of destitution on the health of destitute asylum seekers and as such, provided the funding for the Healthy Living Project towards improving their health and well being.

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1.1 PAFRAS: At the front-lines of Destitution in Leeds

PAFRAS (**Positive Action for Refugees and Asylum Seekers**) is an independent organisation based in Leeds. By working directly with asylum seekers and refugees it has consistently adapted to best meet and respond to the needs of some of the most marginalised people in society. Consequently, recognising the growing severity of destitution policies, in 2005 PAFRAS opened a ‘drop-in’ providing food parcels, hot meals, clothes, and toiletries. Also, PAFRAS case workers offer one-to-one support aimed at identifying and meeting client needs. PAFRAS works to promote social justice through a combination of direct assistance, individual case work, and research based interventions and analysis. Between January- November 2008 PAFRAS recorded about 5800 client visits and about 448 new individuals majority of whom are refused asylum seekers. (See table below). Through casework the ‘inadequacies’ of the asylum system, the impact of institutionalised destitution and the ‘needs’ of refused asylum seekers are highlighted. By responding to these needs PAFRAS is filling significant gaps by providing vital services within the city.

Table: 1

Drop in numbers 2008							
	Client visits	New clients	One-to-one sessions	Hot meals	Food parcels	Toiletries	Clothes
January	319	30	33	294	146	33	37
February	456	52	86	425	191	68	66
March	434	42	88	398	167	61	56
April	573	63	124	532	245	55	72
May	524	45	77	475	203	25	47
June	500	33	111	465	220	25	56
July	610	59	126	567	285	53	65
August	439	36	148	401	243	95	59
September	490	30	119	458	271	75	87
October	602	28	160	556	298	67	74
November	509	30	136	464	283	49	90

1. Introduction

Institutionalised destitution is resulting in a growing population of refused asylum seekers including children ‘living on the margins of society’.ⁱ Below an underclass, destitute asylum seekers exist not even in the periphery of society; denied access to the world around them and forced onto a life of penury..... The life of a destitute asylum seeker is one of indefinite limbo, it is also a life of fear; fear of detention and deportationⁱⁱ.

Destitution has become an integral part of a wider immigration agenda aptly conveyed by the concept of ‘Managed’ migration. ‘By their very nature the policies which foster destitution are dehumanising reducing people to objects of derisionⁱⁱⁱ. As such, destitution is intended to make life unbearable for refused asylum seekers forcing them to ‘return’. In short, destitution has become an instrument of deterrence. The cruelty of condemning people to hunger and homelessness is inconceivable^{iv}.

The impact of destitution on the individual’s health is far reaching. The denial of fundamental provisions for basic survival creates a ‘spiral of vulnerability and uncertainty’ which undermines physical and mental health of refused asylum seekers. High stress levels, anxiety, depression, personality disorders, etc are symptomatic of the fragile mental health of many refused asylum seekers. A combination of malnourishment and ‘irregular accommodation’ renders the immune system weak and vulnerable to illnesses. In desperation to meet basic needs refused asylum seekers are often forced into ‘survival strategies’ contrary to healthy living in the form of lifestyles and behaviours. In some cases, these survival strategies can be criminalising, as such, adding to the ‘costs’ of destitution. The feelings of two PAFRAS service users reinforce the above analysis.

‘Not giving me support mean the Home Office want me to die, but I don’t want to die so I have to do everything...anything to survive, and think of the consequences afterwards’. Another service user(female) tearfully stated, *‘I have been forced to live a life that is contrary to my religious believes, self pride and moral values and this makes me depressed and will hunt me for my whole life’.*^{vi}

‘Without entitlement to welfare provision and access to the regular labour market, refused asylum seekers often resort to irregular employment’^{vii}. In this context they become ‘tools’ of exploitation for profit by employers who use their immigration status or the lack of it, as a platform for exploitation and maltreatment. For example, one PAFRAS service user stated *‘they paid me £20 for working from 10pm till 9am (11hrs)*. Sometimes I work for months without pay’. As such, Refused asylum seekers are caught up in a much broader problem of undocumented workers and ‘wage slavery’^{viii}.

Lapses in administrative processes have often been highlighted as the main reason for more destitution. As such, rectifying these administrative ‘hic-cups’ is often suggested as the best way of tackling destitution. However, a surgical analysis considers destitution as just one aspect of a broader asylum system. Such analyses focus on more importantly, changing the political framework underpinning destitution

fostering policies. Overall, essentially, destitution fostering policies undermine healthy living and are largely inhumane.

Since the beginning of 2008, PAFRAS has pursued a programme of activities, therapies and health advice sessions under the Healthy Living project, aimed at improving the mental and physical health of destitute asylum seekers. The project, also aimed at bridging the gap in health inequalities by enabling access to services as well as provide new opportunities to refused asylum seekers towards improving their health and well being.

This report is the final report following completion of the project. It builds on an interim report produced earlier this year, (May 2008).

2.0 Background

More Destitution in Leeds

The population of destitute asylum seekers is on the rise and growing fast. It is simply 'not moving on'^{ix}. According the 2008 Joseph Rowntree Charitable Trust's Destitution report, *'Not Moving On: More destitution in Leeds* (Brown, D. July 2008), progress had not been made since the previous destitution survey. Amongst its key findings, there was a substantial increase in the number of destitute asylum seekers and refugees in Leeds since the previous survey in 2006. It also found that destitution was occurring at all stages of the asylum process though majority were refused asylum cases. More people were sleeping rough and many more people lasting in destitution for more than 1 year.

2.1 Destitution and Health: Physical and Mental Health

The effects of destitution are captured in its 'character'. 'Destitution is characterised by a number of recurring symptoms, including: lack of shelter and sleeping rough; inability to feed and cloth oneself; and a reliance on informal support structures. Such symptoms are often experienced in combination and can create a number of negative effects on an individual's well-being'^x. The lack of food and other basic needs is resulting in malnourishment and the severe weakening of the body defence mechanism rendering people vulnerable to chronic illnesses posing a severe threat to both physical and mental health. Sleeping rough often outside can lead to many illnesses and according to Kirsten Foster, a community dietician who advises PAFRAS;

'Inadequate food intake causes low energy levels, weakness and sleep disturbance and a depressed immune system leading to increased illnesses as well a long term physical damage and mental impairment-including decreased concentration, depression, anxiety, personality changes and social withdrawal'.^{xi}

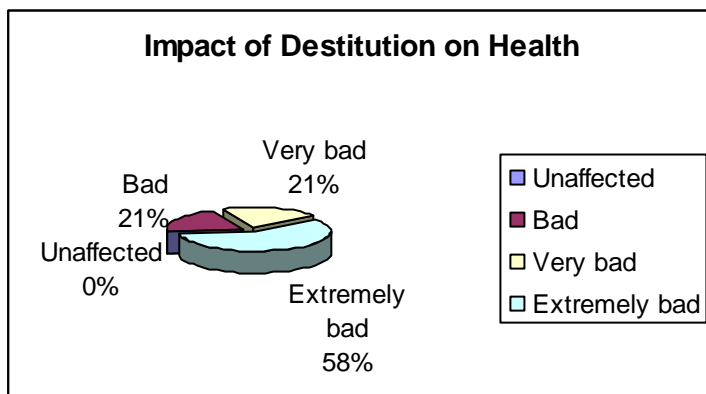
At PAFRAS we are increasingly seeing cases of malnutrition, diabetes hypothermia, Pneumonia, chronic gastritis and ulcers, particularly young people and pregnant women.

