

## Lived Experience Questionnaire

1. What is your current immigration status? ***Please note that sharing this information will not impact your immigration status in anyway and your response will remain anonymous***

- Asylum Seeker
- Refugee Status
- Limited leave to remain for work or study
- Indefinite leave to remain
- Limited leave to remain as a spouse
- Limited leave to remain as a parent
- Limited leave to remain on private life groups
- Limited leave to remain as a victim of trafficking
- Refuse asylum seeker
- EU settled status
- EU pre settled status
- Don't know
- Prefer not to say
- Other

2. How does your immigration status impact the amount of money available to you and how has this impacted your day to day life?

*"This country gave us refuge but they don't look after us."*

This response is based on discussions from a workshop held in October 2023. The nine discussion participants all migrated as refugees from East Africa to the UK on the Vulnerable Persons Resettlement Scheme (VPRS), formerly known as the Gateway Protection Programme. All are living in Sheffield. The group consisted of five women and four men aged 18 to 70 years who arrived in the UK between 2013 and 2021. All have indefinite leave to remain. The workshop included two facilitators, two notetakers and two interpreters. This response is a summary of the main findings from the discussions.

The VPRS offers support for the first year, including access to ESOL courses, medical care, schooling and social housing. However, participants reported a 'cliff edge' in support available after the first year in the UK.

Participants agreed that when they first arrived in the UK, the support they received was good. This included furniture, social housing, bedding and crockery along with financial support. The group said that initially, the amount of money received via Universal Credit (UC) was enough to meet their basic needs. However, since then the cost of living crisis means that UC is totally inadequate and people are really struggling. Some are in debt because they are simply unable to pay all their bills. This takes a heavy toll on their mental health. UC has not increased at all (with the exception of a temporary increase over the pandemic), and inflation means that the prices of basic items and bills have increased dramatically.

Support in the first year did not prepare the group for living and flourishing in the UK in the long term, particularly with respect to finding paid jobs. One of the major barriers to employment or further education is learning English to a sufficient level, which would require greater support than currently offered in ESOL classes.

**3. Tell us about any financial support you receive from the government, do you feel it is enough to support you and your family?**

*“For two weeks of the month it is OK but for two weeks you are trapped in your house with no money to do anything.”*

Neither Universal Credit nor the State Pension provide enough money to cover the costs of people’s basic needs. Rent has increased, food prices have increased, utilities have increased but the money has not. The group described how most of the financial support now goes on energy bills: “You get £300. £200 goes on energy. Then you’re left with £100 - for food, travel, internet. The end result is - you go into debt.” Discussion participants 3 and 4 described the negative impact their financial situation had on their health: “it causes huge stress, affecting both your mental and physical health, because you know the responsibility for the household’s wellbeing is all with you.”

The group expressed that they could not afford to buy the African food they eat with the resources available to them. Participant 5, for example, needs this food in order to manage her diabetes. They had to make choices between the nutritious food they are familiar with and require for health reasons, and paying the bills or rent.

**4. Has your immigration status made it difficult for you to access any of these public services? If yes, please tick all the public services you have had difficulty accessing.**

- ☒ Education
- ☒ Healthcare (Physical, mental and sexual)
- ☒ Housing
- ☐ Social welfare (Universal Credit, working and child tax credits, job seekers allowance etc)
- ☐ Social support (Child protection, elderly care, disabled care, domestic violence etc)
- ☐ Financial Services (Banking)
- ☒ Other - transport
- ☐ None

**5. Please tell us a bit more about your previous answer if you wish to do so.**

*“When I registered for a dentist appointment, my son was 6 months old. By the time I actually got my appointment, he was 6 years old.”*

Access to NHS and other services is limited by the lack of support to learn English, as well as the impact of austerity causing very long waiting times. In particular, dentistry is especially challenging; one person waited 5 years for an appointment. Since they do not have the ability to pay for a private dentist, members of the group simply had to wait and not receive any care in the meantime.

