

## **‘Disabled asylum seekers?...They don’t really exist’: The marginalisation of disabled asylum seekers in the UK and why it matters**

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This paper is based on a study conducted with disabled people seeking asylum in the UK, using art as a means to bring out and promote people’s key messages in public spaces. The findings suggest that people with these intersecting identities lack sufficient numbers, resources or allies to assert their needs and rights in statutory, non-statutory or even peer support organisations in the UK. This results in such deprivation and isolation, that their very existence is often obscured. The paper argues that not only does such marginalisation cause unnecessary suffering among those directly affected, but also negatively impacts on the whole population. A hierarchy of entitlement may impede recognition of the causes and commonalities of oppression and therefore also hinder solidarity. Where reduced standards become acceptable for certain people, the imposition of similar standards on others is facilitated, particularly in the context of neo-liberal austerity. Many of the recent restrictions imposed on disabled citizens and other benefit recipients have been used on disabled asylum seekers for more than a decade. If, as Barbara Young Welke suggests (2010:156) the problem is systemic, then inclusion cannot be the solution. This paper concludes that systemic change is needed to end the differential ranking of people’s worth and to build greater solidarity.

**Keywords:** Disabled people; asylum seekers; marginalisation; intersectionality.

### **Introduction**

*How long can we dismiss persistent exclusions as simple steps yet to be taken in the long road to achieving the liberal ideal?...Might we consider the troubling thought that borders of belonging ...are constituent elements of the ‘liberal’ state?’ (Welke 2010: 156)*

‘Disabled asylum seekers?...They don’t really exist’ claimed the receptionist of a major UK charity working with refugees when asked what information they have regarding services available to disabled asylum seekers (Yeo and Bolton 2013). This perhaps explains why virtually no information is available. She believed that disabled people would not be able to manage the journey to this country. Freedom of Information requests to the Home Office indicate that no official data regarding numbers or needs of disabled asylum seekers is gathered, with which the receptionist’s supposition could be confirmed or disputed (ibid). However, in 2001, academic researchers estimated that there were up to 26,000 disabled

people seeking asylum in the UK (Harris and Roberts, 2001).

This paper draws on literature associated with disability, migration and intersectionality, in conjunction with examples of lived experiences reporting on a study<sup>1</sup> working with disabled asylum seekers in the UK (Yeo and Bolton 2013). People with these intersecting minority identities were found to be lacking basic material and emotional needs. They are minorities within minorities, and are therefore without the numbers, access to resources or allies to collectively assert their needs and identities. The deprivation experienced cannot be entirely explained simply by oversight. When Britain ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2009, it added a reservation excluding immigration policy from the enshrined obligations<sup>2</sup>. The nature of such hierarchy of access to human rights will be explored, considering the consequences for those people directly affected, as well as for the wider population. This paper builds on previous literature (see for example Grech 2009; Yeo 2006) arguing that the inclusion of disabled asylum seekers is not sufficient, working instead towards systemic change. The assumed differences in the innate value of humans living in different circumstances needs to be made overt, exposed as a means of entrenching privilege and reducing the capacity for collective action.

## **Definitions**

The choice of terms used in this paper requires some explanation. ‘Asylum seeker’ is used to refer to someone who has asked the host country’s government for ‘refugee’ status and is waiting to hear the outcome of their application. Tom Vickers (2012) argues that the term ‘refugee’ should refer to all those seeking sanctuary, regardless of whether or not their application is legally successful. This is accepted in principle, but for the sake of clarity, this paper uses terms in accordance with current legal and popular usage in the UK.

The term ‘disabled people’ is used to refer collectively to those who experience disadvantage on the basis of physical, mental or sensory impairment. Space does not allow full consideration of this version of the social model (see for example Oliver 1983, 1990) nor of its critics (see for example Shakespeare and Watson 2002; Grech, 2009), but the debate will be briefly outlined in the following section

## **Conceptions of disability, migration and their intersection**

Before turning to the experiences of disabled asylum seekers themselves, a brief consideration of the wider literature is needed:

### *Disability*

The term ‘disabled’ encompasses people with a wide range of impairments, personalities and cultural backgrounds, and a correspondingly broad range of needs. Shaun Grech therefore questions the universal relevance of social model thinking (2009:775), citing Ray Lang (2001:19) who asks, ‘is it possible to construct a grand theory of disablement that is valid and pertinent for all impairment groups, across all cultural settings?’. This study is premised on the social model of disability, with the assumption that no two disabled (or non-disabled) people are identical, but if the opportunities and restrictions faced by disabled people are not

perceived as having any commonalities, irrespective of impairment, culture, immigration status etc., then the very notion of disability lacks meaning. This is an issue of political expedience as well as of theoretical conception. Without recognition of the commonalities of oppression, separate campaigns are necessary for each example of injustice. This research is, therefore designed not to explore separate theories of disablement depending on impairment and cultural settings, but to develop wider theories of oppression, linking disablement with other forms of marginalisation.

Campaigns for disability rights are not new, and indeed much progress has been made in terms of acceptance of a rights-based agenda (Morris, 2011). However, the emphasis on competition and individual responsibility central to neo-liberal ideology, threatens such progress. In 1988, Thatcher's Social Security Minister, John Moore spoke of the need to correct 'the balance of the citizenship equation' stating 'the equation that has rights on one side must have responsibilities on the other' (Lister 1991 cited in Sainsbury, 2012:167). Such discourse has been used to portray disabled people, asylum seekers, and other marginalised groups as economic burdens, which, in the neo-liberal logic of austerity, Britain cannot afford. This is then used to justify the disproportionate cuts in the living standards of disabled people (Edwards, 2012).

