

## Research Article

# Forget the cake: let them work. Conflicting narratives towards work, health and the plight of asylum seekers in the UK

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This article describes how current UK government policy affects two of the most vulnerable groups in our society, namely those on state benefits, and those seeking asylum. Drawing on personal experience and observation, government policy announcements, contemporaneous comment in journal articles and the popular media, it will set out the dichotomous strategies that currently govern policy-setting for these socially marginalised groups. Successive UK governments have, since the turn of this century, promoted employment as a key element in public health and welfare reform. Work has become synonymous with economic, social and moral improvement, a force for good that enhances health, lifts people out of poverty and strengthens communities. Worklessness, by contrast, is harmful to both physical and mental health, resulting in social exclusion and poverty. There is an assumption that any employment is better than none, with punitive benefit sanctions imposed upon the unemployed to push them into work at all costs, while those arriving in the UK to claim asylum find themselves looking through a glass darkly, at a society from which they are excluded: government policy does not allow them to work while their application is processed unless it has taken more than 12 months, despite the evidence that worklessness is known to have negative impacts on a range of health outcomes. It leads to poor mental and physical health, isolation and anomie, as skills are lost and opportunities for integration decline.

## Introduction

The UK's benefits system is the least generous in western Europe. The current government appears to be motivated by a moral imperative that life should be as difficult as possible for the unemployed in order to drive them into work, regardless of the nature of that work, its remuneration, location and environment. This rigidly utilitarian principle sits well within the right-wing authoritarianism that has seen a surge in popularity and power in the west during the past decade. Ethnonationalism and opposition to immigration has resulted in a high-stakes politicisation of immigration issues. The UK has a very long history of immigration, from which it has undeniably benefited, but until after the 2WW, net migration was relatively low and demographically insignificant. Patterns of global migration have hugely increased since then, as weather, war and improved transport links have boosted the numbers of people on the move globally. The UK's policy towards migrants has become increasingly one of deterrence resulting in the creation of the 'hostile environment' introduced by the Immigration Acts of 2014 and 2016. The idea that 'Britain is full', and that 'multiculturalism has failed' were dominant themes during the 2016 Brexit campaign, and has enabled the development of an immigration policy characterised by restrictive and punitive measures, in an attempt to deter people from migrating to the UK. One such measure is the prohibition on asylum seekers being allowed to work while they wait for a decision on their application, leaving them stranded in a structureless limbo, on destitution levels of support, often for months and even years while the Home Office fails to deliver decisions in a timely manner.

When Dr Samuel Smiles published *Self Help* in 1859, he argued that individuals could and should improve themselves through hard work, thrift, self-discipline, education, and moral improvement and not seek the help of government; that the state should not be expected to support the individual; and that the poor could be divided into 'deserving' and 'undeserving', relabelled in the 20<sup>th</sup> century as 'strivers' and 'skivers'. Despite the diseases and occupational hazards experienced by the working class in Victorian England, poverty was regarded as the fault of the individual, and thus it was their responsibility to raise themselves out of it. State assistance was 'enfeebling in its effects' and created an unhealthy dependency. Former Prime Minister Margaret Thatcher was so taken with the good doctor's views that she wanted every school child in the UK to be given a copy.

Increasing employment and supporting people into work are key elements of the UK government's welfare agenda. It has vigorously adopted the economic, social and moral arguments that work is the

most effective way to improve the well-being of individuals, their families and their communities... and that (long-term) worklessness is harmful to physical and mental health, so the corollary might be assumed – that work is beneficial for health (Waddell and Burton 2006). However, this one-dimensional approach fails to capture a much more complex and bidirectional reality about the relationship between work and health. While moving from unemployment into ‘good’ work can improve health, a bad or a low-paid job can generate ill health and health disparities at both the individual and societal levels (Burgard *et al.* 2013). The UK’s gig economy based upon temporary, short-term assignments, and zero hours contracts with no fixed income, no set hours and a wage which can fluctuate wildly from week to week do not promote health and well-being in this work force, while also lacking the safety net of benefits, redundancy rights and pensions that full-time or permanent employees get.