In addition to long waits, the medical care provided is not always of good quality. Discussion group participants described experiences of discrimination (on the basis of race, migration status, and / or class) when trying to access healthcare. They reported that they are not always listened to or cared for, and at worst do not feel treated like a human being. People reported often being treated in a rude and judgemental manner by healthcare professionals.

In addition, interpreters are sometimes unavailable, not booked as promised, or the wrong language is booked, e.g. Kenyan/Tanzanian Swahili (which draws from English, due to the colonial history) instead of Congolese Swahili (which draws from French). Not being able to express yourself or fully understand what is being communicated in an appointment is hugely distressing and frustrating for people. Contacting the GP or hospital to reschedule an appointment or receive test results is difficult due to this language barrier. People often rely on their (school-age) children to help.

Their migration status makes this particularly confusing as during the first year of arrival, people were offered support when attending their first two or three medical appointments. However, after that they were expected to attend appointments alone, which was very challenging. As well as interpreters, they also need someone who understands what they have been through as a refugee. Such an experience can be traumatic and impact their physical and mental health. Also after the first year, previously free services may cost money (for example glasses may be free in the first 12 months but after that time payment is required to change the lenses and keep them up to date). Discussion group participants found it hard to understand why entitlements change and they struggled to understand what they can ask for following cessation of their one year of support.

The group described how difficult it was to access and be in a position to benefit from education, both at school age and beyond. Discussion participant 2 spoke of wanting to return to college to learn English and pursue her education but she cannot get the help to do that. The Job Centre informed her she would need to fund that herself alongside working and looking after her child.

Discussion participant 6, now aged 18, arrived in the UK in his mid-teens. He describes going to school as “tough”. He would sit in class but could not follow the lessons and therefore could not take his GCSEs. He is now taking GCSEs at college and living at home. However, due to the Bedroom Tax, he has to effectively pay for his room because he is 18 and living in council accommodation with his mother. He therefore has to work in a factory, alongside studying, which he finds stressful. He feels he is missing opportunities to learn by needing to balance paid work and studies.

Discussion participant 1 arrived in the UK shortly before reaching pensionable age. As soon as he did, he was no longer eligible for free ESOL classes because they are only free for

people of working age. He could not afford to pay for the classes and so he stopped. Learning English can impact social inclusion and the ability to engage confidently with organisations such as health services, the benefits system and social care. Restricting free classes only to those of working age denies these opportunities to older people.

Public transport services in Sheffield, and the North of England, more generally, are unreliable, infrequent and expensive. They can also be unsafe and be places of discrimination, racial profiling and verbal abuse - both from staff and the general public. For some people, this meant that they no longer used public transport, and would choose to walk instead, even to cover long distances. Poor public transport also kept people isolated and away from family and friends. Despite living relatively close, the need to catch two buses because of a poorly networked bus transport service *within* the city of Sheffield, meant journeys became too expensive and too time-consuming, especially for those with school-aged children and/or those combining paid work and childcare.

**6. Do you feel your immigration status impacts your ability to afford all the daily essentials you need? *If yes, please tick all the essentials that you have difficulty affording.***

- ☐ Water
- ☐ Food
- ☐ Electricity
- ☐ Gas
- ☐ Heating
- ☐ Communication (Wifi, phone)
- ☐ Childcare
- ☐ Public transport
- ☐ Medication
- ☐ Personal hygiene/toiletries
- ☐ Child related costs (baby products, children's clothes)
- ☐ Other - council tax bill
- ☐ None

**7. Please tell us a bit more about your answer to the previous question if you wish to do so.**

*"All of our problems are wrapped up in money."*

Discussion participants described the range of ways an insufficient income impacted on their lives.

Gas and electricity consume a high proportion of UC. The group described limiting their usage despite real need; for example, only using the heating sparingly. Discussion participant 4, a mother with school-age children, described how she turns the heating on for a short

time in the morning, just so the children can be warm. Once they go to school, she has to turn the heating off and sit in the cold house for hours, because she needs to be able to afford to switch it on for a bit when the children return from school. The group reported that they could not afford warm clothes such as coats and jackets, which they needed for the cold winter weather. Having come from hot countries, they had never had these - and feel the cold weather especially badly, not being used to it - but cannot afford to buy them now.