Media depictions reinforce the notion of disabled people as 'skiving' from their working responsibilities and instead 'scrounging' on the rest of the population.



Changing Lives Changing Times  
The Thinking that made the Difference

*Figure 1: Media reporting of disability (Rieser, 2012).*

Such focus on apparent lack of individual responsibility, obscures the barriers faced by disabled people and the commonalities with wider experiences of oppression and disadvantage.

### *Migration and Asylum*

Like disabled people, asylum seekers are commonly depicted as lacking responsibility. However, while disabled citizens are blamed for not working, asylum seekers are not allowed to work (the right to work will be considered later). Media discourse commonly portrays asylum seekers as a threat to host communities and public services. Recent headlines have

included: 'Army on alert at French ports to stop migrant invasion' (Sunday Express, 2014); 'Patients lose GP surgery to asylum seekers' (Daily Mail, 2014).



*Figure 2: Media reporting of asylum (BBC, 2003)*

Although currently hegemonic, the problematizing of refugees and asylum seekers is not inevitable. The label of refugee has been shown to 'mean a number of different things over time' (Zetter, 1985:93). According to Tom Vickers (2012), the existence of refugees is particularly threatening to the neo-liberal orthodoxy because it calls for human needs to be given precedence over the needs of international capital. Vickers points out that many of those who seek sanctuary outside their country of origin, have witnessed and responded to some of the worst examples of the international order. He therefore believes that government policies are designed 'to tailor migration ever more tightly to the needs of British capital' (2012:16).

A points-based system has been fundamental to UK immigration policy since 2008. Migrants with particular skills or capital are encouraged, while filtering out what Bridget Anderson refers to as, 'undesirables, including criminals and those perceived to be without skills to benefit the economy' (2013:86). Forbidden from working, irrespective of their skills and experiences, asylum seekers are prevented from making, what in current hegemonic understanding is considered a 'desirable' contribution. Neither Vickers (2012) nor Anderson (2013) specifically mention disabled asylum seekers, but their analysis shows that people with limited productive or investment capacity are constructed as having little to offer the host country.

This divisive hierarchy of citizenship is not only detrimental to migrants. According to Ruth Garbutt (2008), the systemic marginalisation of disabled people reduces access to the entitlements normally associated with full citizenship, whether migrants or not. In Anderson's (2013) analysis, there is a normative value associated with 'us', or as she puts it 'Good Citizens' compared with 'them'- or- 'Failed Citizens'. She criticises refugee campaigning organisations for portraying migrants as 'explicitly NOT criminals, NOT benefit dependents, NOT sex workers, NOT single mothers', thus obscuring the parallels in conceptions and treatment of supposed 'Failed Citizens' and 'non-citizens'. As she puts it, 'what then of those migrants who ARE single mothers or benefit dependents or who have criminal convictions or work in the sex act?' (2013:28, emphasis in original). Portrayal of such a difference in apparent human worth may encourage people to defend their own status from the perceived

threat of losing their relative privilege (Welke, 2010). The hierarchy obscures the commonalities among oppressed people. Yet as Anderson puts it, 'The Illegal Immigrant, the Benefit Scrounger and the Criminal are not just parallels but they are intricately related' (2013:7). The intersectionality of these forms of oppression requires further consideration.

### *Intersecting oppression*

Multiple barriers in the lives of disabled people around the world are outlined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (UN, 2006). Financial costs associated with these barriers are acknowledged in the British welfare state, notwithstanding drastic recent reductions (Edwards, 2012; Roulstone, 2013). The British government's Department for International Development (DFID) also recognised the existence of such barriers internationally, committing to address 'inequalities between disabled and non-disabled persons in all strategic areas' (DFID, 2000:11). However, when disabled people come to Britain seeking sanctuary, there is no such recognition. A Home Office representative explained how the amount of money given to a disabled asylum seeker 'would be the same as an able bodied person because *they don't need anything more*' (emphasis added - pers. comm. 30 April 2012). Conceptions of the needs of disabled asylum seekers appear to be lower than those of citizens.

In her analysis of nineteenth century USA, Welke describes the historic roots of the normative 'imagining of "people" as able, white and male' (2010:63). Identities outside the apparent 'norm' have become conceived as if separate issues, or as Maria Pisani describes it, as 'multiple sites of oppression' to be ticked off the "standard" list of diversity' (2012:190). Edward Said (1994:407) pointed out how 'no one today is purely one thing'. However, in the framework of a diversity 'tick-box', the needs and identities of disabled asylum seekers are constructed as too complex and affecting too few people to warrant consideration.

The barriers faced by disabled asylum seekers are not those faced by disabled citizens plus those faced by migrants, but instead what Patricia Hill Collins (2008) terms a set of 'intersecting oppressions'. The United Nations High Commission for Refugees (UNHCR), formally acknowledges the nature of these barriers among displaced people with its guidance note: 'refugees with disabilities have specific needs and face particular forms of discrimination' (2011). No similar acknowledgment has been found in documentation by the British state.