In 2005, a research by the Refugee Survival Trust asserted that destitution consolidates a spiral of vulnerability in which acute anxiety and stress, depression, feelings of extreme vulnerability and powerlessness and aggravated trauma fosters^{xii}. As such destitute asylum seekers experience a range of mental health problems including sleeping disorders, post traumatic stress disorders, self harm, anger problems, etc. Burnett, J. (2007), also asserted ‘Denying the most fundamental of provisions creates a perpetual state of uncertainty and transience’^{xiii}. According a PAFRAS ‘service user’;

‘I have ‘Home Office disease’, many of ‘us’ have this disease, my head is not alright, I speak to myself now, am crazy, I am not like this before coming to this country, 4 years, no support, I don’t sleep, in the morning I go on the street walking about with no purpose, I don’t know what will happen tomorrow, sometimes I wonder why I am alive’^{xiv}.

These feelings highlight the effect of destitution on the individual’s emotional and mental health. PAFRAS caseworkers have noticed a significant change in the demeanour of service users due to increasing desperation, frustration and decline in clients’ mental health. This is evidenced by 20 suicide attempts by PAFRAS service users in the last two years.

Destitution is having a major impact on the physical, emotional and mental health of refused asylum seekers. 50 service users who accessed the Healthy Living project were asked to assess the impact of destitution on the mental, emotional and physical health.



3.0 Project Objectives

In 2007 PAFRAS received funding from Social Services to deliver a 1 year 'Healthy Living Project' (HLP) primarily for destitute asylum seekers. The objectives of the project as set out in the funding request, were to improve the health and well being of destitute asylum seekers through a program of 'health advice, exercises and therapies' to address their physical and mental health needs. As pilot project, this project also aimed at reducing health inequalities by enabling refused asylum seekers access to services available as well as services not currently available to them.

3.1 Planning of the project and Delivery Approach

November and February 2008 constituted the planning phase for the project. During this time (3 months) the project co-ordinator conducted preliminary research and established/ fostered partnerships with key stakeholders. Consultation with service users, external agencies and health professionals was essential not only in identifying health needs and developing activities, therapies and advice/support that adequately met these needs, but also in identifying resource capacity amongst service users and within agencies. In these three months, an informal skills audit involving PAFRAS service users and volunteers was carried out to identify specific skills that could be brought into the project. Two volunteers offered to assist in running some the activities. PAFRAS volunteer procedures were followed and volunteers attended induction session to gain some insights about PAFRAS and the healthy living project.

It was decided that all activities would take place along side the bi-weekly drop-in which PAFRAS runs on Tuesdays and Thursdays. This is due to the nature of PAFRAS clients. Many destitute asylum seekers live transiently; unsure where they will sleep for the night and therefore find it difficult to keep to appointments. Also, a climate of mistrust and fear of the unknown also means that clients don't always attend referrals to other agencies, including referrals to health professionals. As such, the PAFRAS drop-in besides offering a range of instant support acts as a social space for service users. Thus, it was decided that having the healthy living activities at the drop-in would increase the likelihood that these activities were taken up.

A draft timetable for February was put forward and the St. Aidan's Church was consulted with regards to using further rooms. As rooms were already booked on the Thursday drop-in, activities were planned that would be able to take place in the main hall where the drop-in is held. Some activities were also planned in separate rooms to run alongside the Tuesday drop-in.

Service user and 'agency' involvement was a key feature of the project as they were involved and actively participated in key processes of the project. One-to-one sessions as well as group work have been the main methods of delivery. A team of PAFRAS volunteers, independent health professionals (paid session workers) and local agency workers delivered the project through running or facilitating various activities. This team was led by the project co-ordinator who regular consulted with team members in different ways to gather feedback and responded accordingly. PAFRAS manager supervised the healthy living project to ensure that it fitted within the broader PAFRAS project in meeting service user's needs highlighted by PAFRAS casework.

3.2 Project Target

There were two targets set out in the funding bid;

- I. For **100** destitute asylum seekers to be supported by accessing the various health advice and support sessions and other health services and activities.
- II. For **10** asylum volunteers to be engaged in the delivery of the program.

These targets were fully met by the end of October 2008. An additional **10** clients accessed project activities including refused asylum seekers either on section 4 or social services support as well some still 'in-process'. Thus a total of 120 asylum seekers benefited from the healthy living project.

4.0 Project Activities

While some of the activities and services were developed following initial consultations with other local service-providers during the planning phase of the project, they were continually reviewed to capture service users 'current' needs, abilities and aspirations. Useful feedback generated through the evaluation process was vital in the further development of existing programs, the development of new ones or as in certain cases, discontinuation of activities not 'well received'. The involvement and participation of service users, volunteers and partner organisations in the evaluation processes was instrumental in delivering best possible quality service to service users and ensuring project effectiveness.

a) Complimentary Therapies

Through casework, caseworkers identified service users who had encountered very traumatic situations including rape, severe torture, death of loved ones, nervous breakdown, stroke and HIV. Without any support, these 'traumas' were impacting severely on the mental and psychological state of affected service users. To provide support to these affected clients, PAFRAS consulted SOLACE (*local charity providing counselling and psychotherapy for survivors of persecution and exile*), and secured the services of **Nick Edwards** (therapist) who delivered complimentary therapies to those affected by past traumas.