Due to not being able to afford to go out, the group discussed having to stay in a cold house all day, impacting their physical and mental health.

Some of the group described going into debt to pay bills as UC did not cover them.

Individuals cannot afford to buy healthy meals including fresh fruit and vegetables and some only ate one meal a day. This contributed to their declining health, especially for those with health conditions such as diabetes. The group highlighted that being able to afford to buy and cook food they were familiar with - i.e. from African food shops - would enable them to eat healthily and manage health conditions such as diabetes.

The two-child benefit cap is very problematic. People are unable to afford sufficient food or clothing (including school uniform and warm winter clothes) for their families or to take their children on any day trips or to simple activities such as to the cinema. The parents in the group described the immense stress this placed them under.

The lack of money impacts children. They feel excluded at school while parents fear intervention by social services. Families feel judged as if they are neglecting their children. As discussion participant 3 commented, "I feel like the school are judging me. I care for my children the best I can with the money I have."

The unaffordability of childcare combines with poor paid work opportunities to impact people's lives. For example, discussion participant 2, a single mother who works as a cleaner, relies on friends to look after her daughter while working. She simply "doesn't have the kind of money" for paid childcare.

#### **8. Tell us about your current housing situation. In what way does it impact you and your family's life?**

*"It's painful to see your children on the floor... When we apply for a house it means we need it. Give us houses so our children don't sleep on the floor."*

Discussion group participants were particularly worried about the availability of adequate housing. They worried about their sons and daughters having to share a room as they reached their teenage years, and not having the privacy they needed. One member described children needing to sleep on the floor: because of a lack of bedroom space, children had to sleep on mattresses or even just on blankets. This causes great emotional distress for parents.

Participant 1 was the only member of this discussion group in private rented accommodation. Since he moved in, his rent had increased but his income (state pension) had not.

Some had been told by their local council that they were low priority on the waiting list for a new house (Band D). They described poor living conditions including leaks, damp and mould.

Some had reported issues such as leaks or damage to the roof several times over a period of years, but the council had not fixed the problem. They had seen better houses available on the council's social housing website, but when they enquired about these, they were told that these are too expensive for them and will be offered to those in employment. They also reported being told that other groups of refugees (who had arrived more recently in the UK) would be prioritised for certain housing; they questioned why this was the case, given that all were vulnerable refugees and that they had been waiting for so long.

As with other issues, the impact of poor housing and having to navigate complex administrative systems has taken a toll on people in the group and impacted their ability to participate in other activities such as hobbies, work or education.

### **9. How has your immigration status had an impact on you getting a paid job or voluntary work in the UK?**

*"[Others have] very low expectations of what my community can do and achieve."*

Participants reported that a major barrier to finding employment was being able to speak, read and write English to a high enough standard. Participants in the discussion group felt that ESOL classes did not equip them with the skills and knowledge to understand how to successfully apply for jobs, or what opportunities exist. People were trapped in a cycle of repeating ESOL classes many years later. That said, increasing access to English is not the only solution required. Please see below and also our Professional Questionnaire, which details the range of support required to enable people with migration backgrounds to access employment and public services.

The roles of racism and discrimination against refugees in accessing work were discussed at length. Group participants felt they were turned down for jobs due to discrimination and that their lack of English language skills was cited as a convenient excuse. They gave examples of jobs such as cleaning, which they were turned down for but could have undertaken without having more advanced English language skills. They felt that racialised assumptions meant that others have low expectations of what they can do and achieve (i.e. not professional occupations) and these expectations limit the opportunities available to them. Discussion participant 7, a young man, highlighted how at college, no-one told him or peers from refugee backgrounds about the range of apprenticeships that are actually available, including working as mechanics, in construction, and in the NHS as ambulance crew. Instead, it was assumed he and his peers would do low-paid factory work.

Another barrier is being able to get references - especially if people did not go to school in this country and have no work experience here. In this case, employers typically ask for references from someone who has been to higher education or is in a professional role. People in the group did not always know anyone in these categories.