Successive UK governments have presented the numbers of immigrants, particularly asylum seekers, as problematic. The Coalition government pledged to 'reduce numbers of non-EU immigrants coming to the UK' (APPG, 2011). However, as Anderson points out, 'because of their normative content, like crime, immigration statistics have always been too high' (2013:9). The numbers of asylum seekers and disabled people may be constructed as inherently problematic, but evidence suggests that the exclusion of disabled asylum seekers is so high as to obscure their very existence (Harris and Roberts, 2001, 2003, 2004; Ward et al., 2008; ICAR, 2009).



Explaining the British government's rationale for its reservation, excluding immigration functions from the UNCRPD, Home Office representatives stated their aim is 'to retain the right to apply immigration rules and to maintain the scope to introduce wider health screening for applicants entering or seeking to remain in the UK' (Convention working group, 2011). Only one media reference has been tracked related to this legalisation of a hierarchy of entitlement to human rights: 'In the tension between border control and respect for human rights, border control emerges consistently as the winner' (Gupta, 2008). The prioritising of the state's right to control its borders relates to democratic practice. Non-citizens are, by definition, not part of the electorate, therefore, as Pisani states, 'the political clout of the illegal 'other' is non-existent' (2012:189).

The solution to minority oppression includes calls for broad alliances that acknowledge each person's unique 'ways of knowing' (Collins, 2008). Collins considers the importance of 'safe spaces' in which people with common experiences of oppression come together, define themselves, and organise resistance (2008:110). Disabled people may have this opportunity through disabled people's organisations based on a 'sense of shared purpose' (Blackmore and Hodgkins, 2012:80). However, the constant threat of detention and deportation means that for those without migration status, no space is 'safe'. Pisani goes on to describe how this vulnerability 'restrains the possibility to access rights or report violence' (2012:189). Safe spaces in which to organise are particularly hard for disabled asylum seekers to obtain. A combination of minority status and compound deprivation makes it difficult for people to find out about each other, let alone to meet, define themselves and organise.

Attention will now turn more specifically to the study with disabled asylum seekers (see Yeo and Bolton, 2013), and on which this paper is based.

## **Methodology**

This study was designed to position disabled asylum seekers not as research subjects but as 'producers of knowledge' (Vickers, 2012:192), prioritising their lived experiences. As Vickers explains:

Refugees' direct experience of the asylum system offers unique insights...Refugees who combine reflection on their personal and collective experience with an analysis of the root causes of refugees' oppression might play a vital leadership role, similar to Antonio Gramsci's concept of 'organic intellectuals' (2012:27)

The research was intended to contribute to a process of change, facilitating peer support and enabling people to claim a public space in which to promote their existence and messages. The research process is summarised below:

*Figure 3. Research Design (Yeo and Bolton, 2013)*

<b>Scoping activities</b>		<ul style="list-style-type: none"> <li>• Finding and inviting disabled asylum seekers to take part.</li> <li>• Locating a prominent site for the mural and applying for owner's permission to use it.</li> </ul>
<b>Data Collection</b>	Creative	<ul style="list-style-type: none"> <li>• Individual and group discussions to consider</li> </ul>

	research with disabled asylum seekers.	<p>priorities, barriers and potential solutions.</p> <ul style="list-style-type: none"> <li>• Creation of images and models to convey key messages.</li> <li>• Elements of each person's ideas combined into an overall draft design to be revised by group.</li> <li>• Painting facilitated by artist.</li> </ul>
	Wider research for follow up and triangulation	<ul style="list-style-type: none"> <li>• Interviews with policy makers and service providers.</li> <li>• Web-based research.</li> <li>• Observations.</li> <li>• Freedom of Information requests.</li> </ul>
<b>Promotion of findings</b>	Targeted communication	Mural opening event – those involved present their messages to a public and invited audience.
	Wider communication	Exhibitions, film and social media
	Analysis and reporting from all of the above	

In total, 15 men and women took part in the study, all hailing from different countries of Africa and Asia, with a wide range of mental, physical or sensual impairments. Involvement ranged from one meeting to ongoing commitment over an 18 month period including mural design, creation and promotion. All those involved were still waiting for a decision on refugee status, with varying degrees of insecurity. Some people had been in the UK for a few months, others for many years. They all lived with the uncertainty of knowing they could be detained and deported.

Initially, the plan was to maintain a constant group size of 6-8 people. However, several people preferred to work individually or in a more impromptu manner. The nature and length of discussions were adapted depending on people's competing priorities and preferences. Discussions were based around a topic guide, focussing on current living conditions, hopes for the future, barriers to achieving these hopes and possible solutions. Verbal discussions were interwoven with opportunities to creatively represent messages through drawings, models, or photographs. Elements of these images were combined to create one overall mural design with perceived aesthetic and intellectual coherence. The design was brought back to the group for consideration and adaptation, before being painted under the artist's supervision and installed in a public space (see figures 4 and 5 below).

*Figures 4 and 5: the mural*



Once complete, a mural opening event was held. Those involved in the mural creation invited anyone they liked to communicate and understand their messages. These included: friends, family, service providers, policy makers, community group leaders (see figures below).





*Figures 6 and 7: participants and friends*

The public nature of the artwork enabled key messages to be promoted in an accessible and innovative way. A portable exhibition was also created for use with more targeted audiences such as policy makers, service providers or community groups (see figure 8 below).



*Figure 8: The exhibition at the Houses of Parliament.*

### **Findings: The lived experiences of disabled asylum seekers**

The nature, causes and consequences of the exclusion of disabled asylum seekers will now be considered using the findings from the above study. Names of all those involved have been

removed for reasons of confidentiality. Pictures have been included where agreed with those concerned.