In response to growing numbers and following feedback from service users, two additional professional therapists (**Alison Lord & Sue Matthews**) were brought into the project to cater for specific client groups and needs. These therapies involved acupressure points, crano-sacral therapy, body massage etc. 42 different service users benefitted from this support with an average of 5 visits per person through the project period. According to one service user, "*during the session, I felt like I was in heaven, I forgot all my worries, since I started coming to the sessions, my sleep pattern has improved, less physical pain, less anxiety*". Another service user stated "*It was good to be listened to, I felt valued as I recounted my experiences and she has helped me a lot in dealing with it*".^{xv} According to Alison, (therapist) "their health is poorer than average particularly in terms of emotional well being, high levels of

depression and anxiety. She recommended more time and resources should be committed to this activity in order to maximise the benefits.

b) Swimming & Gym

PAFRAS liaised with the *Feel Good Factor* project to provide gym and swimming sessions for PAFRAS service users as part of the healthy living activities. This partnership enabled service users issued with cards to access the Scott hall gym and pool facilities each entitled to free sessions at convenience of service users. PAFRAS provided swimming outfits and towels for clients. The service users mostly men found it relaxing and very therapeutic. In May 2008, following evaluation, it was realised that very few women were participating in this activity. Child care and lack of swimming skills were highlighted as the main reasons for non participation of women service users. As such, plans were made to encourage more women to participate

In response, in June 2008, a new partnership was established with BCTV's *Branch-Out* project. This enabled the continuation of the provision of free swimming sessions for service users as well as a special weekly session for women first-time swimmers later on in the year. Transport and other arrangements were made available to encourage participation As a result many women and many more men have learned how to swim and continue to enjoy free swimming sessions. A total of 48 individuals took part in the swimming and gym activity through the project year. According to one service user 'I am now able to swim very well it is very relaxing and enjoyable and it is free....'

Over all, service users found swimming & gym sessions beneficial to their health and well being in terms of relaxation, fitness levels, socialising and building new relationships across 'differences'. It was also an opportunity for developing new skills.

c) Drumming and Music workshop

Destitute asylum seekers often lead solitary lives resulting in deep feelings of sadness and low moods. Music can be fun and creates pleasure. As a medium of expression, music helps to release 'emotions' which is good for the emotional health of people experiencing challenging circumstances. A drumming/music workshop was thus set up as part of the project.

PAFRAS liaised with Becklin Centre's therapy suite that provided drums and other musical items for the sessions facilitated by a PAFRAS volunteer and experienced musical therapist. She provided a range of musical and therapeutic skills within the sessions which the service users found quite beneficial. Participation was high and witnessed an outpour of musical talents and skills amongst service users. This provided great impetus for further development into a thriving music group incorporating drumming, guitar lessons, music writing and interpretation, vocals etc necessitating more resources. PAFRAS bought three new drums and through its partnership with STOP HATE-UK, it received donations including 4 guitars, flute-piano, shakers and other musical instruments. PAFRAS secured the services of a free lance musical artist/music

teacher who co-ordinated music sessions and lessons every Tuesday at the drop-ins. The music group became a pillar stone of the healthy living project as well as of PAFRAS. The group has established links with other music groups in Leeds and has made 4 performances in Leeds including performances on UNITY Day, Chapeltown Hot-Pot fundraising event, Latin American cultural event and STOP HATE AGM. Feedback from service users, volunteers and audiences out of PAFRAS have been highly positive. It has huge potential.



d) Art/Craft work

The project put together a package of art activities including drawing, painting, cardboard and jewellery making, glass blowing, mosaic, pottering, clay working etc as part of its healthy living activities. These activities not only encouraged creativity and enhanced self-worth; it also served as a tool of communication. Some of the paintings helped 'let out' their innermost feelings which they found therapeutic as a form of healing. Due to the huge interest by service users, PAFRAS secured a facilitator from the Leeds College of Art and Design to lead the group in developing skills and using art creatively and therapeutically. Participation was high across all ages and nationalities. Themes reflected in the paintings include Nature, God, Justice, Family, Homelessness, Hope etc. This was very popular amongst service users who participated actively. A total of 55 service users participated often on a weekly bases in art activities through the year. A collection of some of the art works will remain in display in St. Aidan's church hall which also serves as PAFRAS drop-in venue.





e) Country Walks

Walking has been proven to be a great form of exercise, good form of distraction and relaxation activity. Group walks are also a good way to interact and socialise. The benefits to health and well being is significant as such vital for this group of people who are often isolated and alienated. In co-operation with the countryside rangers (Leeds City Council), a series of ranger walks were organised and attended by service users. They included walks to; Kirk stall Abbey, Yorkshire Sculpture Park, Middleton Park, The Chevin park in Otley, The Meanwood Valley and Roundhay. Participation in these walks has ranged between 15 to 25 people from the ages of 18-60. A total of 40 people individuals attended the walks. More men than women participated in these walks. The esteemed benefits were usually attained as service users gave positive feedback. According to one service user, *“I have spent these hours really well, instead of wandering about aimlessly lonely in the city centre”*. Another ‘walker’ stated *‘these walks have helped me to exercise and also to see some beautiful places’*. Over all, we believe this activity yielded significant benefits and improved the physical and emotional health of service users who accessed the activity.

A



B



Service users on WALK at Kirk stall Abbey. Service users on WALK/Adventure at Chevin Park.

f) Gardening

Working in partnership with Amnesty International and Voluntary Service Overseas (VSO), an allotment project was implemented. Work on the allotment including initial digging, planting, weeding etc has been done by PAFRAS service users in collaboration with VSO and Amnesty International members. This work was often led by a PAFRAS volunteer Mr. Patrick Hardy who owns the allotment. Supervision of gardening processes was often provided by a professional gardener who also taught service users gardening skills. It was usually an exciting, relaxing and learning activity which constructively engaged service users and volunteers in their spare time. Service users found gardening ‘atmosphere’ quite therapeutic due to the combination of work and fun.

Later on in the year, BCTV through it’s *Branch Out* project joint the allotment venture and provided additional gardening expertise and resources. Aimed at fostering social cohesion, *Branch Out* brought together people from different communities and backgrounds working together with PAFRAS service users and volunteers on the allotment. Work on the allotment often took place on Saturdays and sometimes after the drop-in. Weather conditions played a key role in running this activity thus there were more visits during summer and very little activity during winter. 31 different service users participated in this activity with the majority attending more than one session.



PAFRAS service users working on the allotment. Radishes from the allotment

g) Football

Engaging in sporting activities promotes good health both physically and mentally. Football sessions were organised as part of the healthy living project to improve body fitness. Playing football was also seen as an enjoyable form of relaxation and a means of diverting the minds of service users at least for an hour away from the mental ‘pressures’ of living in destitution. Led by a

volunteer from the Youth services and occasionally by the project co-ordinator, football sessions were taken place every Thursday. An average of 10 persons, usually men between the ages of 18 and 35 participated in these weekly sessions. 'Football' also became a social space for the interaction of service users of different nationalities playing and having fun together in a friendly atmosphere and sharing 'moments of happiness' in dire circumstances.

Following a review of the activity in which concerns about weather were raised and the need for indoor activities, a snooker table was bought. This gave service users more choice and served as an enjoyable indoor alternative when conditions were unfavourable for outdoor activities. Snooker has become a very popular leisure activity during drop-ins for service users both male and female as more and more people are developing interest and learning new skills. PAFRAS is currently looking at the possibilities of securing a range of board/table games including chess, scrabble and games from other cultures to reflect the diversity of PAFRAS service users.



h) Sexual Health Advice

Destitution creates lifestyles and behaviours contrary to healthy living worsened by their desperation and vulnerability to exploitation. Support around sexual health for destitute asylum seekers is thus a priority. In planning the project, PAFRAS consulted and established a working partnership with the **Black Health Initiative (BHI)**. BHI agreed to provide a specialist sexual health worker for PAFRAS drop-ins every fortnight to offer free sexual advice and practical support to service users including HIV/STI testing, basic MOT (blood pressure, sugar levels etc), access to HIV counselling and the provision of condoms.