Knowing what was available e.g. careers support and apprenticeships, and being able to write a CV, cover letter and apply online are also barriers to successfully finding work. The group shared individual experiences of learning that better advice and information on such matters had been given to others outside their community, 'those in the know'. They

highlighted the challenges of needing to submit long and involved job applications at short notice, without support or resources to do so. They also questioned why certain jobs (that did not require language skills) were only advertised in English, when the local population they were advertising to did not have English as a first or second language.

Having to combine work and childcare meant that people were limited in which jobs they could accept. The cost of childcare was too high so people had to work part time hours while children were at school or looked after by friends or relatives. Unreliable, poorly networked and expensive public transport in Sheffield and the surrounding areas also limited the jobs people could undertake.

Participants, especially those who were older and/or had (unpaid) care responsibilities such as caring for children and grandchildren felt under great pressure from the Job Centre to find work. Some described arriving in the UK with energy and in good health - whereas now, they felt ground down by the experience of living in poverty and struggling to get support.

Older working-age participants (aged 50+) reported how the time demands of caring full-time for grandchildren (while their children were working long hours at paid jobs), while managing their own advancing health needs, meant they were simply unable to take up paid employment.

**10. Do you have any ideas about what would make life easier for you (and your family)?**

- Access to education so that we can learn English and improve our opportunities.
- Access to healthcare at a time when we need it.
- Do not require people in education to pay for their rooms-this reduces their opportunity to learn.
- Allow people of pensionable age to access free English classes - this could increase opportunities for social inclusion and volunteering etc.
- Affordable, accessible housing that is big enough for our families.
- Adjust benefits in line with inflation so we can afford to live.
- Help us to know what support is available. Invest in under-served communities so we can access information on jobs and apprenticeships and get support on job applications; the investment needs to be tailored to specific communities; we need better representation.
- Records (e.g. of date of birth) must be accurate and if inaccuracies are identified they need to be quickly rectified, without damage or negative impact to the refugee.
- Tell us what is available to us in a way we understand - e.g. in relation to benefits, help with health care costs, apprenticeships and opportunities to learn.
- Improve public transport so it is cheaper, faster and more reliable.
- Reduce the costs of applying for British citizenship: this will help us feel that we belong and help us feel more secure.
- Reconsider the need to pass the Life in the UK test for resettled refugees: without a British education and without English language skills, this test is another barrier to claiming citizenship.

**11. Is there anything else you would like to share?**

Some of the group had the right to apply for British citizenship but none had done so, due to the unaffordable fees involved but also the process. Group members felt they would not have the English necessary to revise for and pass the Citizenship test. The group indicated they would like to have British citizenship because a British passport would enable them to travel more freely and visit family and children in Africa, if finances allowed. It would also foster their sense of belonging to and security in the UK.

Overall, the group found living in the UK very expensive and money concerns influenced their health and wellbeing greatly.

Mistakes in records made by immigration authorities (not by refugees themselves) were a common experience for participants. These took a very long time to resolve with the Home Office and had dire financial consequences. For example, one woman discovered that the date of birth put by immigration officials on her identity document was incorrect. Months later, this issue is still not resolved. When reported, her UC was suspended for a 2 month period causing her to go into debt. Mistakes also cause issues with accessing NHS treatment, for example Covid and flu vaccinations.

**12. Would you be willing to attend a workshop at the end of October to expand on your answers? If yes please provide contact details we can reach you on.**

Yes, in the first instance please contact Rachael Black at the Centre for Care on rachael.black@sheffield.ac.uk

**13. Would you be willing to attend an oral evidence session in Parliament at the end of November to provide further evidence? If yes please provide contact details we can reach you on.**

Yes, in the first instance please contact Rachael Black at the Centre for Care on rachael.black@sheffield.ac.uk

To promote full inclusion, interpreters who speak Congolese Swahili and Kinyamulenge would need to be provided, as well as travel expenses. We can source the interpreters who are well known to the group if the APPG could pay for their time and travel.