*Action to address barriers: community care*

Community Care is intended to support people with tasks associated with everyday living in their own homes. A local authority should provide a Community Care assessment to anyone regardless of immigration status or wider circumstances (National Health Service and Community Care Act 1990, cited by SCIE 2013). If someone is assessed as meeting the eligibility criteria (which have been raised considerably over recent years), the local authority provides the care (Section 21 of the National Assistance Act, 1948). Legal wrangling has led to restrictions on asylum seekers' eligibility such that proof is needed that the care requirement is beyond that intrinsic to their migration status; they must be 'destitute plus'. One man involved in this study, described how his pains began as a direct result of his destitution. He developed back problems from sleeping on a park bench, '*Couldn't stand ... couldn't sit, or sleep. I said I want to die.*' He was offered pain killers, but not a care assessment.

According to a Home Office employee, if it is suspected that someone might be eligible for Community Care, they would then be immediately referred for an assessment when first lodging a claim for asylum (pers. comm. cited by Yeo and Bolton 2013). Contrary to his depiction of the situation, none of the disabled asylum seekers involved in this study had been proactively offered a community care assessment (2013:72). One person had received an assessment after getting specialist legal support with the help of the human rights group, Rapar<sup>3</sup>. Rhett Moran, from Rapar, explained how in their experience, Community Care mechanisms only become 'engaged in reaction to strident advocacy' (pers. comm. cited by Yeo and Bolton 2013:73). However, to reiterate Pisani's point, people with marginalised minority status lack the 'political clout' to assert 'strident advocacy' (2012:189).

A number of local authorities were contacted to find examples of the services offered. The perceived entitlement of disabled asylum seekers was found to be significantly less than the legal entitlement. Members of one social services team explained:

- 1) Asylum seekers, 'don't have the right to services while their claim is being considered'
- 2) 'In order for someone to have an assessment they need to have [immigration] status and access to public funds'
- 3) 'We don't deal with asylum seekers'

When asked what advice they would give to a disabled asylum seeker requesting a Community Care assessment, two different officials recommended that they 'go to their embassy'. There can be no less appropriate source of support for an asylum seeker than the embassy of the state from which they have fled. The response suggests ignorance of the basics of seeking asylum.

There are clearly many barriers to receiving community care. Moreover, this form of support

is inappropriate to the needs of many disabled people. A 21 year old deaf asylum seeker involved in this study, is destitute, lives in total isolation from other deaf people, and has never had the chance to learn British Sign Language (BSL). Community Care would not meet these needs, but there is no other support available to her. A social worker from her local Council explained that despite the clear deprivation caused by her isolation, they are not able to fund her to join a BSL course: 'she has no recourse to public funds due to her asylum status...we have to go by the law, we couldn't support her'.

The 2014 Immigration Act brings in new measures to reduce entitlements of immigrants in the UK. It is the latest in a series of legislation designed to deter 'illegal migrants from coming to the UK' (Home Office 2014). Such measures, combined with the failure to acknowledge or address the barriers faced by disabled asylum seekers, mean that people struggle to meet their most basic human needs, let alone to build what Bourdieu (1986) described as the economic, social or cultural capital which shape 'the structure and functioning of the social world'.

### *Money*

The financial support offered to asylum seekers takes no account of the additional costs associated with being disabled. In addition, there is stark discrepancy between some of the official discourse regarding provisions for the wider population of asylum seekers and the lived experiences of those involved in this study. The Home Office Operational Policy Unit reported that, 'No person who has sought asylum in the UK need be destitute whilst awaiting a decision on their claim' (pers. comm. 27 May 2012). Furthermore, if their asylum claim has been turned down, they have exhausted their appeal rights, but are unable to return to their country of origin and are destitute, then they are entitled to Section 4 support (which provides accommodation and £35.39 a week on a supermarket prepayment card). However, a Freedom of Information request revealed that between 2010 and 2012, only 54% of applicants for Section 4 were successful<sup>4</sup> (cited by Yeo and Bolton 2013). One person who had been refused support explained:

*People are suffering, they are really suffering ... they are on the streets, begging, doing things they shouldn't ... because there is no other way. People are eating from dustbin, picking food from dustbin, eating it*

Those people who are eligible for Section 4 support gain the most basic economic capital, but with many restrictions. A wheelchair user explained:

*Every Monday they put £35 [on a card] ... by Sunday I have to use it. It can't get carried over next week ... [the nearest supermarket is] half an hour from my home ... it is cheaper to shop in the local shops ... but I have to go Asda and Tesco.*

Her ability to take part in community activities is restricted by having no cash. Thus, Section 4 support restricts the social or cultural capital that would be necessary for people to become involved in their local community.

*The right to work*

Disabled asylum seekers described the denial of the right to work as a key division between themselves and UK citizens.



*Figure 9: The mural shows a montage of faces watching two people working on the other side of the fence*

Asylum seekers are forbidden from working, disabled citizens are pressured to find work (while ignoring the barriers to work), and the existence of disabled asylum seekers, with cross-cutting identities, is ignored. The Coalition government's welfare reform policies, aim to ensure 'that *everyone* who can work is working, or at the very least taking steps to return to work. The end of a "something for nothing culture" is heralded' (Patrick, 2012:309 emphasis added). The illegality of work for asylum seekers clearly locates them apart from the 'everyone' who should be working, and within the supposed 'something for nothing culture'. Grover and Piggott (2013:27) are critical of those within the disability movement who portray lack of paid employment as 'central to the oppression of disabled people'. They believe that state policies that emphasise paid work as 'being *the* means by which individuals can express their responsibilities' have the result that those who 'cannot work are othered as being particularly problematic and burdensome' (36). In denying the employment barriers faced by disabled people, and in prohibiting work for asylum seekers, both are located as 'problematic and burdensome'. Grover and Piggott (2013:25) argue instead for the 'right not to work'.