38 service users accessed this facility with some opting for anonymity. All benefited from one-to-one advice and support. 20 service users were screened for various sexual health 'conditions' referred for treatment where appropriate. Service users received and continue to receive free condoms.

i) Stop Smoking Support

Having to live in a state of constant anxiety and distress is itself detrimental to health and exacerbated by unhelpful ‘coping strategies’ including smoking. Recognising this within casework with PAFRAS service users, PAFRAS consulted with the local *NHS Stop Smoking Cessation Service* and secured a session worker who committed to coming to the PAFRAS drop-in every Thursday. She has been providing advice, support and prescription materials including nicotine patches and gums for service users to help people stop smoking. Her advice sessions took place in the main drop-in premises where she talked to people in one-to-one sessions encouraging them to stop smoking. A total of 34 individuals accessed the stop smoking support. At the end of the project, 3 people quit, 2 are in the process of quitting and many more are keen on receiving further advice and support. One service user stated, ‘I am glad I have stopped, I feel different and if I have money I will buy food.’ According to Dot, (session worker) ‘*Stopping smoking is very difficult for people living with constant anxiety, there is some interest, however, most feel unable to stop at present*’. Regular and long term support is vital to stopping smoking. PAFRAS service users will continue to access this support despite the completion of the Healthy living project.

j) Stress management Advice

Destitute asylum seekers who constitute the bulk of PAFRAS clientele survive under incredible levels of stress and anxiety which impacts negatively on their mental health. While the activities and therapies contribute towards alleviating these stress levels, raising awareness on the triggers and factors that compound these anxieties and more importantly how to manage them was deemed vital. The project consulted **TOUCHSTONE**, who offered a session worker to run a few support sessions. Sessions were tailored to reflect the realities of destitute asylum seekers. Service users learned about the dangers of too much stress and basic practical tips on how to deal with stress and anxiety. A total of 16 service users attended these sessions with an encouraging participation by the women who highlighted the additional pressures of parenting with no support. The feedback was overwhelmingly positive as service users found the advice and ‘tools’ very helpful. 2 service users were referred to relevant services for further help following the session. Unfortunately, as a result of the session worker securing a new job not many sessions took place. However, discussions are underway between PAFRAS and Touchtone to continue this support.

k) Substance Abuse Advice

Institutionalised destitution is obliging people to adopt new lifestyles and behaviours that undermine healthy living and often force the most desperate into circumstances and ways of life just in order to survive.

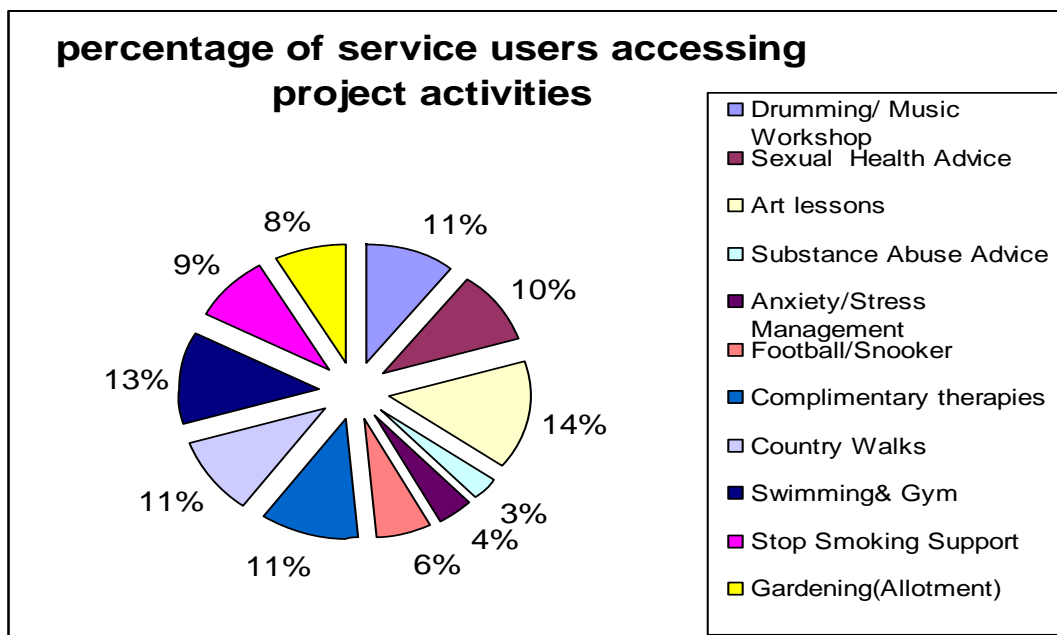
Against this backdrop PAFRAS consulted and established a partnership with the **MAYISHA** project (a service for young African/African Caribbean people providing support and information about drugs and alcohol). **MAYISHA** offered to conduct some sessions for PAFRAS service users working particularly with the young people of the ages 18-25 who are the most venerable group. Sessions focused on raising awareness on the wide range of substances including alcohol and their effects on health and also highlighted on the criminal implications. It also offered advice and guidance by pointing young service users away from the seemingly attractive lifestyles associated with drug use. Sessions were very demonstrative which attracted a big audience. As a result of the positive feedback and the need for such intervention particularly for young people, the MAYISHA project has also agreed to run a few more sessions for PAFRAS service users in January 2009.

Table 2: Project Activity table

Name of Activity	No. of service users
Drumming/ Music Workshop	40
Sexual Health Advice	38
Art lessons	55
Substance Abuse Advice	11
Anxiety/Stress Management	16
Football	24
Complimentary therapies	42
Country Walks	40
Swimming& Gym	48
Stop Smoking Support	34
Gardening(Allotment)	31

NB

- ❖ Most service users accessed more than one activity
- ❖ Some activities were more regular(weekly/fortnightly) while others were less regular



NB:

Majority of service users accessed more than 1 project activity based on needs and interests. Some of the activities were more regular (weekly or fortnightly) resulting in more client visits for example; Art lessons, swimming & Gym, music workshop, complimentary therapies. Others were less regular due to availability of facilitator, weather or fixed number of sessions, for example Walks, Gardening, substance abuse and Stress management support, football. Overall, all the activities received positive response from service users.

5.0 Project Impact

The impact of the project was measured primarily against its objectives. Feedback from service users indicates that the project has had a positive impact on service users. The project also had a wider impact for PAFRAS and other stakeholders.