Vickers (2012) is similarly critical of those campaigning for asylum seekers' right to work, pointing to the inherently exploitative nature of employment in a capitalist economy. Those asylum seekers granted 'leave to remain' gain the right to work, but as Vickers describes, in practice, this means 'inclusion into a more regularised but super-exploited section of the working class' (2012:19). For disabled refugees, the impact of impairment and lack of British qualifications combined with racism and ableism greatly limit job prospects, even when the legal 'right to work' has been gained. One person in this position explained that the:

*Only job offer me is cleaning ... but can't do cleaning because of my back. Can't do bending*

Reclaiming the 'right not to work' (Grover and Piggott, 2013), is not straight forward for

those with oppressed minority status. However exploitative the work context may be, it has many potentially positive attributes. A person with mental health difficulties spoke of the expected health benefits that would come from having work:

*If I have permission to work and if I get busy, I hope my mental health is going to get better.’ Or as another person put it, ‘with all the restrictions imposed by our immigration status - not working, not even studying, just sitting, oh how boring our lives are at times... We really value every opportunity to work on behalf of the community*

It therefore seems that preventing asylum seekers (disabled or not) from working, restricts opportunities to gain financial, social, or cultural capital with which to assert their rights and identities. Without work, people are unable to earn money and to pay tax, thus they are denied a financial stake in society. The neo-liberal agenda reduces public entitlement. Those with money can pay for their material needs, but without financial support or the right to work, disabled asylum seekers struggle to access their most basic needs.

### *Housing*

The precarious nature of disabled asylum seekers survival in the UK is exemplified by homelessness. One person drew a picture of herself with her daughter looking at a house (see figure 10 below) and then articulated:

*We are walking, we are tired...We don't have anywhere to go...this is not our house, we are just looking. We have no house to go to...*



*Figure 10*

Her ideas were combined with others to design a big house separated from asylum seekers by a guarded fence (see figure below)





Figure 11

People's problems did not end on being provided with accommodation. Wheelchair users described being given physically inaccessible housing and having to rely on passers-by for assistance:

*It had steps so I couldn't get in and out on my own*

Poor housing can also impact on mental health. One person recalled his key worker looking at his housing situation and telling him, if she were to live there she would, '*get mental too*'. But, the truth is that she does not need to live there. She is a non-disabled, British citizen in employment- a 'good citizen'. Such housing is reserved for 'failed citizens' or 'non-citizens' (Anderson, 2013). Asylum seekers are forced to live in housing that others reject, denied the right to choose where to live or who to live with. A wheelchair user described how she was forced to live in Manchester, far away from family. Furthermore:

*We are not allowed overnight guests ... (My sister) she lives in London. I live in Manchester, so she can't come and go in the same day ... and sometimes I have care needs and I fall sick or I hurt myself or something I need family ... but the managers wouldn't allow*

### Healthcare

The difficulties in accessing basic needs combine to form a level of deprivation that impacts on health. One man who was destitute explained how:

*On many occasions I taken my medications with empty stomach ... The doctor said, "Why do you take medications without any food?" I said, "Well, I don't have any money, I don't have any food"*

He pointed out that if the money spent on his psychiatrist were to come to him directly, he would be able to buy food, would have less stress and his mental health would improve. Medical intervention, as another participant explained, is not always the appropriate solution:

*Doctor they give you painkillers, yeah, and they give you tablets. But which tablet,*

*which medicine they taking ...[my] pain out and making [me] forget two brothers?  
And ... in this hostel always I'm sleeping with drugs people. And which tablets ... give  
him bus pass*

Disabled citizens are, in principle, offered increased 'choice and control' over services as part of the personalisation<sup>5</sup> agenda, but as Rhetta Moran puts it, disabled asylum seekers have 'no leverage whatsoever about negotiating with UKBA regarding how you live your life.' (cited in Yeo and Bolton, 2013:71)

### *Emotional wellbeing*

For many people, family is the bedrock of social and emotional well-being. One person reported how his key worker would say to him, 'you've lost your brain' to which he would respond, 'it's not my brain I've lost, it's my family'. He recounted how:

*Only one person came to see me when I heard my brother killed. I bleeding inside. I couldn't talk...I needed people to listen. I felt my insides going into a small hole. I needed a place to forget my pain. My family say are there people around you? I say 'No'. My mother say 'be strong.*

He drew a picture depicting his wish to at least tend his brothers' graves, and asked for support for his suffering. See figure 12- writing says 'Please hold my hand, don't hate me'.



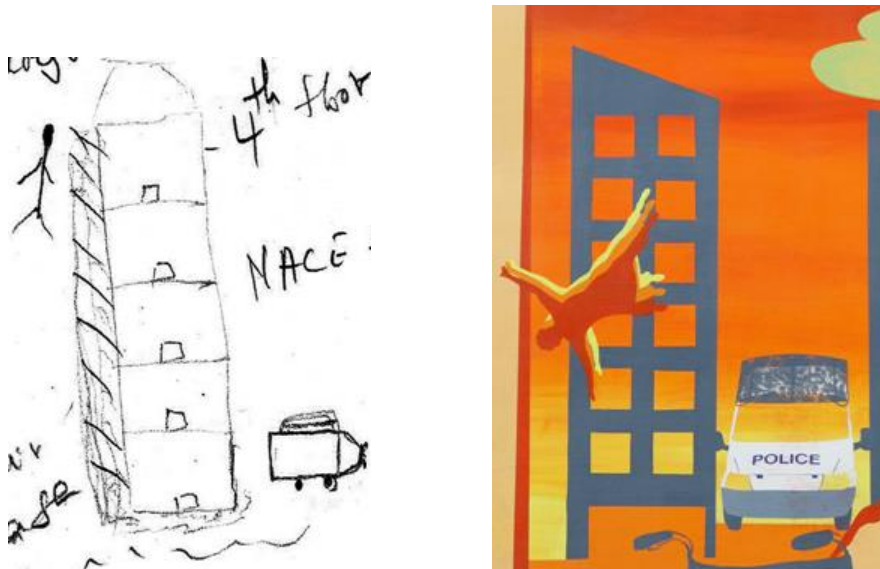
*Figure 12*

### *Fear*

Fear is a major element in the lives of asylum seekers. People can be detained at any time, from any place, and for unlimited periods. One person drew a picture of herself jumping from a tower block after seeing a police car (see figures 13 and 14):

*This is my drawing...I am frightened and panicking ... if I see their bus I am always*

*panicking...the panicking is too much ... even to pass a police station I find it very difficult... and I am not a criminal.*



Figures 13 and 14

She was clear she would rather die than be detained, let alone be deported. Another member of the group confirmed the relevance of this image for him,

*You know how much I scared of police? If you tell me cut my fingers off, not eat for a year then I cannot go to police station ever again, I do it. That's how scared.*

He described the relentless nature of his fear: at home, when out walking, at college, always 'thinking police coming'. His sense of vulnerability was exacerbated by his lack of social capital,

*I scared of police, they have very strong claws. I say to police, 'You have strong car, strong government support, family ... if you take me, who help me? No-one help... no family, no support*

There are no 'safe spaces' (Collins, 2008) for asylum seekers, they can be detained from anywhere at any time.

Acute levels of fear and despair appear intrinsic to the asylum process. One person held his head and explained that he felt as though he had a padlock round his neck (figure 15). He recounted how in his country of origin:

*people smashed my head by stones, they laughed at me...In this country they don't hit you...but they do mentally...is it the human right if somebody is a disabled person to be treated in this way?*



*Figure 15*

People spoke of despair at being continually disbelieved by immigration officials, *'They don't want to hear our stories, they don't want to accept our stories, everything we speak, they say "you are lying...we don't want to hear"'*. This was reflected in the mural with guards having their fingers in their ears (figure 16).



*Figure 16*

The stress caused by this culture of disbelief was blamed for worsening mental health. One man explained:

*If he says he's from Cardiff, why police say he not from Cardiff? That make him paranoid. If he say he from Cardiff, he from Cardiff.*

The nature of a person's impairment appears to influence the level of social contact and support they can call on, and therefore affects emotional well-being. The manager of a drop-in centre for asylum seekers perceived good 'acceptance of physical disability within our

community'. When a wheelchair user used to come, other people 'looked out for her and were very warm'. Similarly, a deaf woman is 'really well accepted ... actively appreciated and involved.' There appears to be much less acceptance of people with mental health issues:

*If the behaviour is very withdrawn that's kind of OK. But where there's aggression, irrational or agitated behaviour ... I've had all sorts of comments like they're making it up, they're doing it to get attention, they shouldn't be allowed...There've been some really difficult incidents.*

One person who had been banned from numerous places explained:

*I have a problem with my mouth... I'm talking to myself and people say I shout ... I lost my mind ... No-one help me ... here people, this country ... they don't understand mental...They don't give smile...They talk to me like I am five years old. They chuck me out.*

He was very clear about the response he would like:

*I say to people, please understand my pain...When I shout, you know I have psychology problem, I not thinking about people around me, I thinking about my problems. When I not answer just leave me alone. I have a problem. Leave me alone, don't touch me.*

Despite his clarity, meeting these needs is not easy. Other people respond to the shouting with their own fear and hostility, and the situation easily escalates. It is essential to the safety of those at the drop-in centre that conflict is resolved without the police being called. This is clearly much easier to ensure without the presence of people whose behaviour sparks fear and anger in others.

Research by Dorling (2013) indicates rising fear in the wider UK population, in conjunction with rising inequality, deprivation and the dismantling of the welfare state. Such fear may not be of the same magnitude as that experienced by asylum seekers scared for their lives, but the prevalence of fear may contribute to the hostile response to minorities. As Dorling explains, 'fear brings out the worse in people...People can be taught to fear and hate immigrants, the poor, the disabled, and any other group which is weak' (2013:5). A climate of fear may feed a desire to protect the perceived safety of the known above the uncertainty of the 'Other'.

### *Peer support*

This research suggests that the solidarity and shared understanding that are potentially available through connecting with people with similar lived experiences, are rarely accessible to disabled asylum seekers. Not only is it hard for people to find out about each other and to organise an alliance of disabled asylum seekers, but little attention appears to be paid to the needs of people with such cross-cutting minority identities within wider peer support organisation such as disabled peoples' organisations (DPOs) or refugee community



organisations. A disabled asylum seeker explained that she is not included in the disability movement:

*Their fight is different than mine... their care needs are being reduced, their money is being cut and their bedrooms are being reduced. I've got nothing. I feel out of place even if I go and see them...I'm disabled...we are in the same boat, kind of...they tell me things to do as a disabled person, you can go here, do this, do that...But at the end of the day, I'm an asylum seeker, it changes everything*

### **Possible causes of Inequality and marginalisation**

The mural contains many images of inequality. One person believed the sun was shining for some people, but not for him (see figure below).