The impact of the project has been measured in two ways.

1. Through regular monitoring as the project unfolded by ‘consulting’ with service users and receiving verbal feedback, and;
2. Final evaluation questionnaire completed by service users and ‘service-providers’. (Questionnaires were anonymous, 52 service users from 15 nationalities completed the questionnaire. Also, 7 session workers from agencies completed a separate questionnaire).

The impact of the project is highlighted by the following;

- **Greater access to services:** The project facilitated access to health services negotiated through NFA and HAT teams. Through the provision of bus tickets (Day –Riders), the project also facilitated travels for service users to project activities and health appointments to meet urgent health needs. By liaising with No fixed Abode Health Access Team, SOLACE, Leeds Stress and Traumatic Services and other health services, service users with health conditions such as depression, post-traumatic stress, alcohol addiction, dental care and other physical health concerns received treatment. The project also ‘opened up’ new opportunities ‘closed’ by destitution for service users to improve their physical and emotional health through a range of relaxation activities and therapies. 90% of service users welcomed the opportunity to visit the gyms, pools, massage, complimentary therapies, travel/walks in the country-sides, etc without having to pay for them.

- **‘Improvement’ of mental and physical health:** By registering with GPs and accessing health services, urgent health needs were met. Health assessments, diagnosis and prescriptions prevented the further deterioration of their mental or physical health. The relaxation exercises and therapies have been beneficial to their health. Most service users expressed some positive change in their emotional and mental state as a result of these activities. According to one service user *‘When I am in the pool or gym my mind stops wondering and I feel calm and good.’* Another stated; *‘Gym and walks is very good for me, even though this does not help my asylum problem but it keeps me going otherwise I go crazy ’* These activities have improved fitness levels with most service users citing reduced levels of constant fatigue, body ache, loss of appetite etc. Also, the regular provision of hygiene packs containing a variety of basic toiletries enabled service users especially those rough sleeping improved personal hygiene needs. According to one female service user *‘Now, I feel like a woman again, thank you PAFRAS’* Another, service user stated *‘I have not brushed my teeth for 5 months now, my teeth were painful, thank you (PAFRAS) very much’*. Overall, it is evident that these activities have made a positive impact on the mental and physical health of the service users.

- **Learning and skill development:** The project provided a unique opportunity for this alienated client group to learn and develop useful skills. By the end of the project, 5 service users who had no previous knowledge of the guitar or drum could read musical notes, play the guitar and drum. Many more developed skills in painting, cardboard and mosaic work which they find very exciting and helpful. The swimming sessions provided opportunity for people to learn how to swim particularly elderly men. According to a 53 year old male service user *‘You see, it’s never too late to learn, I can now swim and really enjoy it’*. The special sessions for women has proofed very useful as 5 women confirmed they can now swim very well and

do enjoy it. Besides acquiring new skills, the activities provided a platform for service users to show their talents and potential. Volunteers who led the drumming and art sessions displayed great talents as well as others. According to Bob (music teacher and group facilitator) 'it's exciting to know how talented some of the service users are and also that people who knew nothing about guitar, drum etc have made so much progress'. Born out of the healthy living project, the music has become a vital part of PAFRAS providing a platform for fundraising and raising awareness. The group has made 3 performances at different social events in Leeds. The project also served as a platform for fostering cultural diversity as service users from 22 nationalities participated in the project activities.

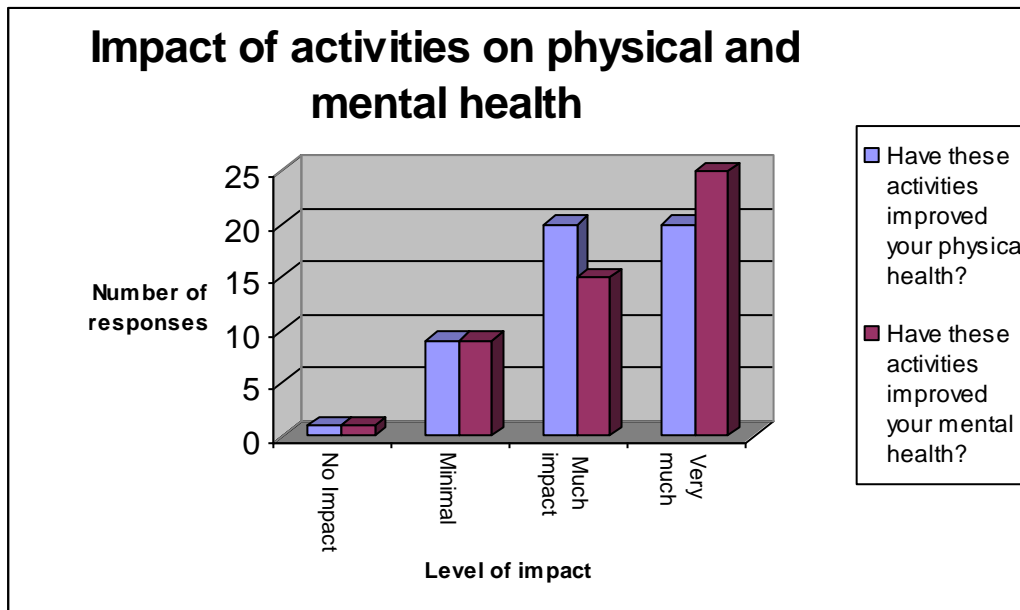
- **Improved sense of confidence and self esteem:** Destitution is debilitating. It slowly erodes the individual's confidence and self esteem. By creating a relaxed, safe and friendly environment for social interaction and by enabling this alienated group to freely engage in activities and with services, the project has boosted the confidence and self esteem of service users. Also, by providing services and opportunities unavailable to this 'client' group, for the period of the project, service users felt valued and better sense of self worth. Being able to develop and show-case their skills and talents through art work, music, sport etc generated in them a sense of achievement and potential. Overall, the project has created within service users a positive attitude which enables them to confront the challenges of living in destitution. According to one service user '*this music group has made me realise that I can still achieve my dream even though every day I feel like there is no need to live*'.

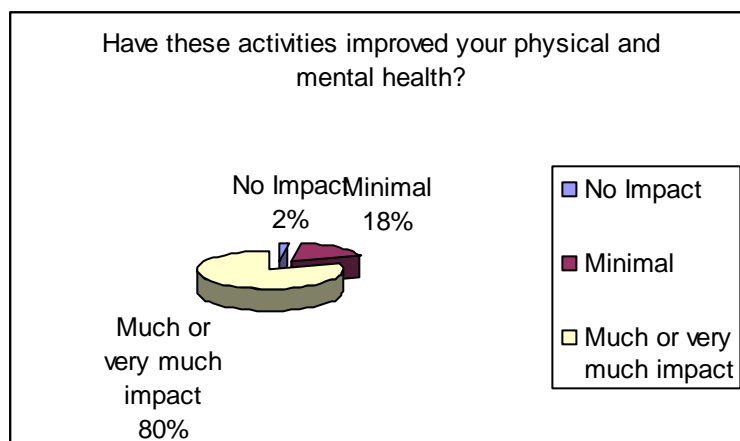
- **Greater Awareness:** The involvement of several agencies and independent professionals in the healthy living project provided to some, an invaluable opportunity to meet and work with destitute asylum seekers generating fresh insights and perspectives on the plight of destitute asylum seekers. Feedback from session workers indicated that they found the very experience useful and learned a lot. It is very much anticipated that this awareness will have a greater effect through their work in the community.