*Figure 17*

A hierarchy of human value has been constructed such that there appears to be public acceptance of huge variation in entitlements. Asylum seekers are not part of the electorate. As Pisani put it, they ‘do not have a vote, they are officially excluded by the state, and this is sanctioned, or actively encouraged by the ‘citizens’ the ‘national popular’, who also form the majority’ (2012:191). However, exclusion cannot be entirely explained by lack of citizenship. The deprivation of disabled asylum seekers has significantly more in common with, what Anderson (2013) describes as, ‘failed citizens’ than with a wealthy elite, irrespective of nationality.

The determining issue appears to be, at least in part, a person’s value to the status quo, which is largely, but not entirely, determined by economic value. This is the case within countries following a neo-liberal ideology such as the UK, as well as in a country with greater socialist direction such as Bolivia. The director of a church institution for homeless people in Bolivia explained (Yeo and Bolton 2007:iv):

*If an airport is needed, in one way or another, the government will find the money. But when the issue is poor people there is no money... Governments want publicity after they have done some work, but they don't receive anything for working with adults who have already been abandoned. Nobody is bothered about these people.*

It appears that disabled asylum seekers in the UK are among those about whom ‘nobody is bothered’. They are denied access to the most basic needs. Their ability to assert influence is severely hindered by the all-consuming preoccupation with basic survival, combined with their lack of electoral rights, lack of allies and lack of the legitimacy associated with employment or wealth generation.

There are exceptions to this construction of worthlessness. Malala Yousafzai was offered medical treatment and sanctuary in the UK after being shot in response to campaigning for girls' education for girls in Pakistan (see Yousafzai, 2013). She did not become an asylum seeker because she was proactively welcomed to the UK. She is not disabled because she was given expert medical treatment of her life-threatening injuries. Malala's campaign for girls' rights to education has inherent implications of the superiority of western liberal democracies where such rights have long been accepted. Thus, rather than threatening the status quo, as Vickers claims of asylum seekers (2012), Malala's existence is a means for donors to celebrate what Michael Maren describes as their 'own cultural triumphs' (2002:3). In contrast, it is hard to associate 'cultural triumph' with asylum seekers injured in the British bombing of Iraq for example.

Maren (2002:3) describes how international development discourse promotes a positive normative value of self-help, but only in strictly controlled limits. Travelling across continents in search of sanctuary could be seen as commendable 'self-help', but arriving in the UK, actively seeking help blurs the divisions that 'delineate us from them' (2002:3). Most fundamentally, relating to Vickers (2012) perspective, asylum seekers endanger 'our' moral complacency by bringing the damaging impact of the international system to our doorsteps. Maren's analysis may explain why several international development agencies focus on 'helping' disabled people in the global south, but no charity has been found that focuses on the needs of disabled people who seek sanctuary in the UK.

### **Consequences of marginalisation**

The deprivation of disabled asylum seekers described in this study matters because of the personal suffering of those directly involved, but it also matters for the wider community. Asylum seekers, including disabled asylum seekers are denied the right to contribute time and skills, thus are actively constructed as a burden on the community. Segregation leads to lack of recognition of the commonalities of experiences of oppression, hampering people's abilities to learn from each other, to build solidarity and collective resistance (see for example Mayo, 2004). Furthermore, once lower standards of care and services are accepted for people in certain circumstances, it facilitates reduction of standards for the wider population, particularly in times of neo-liberal austerity. Many of the policies which the state first introduced for disabled asylum seekers have recently been brought to a wider group of 'failed citizens':

- Disabled asylum seekers are denied acknowledgement of the extra costs associated with having an impairment. Cuts in benefit levels and entitlement mean such acknowledgment is now being withdrawn from disabled citizens (see for example Edwards, 2012).
- Supermarket vouchers instead of cash were introduced as a form of support for asylum seekers in 2000. In March 2013 benefit claimants in Birmingham began to receive Asda gift cards rather than cash (Malik, 2013).

- The Immigration & Asylum Act (1999) introduced dispersal of asylum seekers to any part of the country at any time. The reductions of housing benefit, known as the ‘bedroom tax’, introduced in the Welfare Reform Act (2012) begins to impose similar restrictions on wider benefit recipients, albeit using financial hardship rather than the more overtly coercive means used on asylum seekers

These measures segregate rich from poor, disabled from non-disabled, migrant from citizen; increasing, but obscuring inequality. The damaging consequences of inequality for the whole population have been well documented (see Wilkinson and Pickett, 2010; Dorling, 2011). As Welke (2010) has argued, the possibilities for resistance are reduced where there are stark differences in access to privilege. There have been protests against recent austerity measures and the inequality created between those Anderson would term ‘failed citizens’, rather than ‘good citizens’ (2013). These campaigns make little reference to the parallels with long term experiences of non-citizens such as disabled asylum seekers. Welke (2010) believed the implication of people denying their disability status in nineteenth century USA, was that oppression on the basis of disability was given legitimacy. Similarly, failure to acknowledge commonalities of oppression with non-citizens, promotes acceptance of a hierarchy of entitlement.