- **Partnership and Networking:** The project had a wider impact beyond the 'service user'. As a result of the project, PAFRAS has established vital partnerships with relevant agencies within the city. This includes; Black Health Initiative (BHI), Skyline, STOP HATE UK, Touchstone, Solace, NHS PCT, Health Access Team (HAT), No Fixed Abode (NFA), Feel Good Factor, British Trust for Conservation Volunteers (BTCV), MAYISHA, Voluntary Service Overseas (VSO), Amnesty International, Leeds city council etc. These partnerships will continue to play a vital role in the development and delivery of PAFRAS services. For example, despite

the end of funding, the sexual health advice, Stop smoking support and guitar sessions will continue to run for the foreseeable future.

- **Service Improvement:** The wide range of activities and support within the healthy living project complemented existing services offered by PAFRAS. Clients with specific needs identified through casework were often referred directly to activities within the healthy living project or to external services negotiated by the healthy living project. By delivering greater access, new opportunities, greater choice and clients not having to wait after referral, the healthy living project ensured effective service for clients who accessed PAFRAS. Also, as a result of the project PAFRAS has secured more resources to help meet the increasing needs of its clients. These include; 3 medium size playing drums, a football, art work material, a new snooker table and a collection of musical instruments donated by STOP HATE UK including 5 guitars, shakers, flute piano, 2 small drums. Such vital resources further 'equips' PAFRAS to continue to effectively provide clients with useful services and support.





6.0 Project Findings

Monitoring project activities, service users and session workers from partner agencies has enabled us capture project patterns, trends and emerging themes providing useful accessible data. These findings also formed the bases for project recommendations.

- Service users who accessed the healthy living project came from over 22 different nationalities. (See Chart)
- Iran registered the highest population of destitute asylum seekers who accessed the healthy living project, closely followed by Eritrea, Zimbabwe, DRC Congo
- Of the 120 service users who accessed the project, 80 were of the ages 21 to 35. 15 of them were of the age 16 to 20. Statistics also show that much older people of ages 45-68 accessed the project.
- 11 children (not included in the project target) accessed project (art work and kids hygiene packs) highlighting the trend of more children being left destitute.
- More men than women accessed project activities. However, this changed slightly later in the project when more activities appealing to women were developed such as swimming lessons, stress management, counselling therapy. Overall, statistics indicate that more men accessed the project.
- Majority of the service users who accessed the healthy living project stated that they had no GPs when they first visited PAFRAS.
- 65% of service users who accessed project activities have been destitute for more than 1 year indicating many people were lasting longer in destitution.
- Destitution is happening at different stages of the asylum process though majority are those who are at the 'end of process'. Also people seemed to be moving 'In' and 'Out' of destitution frequently due to securing and losing support often suddenly within a relatively short space of time. This happened to a couple of clients during the period of the project including a client with a severe diabetic condition. Such sudden changes further worsens their situation and rather tips most people over the edge

- More and more people are becoming transient constantly searching for better means for survival. This ‘displacement’ is loaded with risks including; loss of vital documentation relating to their immigration cases, loss track of solicitors, loss of support structures and increased vulnerability.
- Monitoring highlighted more and more people were experiencing health problems. 35% indicated they had a physical health problem while 65% indicated they had a mental health condition. 45% of service users disclosed that they were receiving treatment for various mental health problems.
- Many refused asylum seekers were reluctant to approach health facilities for fear of being ‘picked up’ detained and possibly deported by immigration authorities. As such harbour serious and sometimes life-threatening conditions which needed immediate treatment.
- 80% of service users who accessed the healthy living project attributed their poor health to the asylum process and a majority felt destitution had made worse.
- Overall, the project was well received by service users and 90% found it beneficial to their physical, emotional and mental health.

6.1 Conclusion

Destitution is progressing in number and severity. Lapses in administrative processes have often been highlighted as the main reason for more destitution. As such, rectifying these administrative hic-cups is suggested as the best way of tackling destitution. However, a broader surgical analysis considers destitution as just one aspect of a broader asylum system, as such focus on changing the political framework underpinning destitution fostering policies.

Destitution is having a severe impact on the health of refused asylum seekers. Increasing mental health concerns amongst refused asylum seekers are explicitly linked with the asylum process. Overall, the health situation of this hard-to-reach group necessitates a pro-active approach by national, regional and local authorities.

The healthy living project highlights the health needs of refused asylum seekers. The project also demonstrates how health oriented programs by voluntary organisations can help meet urgent health needs of refused asylum seekers towards enhancing their health and wellbeing, thereby filling the gaps within statutory provision.

80% service users who accessed the project enjoyed the activities and felt the project provided them a good opportunity to improve their emotional, physical, mental health and felt the project met urgent health needs. 75% felt that the project had given them greater access and new opportunities. 90% of service users indicated overall satisfaction with the project and indicated that they would like to have the project

again. However, 80% of service users who accessed the project stated that the whole asylum process had detrimental effects on their health. This relates to having no permission to work, if destitute, no access to accommodation, being left in limbo indicated that the 'ultimate' solution to their health problems is a positive decision on their asylum cases by the Home Office enabling them to escape long term destitution.

6.2 Recommendations

In response to the project findings, the following recommendations are made. It is imperative to recognise that 'health' is just one aspect of the whole and that the debilitating impact of destitution on the individual is much broader. Following from this, 'it is equally essential that destitution be understood as one aspect of a much broader system'^{xvi}. However, these recommendations primarily focus on the health concerns of refused asylum seekers who are destitute based on key findings of the PAFRAS healthy living project.

On Destitution

- In general, recommendations and proposed solutions from previous destitution surveys including the 2006-2007 and 2007-2008 Joseph Rowntree Charitable Trust Inquiry into Destitution among refused asylum seekers remain relevant and applicable. (See Adie et al., 2007 pp.5-8, Lewis, 2007, pp58-60, Brown, D. 2008 pp.16, Burnett, J. 2007, Submission to the Independent Asylum Commission, pp.12-13) and other destitution surveys.

Recommendations resulting from the Healthy Living project

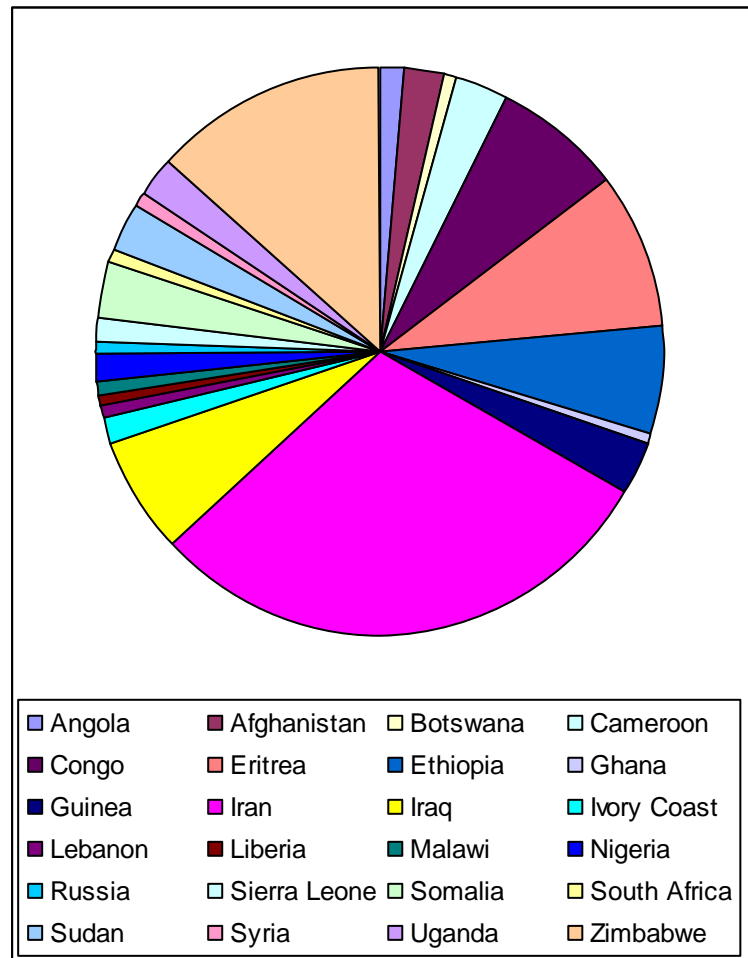
- ✚ All refused asylum seekers should be allowed full access to primary care as well as secondary care.
- ✚ No refused asylum seeker should be charged for medical care. Charging for medical care will deny refused asylum seekers the chance to identify serious and sometimes life-threatening conditions that need immediate treatment. It will also introduce a debt burden causing more stress and most likely lead to criminalisation in terms of prosecution for failing to pay the debt.
- ✚ No pregnant woman should be left without support at any stage of pregnancy. As such, pregnant women should receive full support ranging from medical care, housing and financial support to cater for basic needs through out the pregnancy and after birth

- ✚ No child should be left without support. Babies should not be born into destitution. As such, new born babies should receive adequate support from social services which is vital for their early year development.
- ✚ All GPs within the NHS Trust should offer consultation and treatment to ALL refused asylum seekers.
- ✚ People who are in the process of having their support/accommodation withdrawn should be given ample time rather a couple of days, to adjust to the new situation. This will also reduce the burden of agencies who always are left to 'pick up the pieces' and deal with such 'emergencies'.
- ✚ Voluntary organisations working with refugees and asylum seekers should make health and well being programs a centre piece of their support infrastructure. Such programs may provide services and opportunities unavailable to this client group within mainstream provision.
- ✚ Voluntary organisations working with asylum seekers and refugees should jointly develop a Health Promotion Strategy to effectively address the health concerns and health needs of asylum seekers particularly refused asylum seekers.
- ✚ Voluntary organisations or projects working with refugees and asylum seekers should be given more resources by national, regional and local authorities to cater for the increasingly complex health needs of refused asylum seekers.
- ✚ The PAFRAS healthy living project should be repeated and given a much longer 'life-span'. Continuity will ensure sustained progress and wider success.

Appendix.1: N

Country	Number	Percentage
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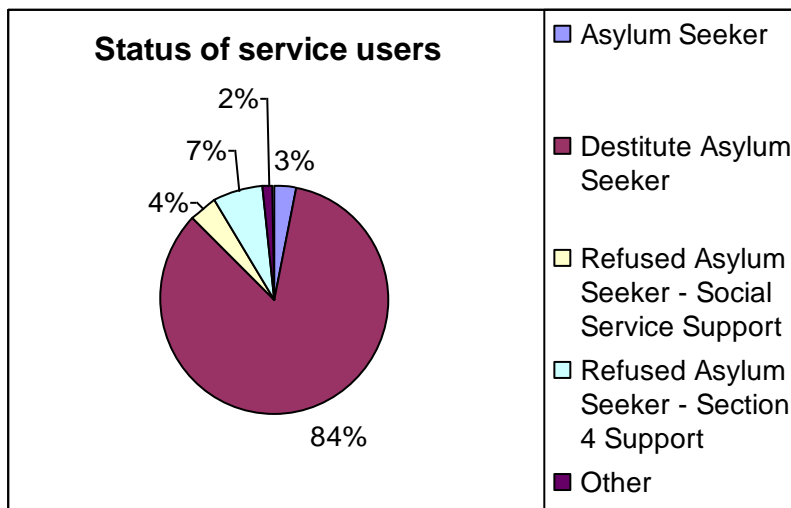
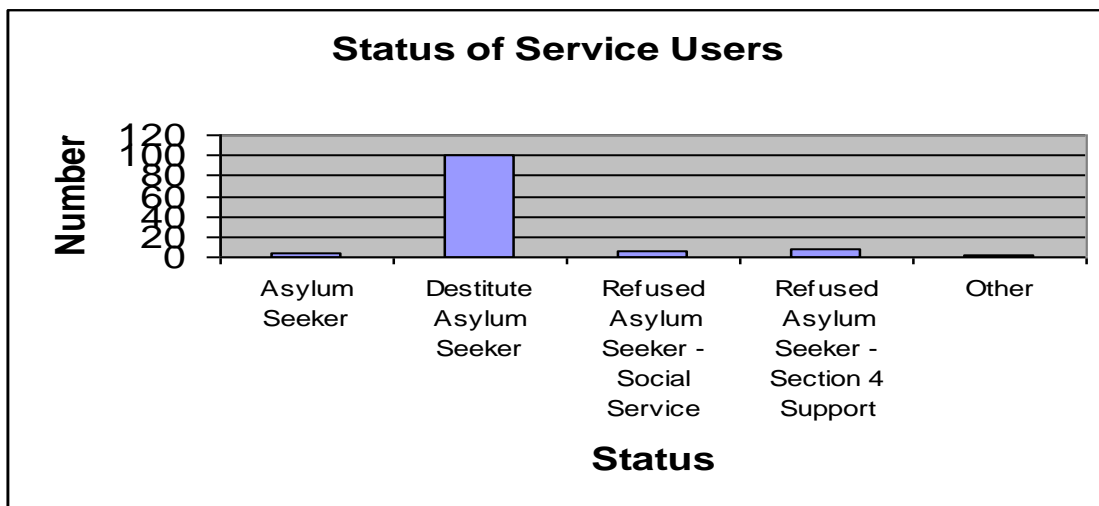
Angola	1	1%
Afghanistan	3	2%
Botswana	1	1%
Cameroon	4	3%
Congo	10	7%
Eritrea	11	9%
Ethiopia	8	6%
Ghana	1	1%
Guinea	4	3%
Iran	30	30%
Iraq	9	7%
Ivory Coast	2	1%
Lebanon	1	1%
Liberia	1	1%
Malawi	1	1%
Nigeria	2	1%
Russia	1	1%
Sierra Leone	2	1%
Somalia	4	3%
South Africa	1	1%
Sudan	4	3%
Syria	1	1%
Uganda	2	2%
Zimbabwe	16	13%