The struggles experienced by asylum seekers (disabled or not) in meeting their basic needs, may make them appear so different from citizens as to justify differences in treatment. There appears to be such public acceptance, or disinterest in, the different standards of care, that the prestigious Sheraton hotel in Harmondsworth for example shares a fence with the Colnbrook Immigration Removal Centre. It appears that hotel guests are not disturbed by the stark differences in their opportunities compared with those of their neighbours held in detention for unlimited period.



*Figure 18*

The segregation and deprivation of disabled asylum seekers has major implications for those directly affected as well as for the possibilities for wider resistance.

### Possible ways forward

A wheelchair user explained how she feels chained to the borders agency (see figure 19):

*I'm not free to do anything, I can't study, I can't work. She believes the 'only solution would be if I'm released from these chains' (cited in Yeo and Bolton, 2013).*



Figure 19

Attention needs to be paid to releasing these metaphorical chains. A common response to the deprivation of minorities is to call for their 'inclusion', but as Grech (2009:774) puts it, the fundamental question of 'inclusion into what?' is rarely addressed. Inclusion does not necessitate any level of equality. The intrinsic exploitation of minority inclusion in a capitalist workforce has been considered (Grover and Piggott 2013). Conversely, exclusion is not necessarily exploitative. Collins (2008: 110) stresses the importance of exclusive spaces for black women to shape their resistance: 'by definition such spaces would become less safe if shared by those who were not Black and female'. Thus, exclusion can be an emancipatory tool for minorities. It is the power inequality that determines the normative value of exclusion or inclusion.

Article four of the UNCRPD (2006) calls for 'State Parties to closely consult and actively involve persons with disabilities...through their representative organisations' in decision-making processes. This research suggests that there is a stark lack of consultation and active involvement of disabled people seeking asylum in the decision-making processes of UK state parties, but also of non-statutory or even peer support organisations. The ability of people with such minority status to actively assert their needs is hindered by their vulnerable status, lack of specific representative bodies, and lack of means of democratic representation.

The marginalisation of minorities may at times be due to oversight rather than intention. A disabled people's organisation may be structured to meet the needs of its members, but if the agenda is focused on the priorities of the majority, or the most outspoken, then the needs of minorities will be excluded. If disabled people seeking asylum do not perceive their needs to be represented within the wider movement of disabled people, there is little motivation to get involved. Yet, unless alliances based on the commonalities of oppression are developed, minority campaigns struggle to assert influence and fail to engage with the systemic causes of marginalisation.

Calls for long term systemic change do not deny the immediacy of people's suffering. Action to ensure that disabled asylum seekers are able to meet their basic needs is crucial in alleviating deprivation but also in facilitating wider change. One disabled asylum seeker called for better access to information when claiming asylum. People need to be directed towards others *'in the same situations...They are told about services like community care assessment or transport and they can help you find out more things available for you as a disabled person'*. Her recommendation brings together the need for peer support with the need for accurate advice.

Support is required to facilitate the building of an alliance of disabled asylum seekers. It would be a means of peer support, sharing information and asserting influence in wider organisations. Greater awareness is needed of the similarities between the long term experiences of disabled asylum seekers and the recent austerity measures affecting the wider population of disabled people and benefit claimants. An alliance could bring the disability movement and the refugee community together to campaign for implementation of the UNCRPD without reservations.

## **Conclusions**

This paper describes the extreme deprivation of disabled asylum seekers in the UK. Examples of the specific experiences of this group have been shown to have commonalities with non-disabled asylum seekers, disabled citizens and other marginalised groups. Calls for inclusion within the existing system do not address the causes or commonalities of oppression. As in this paper's introductory quote, Welke asks us to consider whether 'borders of belonging...are constituent elements of the "liberal" state?' (2010:156). Unless the systemic causes are addressed, there will always be other groups that are marginalised.

It is suggested that this deprivation results not only in the suffering of those directly affected, but also in the oppressive policies experienced by disabled asylum seekers being gradually brought to a wider population. The deprivation of disabled asylum seekers in the UK should be used as a wake-up call to address the specific needs of this group, while also reconsidering the basis by which resources are prioritised. Systemic change is needed in order that people are valued for their common humanity, rather than their perceived value to the status quo.

## **Notes**

<sup>1</sup> Disability Murals uses public art to promote what distinct groups of people would most like others to understand about their lived experiences - [www.disabilitymurals.org.uk](http://www.disabilitymurals.org.uk). This project was part of UK Disabled Peoples Council (UKDPC).

<sup>2</sup> [https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=IV-15&chapter=4&lang=en](https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&lang=en) Liberty of Movement: The United Kingdom reserves the right to apply such legislation, insofar as it relates to the entry into, stay in and departure from the United Kingdom of those who do not have the right under the law of the United Kingdom to enter and remain in the United Kingdom, as it may deem necessary from time to time.

<sup>3</sup> See [www.rapar.org.uk](http://www.rapar.org.uk)

<sup>4</sup> Personal communication, 14 March 2013 in response to Freedom of Information request



<http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/immigration-asylum-research/immigration-tabs-q4-2012/> data table, volume 5.

<sup>5</sup> Personalisation is a social care approach whereby disabled people should have greater choice and control over their own lives. For discussion of these issues, the reader is referred to the Social Care Institute for Excellence (SCIE)-  
<http://www.scie.org.uk/topic/keyissues/personalisation>

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