Appendix 2:

Status of service users

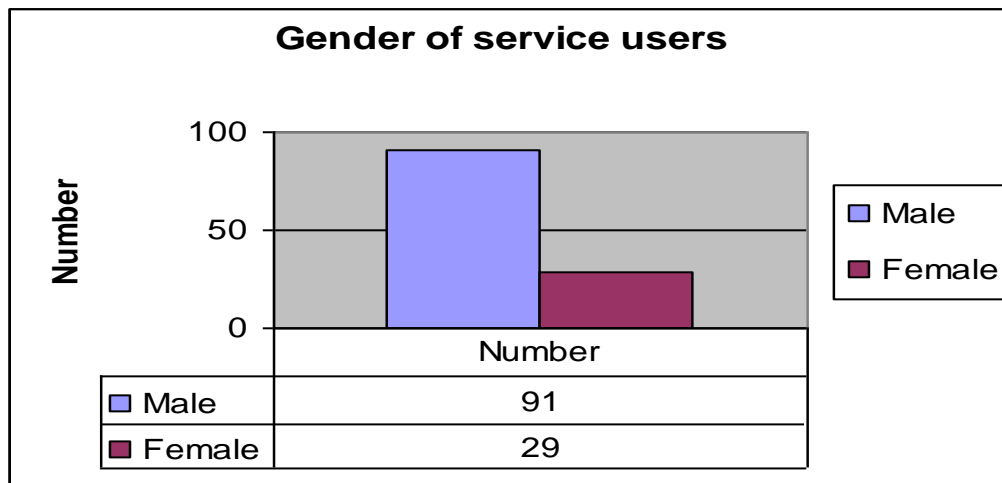
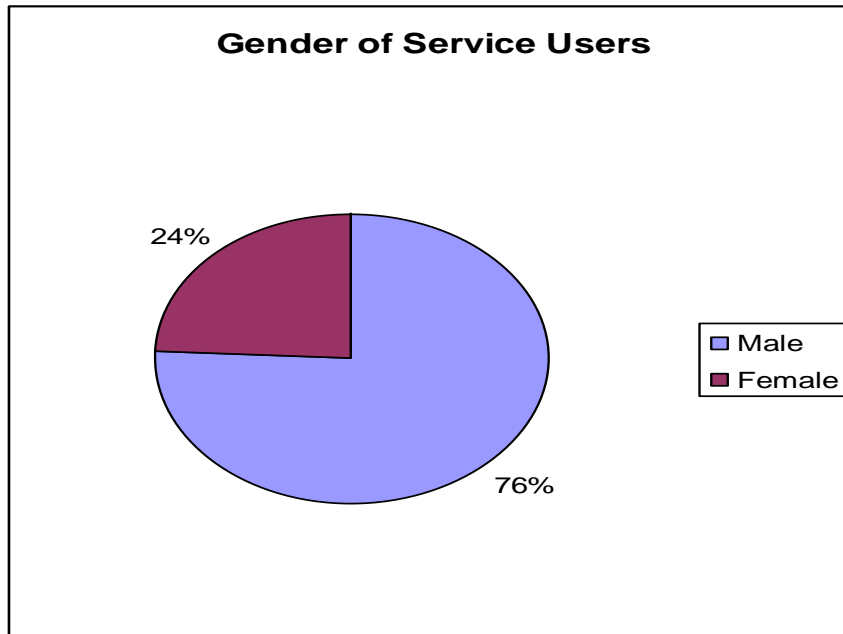
Asylum Seeker	4
Destitute Asylum Seeker	101
Refused Asylum Seeker - Social Service Support	5
Refused Asylum Seeker - Section 4 Support	8
Other	2



Appendix 3

Gender of service users

Gender of
service users
Gender Number
Male 91
Female 29



The proportion of male to female is due to the patterns of migrations as more single men migrate.

References

- ⁱ Amnesty International, (2006) *Down an Out in London: The road to destitution for rejected asylum seekers*; London, Amnesty International, pp.14
- ⁱⁱ Burnett, J.(2007), *Mental health, destitution and Asylum*, PAFRAS briefing paper;no.5
- ⁱⁱⁱ Burnett J. (2007), *Submission to the Independent Asylum Commission*; Leeds: PAFRAS pp.8
- ^{iv} Cited in Burnett, J.(2007) *Submission to the Independent Asylum Commission*; Leeds: PAFRAS,pp.7
- ^v Conversation with service user during One-to-One session at PAFRAS drop-in, Leeds; 2008
- ^{vi} Conversation with service One-to-One session during drop-in, PAFRAS, 2008
- ^{vii} See ICAR(2007) *Destitution amongst asylum seekers and Refugees in the UK*, (2007), pp.10
- ^{viii} Burnet J. (2008), *Wage, Exploitation and Undocumented Work*, PAFRAS briefing paper no. 7, pp 4.
- ^{ix} See Brown, D (2008) *Joseph Rowntree Charitable Trust's Destitution report, ' More destitution in Leeds'*
- ^x See ICAR(2007), *Destitution amongst Asylum Seekers and Refugees in the UK*, pp.9
- ^{xi} See Burnett J. *Independent asylum submission* pp 9
- ^{xii} Cited in Burnett, J (2007), *Mental health, Destitution and Asylum*, PAFRAS briefing paper, no.5
- ^{xiii} *ibid*
- ^{xiv} Feedback with service user during evaluation session, September 2008
- ^{xv} Service User feedback during evaluation session, October 2008
16. Burnett, J. (2007) *Submission to the Independent Asylum Commission*; Leeds: PAFRAS, pp.12
- 17 See Dwyer, P & Brown, D. (2005), *Meeting Basic Needs? Exploring the welfare strategies of forced migrants*