At the end of January 2022, the UK government announced that it intended to tighten the rules for people claiming unemployment benefits, at a time when many sectors are reporting record job vacancies. At present, job seekers are allowed to look for work in their chosen sector for three months, before the DWP imposes sanctions. This is to be reduced to four weeks, after which job seekers will be required to apply for and accept offers for all types of work, including lower paid and less-skilled roles than they previously may have had, or face benefits sanctions. The recent removal of the temporary £20.00 a week uplift to Universal Credit (introduced during the coronavirus lockdowns), in a country which already has the least generous unemployment benefits in North West Europe, as well as the worst poverty levels, and is one of the most unequal countries in the developed world, has served to increase widespread dependency on food banks, and for many has led to the brutal ‘heat or eat’, despite 40% (2 million) of UC claimants being in work. People in poverty describe feelings of shame, stress and anxiety due to a lack of income, as well as they and their families being stigmatised, labelled, shunned and ignored in many different spheres of their lives (Dolezal and Lyons 2017)

There are also complex and ambiguous attitudes towards who does what, and why, within the British labour market. One perception is that Britain has a culturally shy labour force which has grown soft after years of migrants filling the jobs that ‘indigenous Brits’ don’t want to do, especially if the work is low paid and involves anti-social hours. After the eastern European nations joined the EU in 2004 and there was freedom of movement, the archetype of the ‘Polish plumber’ with their ethos of hard work and long hours, became an implicit criticism of the work ethic of the home-grown worker. Running parallel to this however, was another perception: that eastern Europeans were flooding into our

country in order to scrounge off our welfare state, claiming benefits, and free education and healthcare that they should not have entitlement to – the ultimate ‘skivers’.

There is evidence that new immigrants work harder than native workers and have significantly less absenteeism. They become stakeholders in their adopted country through the ethos of hard work (Dawson *et al.* 2017). In Upton Sinclair’s *The Jungle*, which is set in the harsh and violent world of the Chicago stockyards at the turn of the twentieth century, the Lithuanian immigrant, Jurgis Rudkus, is the wage earner for his family, which suffers many hardships and financial setbacks. Each time there is an adverse event that must be paid for, Jurgis declares: ‘I will work harder’. Despite this, the family falls into destitution, and Jurgis is sent to prison (Sinclair 1906).

Despite the Polish plumber, British attitudes towards migrants, asylum seekers and refugees were already becoming increasingly negative during the first two decades of this century, with a widespread perception that they represent a social and economic threat to society, dependent on benefits, and over-using our schools and hospitals. The language used to describe them presents them as ‘a flood’, an ‘invading horde’, ‘illegal’ and, somehow worst of all, ‘economic’ (Mehta 2019), despite the fact that very few of them will have chosen voluntarily to leave their country of origin. During the long, hot, lockdown summer of 2020, the furloughed and locked down British public watched as the ‘small boats’ began to arrive on the south coast, containing asylum seekers who would already have endured unimaginable hardship and danger in both their countries of origin and their subsequent journeys to the Channel, frequently via Libyan prisons, enforced slavery and the Calais ‘Jungle’. This shift in arrival patterns has made for a more visible phenomenon that has garnered a massive increase in media and political attention, but has also been weaponised to vilify people seeking asylum by this ‘illegal’ route.

## Health care for asylum seekers

Many asylum seekers arrive with multiple mental and physical health needs, but targeted health care is variable: ‘...many pockets of good practice exist, but many areas have struggled to respond to the demands of meeting these complex health care responsibilities’ (Farrant *et al.* 2022). They will have claimed asylum immediately upon reaching the UK, and are sent to government provided ‘contingency’ accommodation to wait for their claim to be processed, and a decision made. At the moment, much of this accommodation is in the form of hotels, where local NHS services suddenly find themselves responsible for large numbers of asylum seekers needing GP registration and onward care

for a wide range of untreated and often chronic health problems, such as untreated communicable diseases, poorly controlled chronic conditions, maternity care, mental health and specialist support needs. The Home Office has a target to process 98% of asylum claims within 6 months; currently, it can actually take between 1 and 3 years. At the end of March 2021, 66,185 people were waiting for an initial decision with at least 50,000 waiting for over 6 months (Farrant *et al.* 2022). Whilst they await a decision, asylum seekers are not allowed to work, and those living in hotel-based contingency accommodation are given £40.00 a month for any essentials they might need above bed and board.

### *Screening in hotels*

Testing and treating latent tuberculosis (LTBI) infection is part of the TB eradication strategy for England. Screening is most cost effective in groups with a high risk of previous TB exposure and these groups also have the highest risk of reactivation. One quarter of the global population is infected with latent tuberculosis infection (LTBI) and those with LTBI have a 5-10 % chance of developing active TB in their life-time. Migrants to the UK from countries with a high TB incidence have an increased risk of reactivation in the first 5-10 years of arrival (Kuijshaar 2013) and screening recently arrived migrants for LTBI is a key element of the Collaborative Strategy for the Elimination of TB in England (PHE 2015), and the TB Action Plan for 2021-2026 (UKHSA 2021). Most screening is carried out in primary care: GP surgeries identify patients from TB high burden countries who have registered with them in the previous 5 years and invite them to attend the practice for screening. In 2019, 17% of the 45,121 LTBI tests carried out in primary care were positive, and those people are offered the standard three months treatment with antibiotics. The rate of TB in England has been reduced to the point where the WHO now classifies England as a TB low incidence country, but the recent decline in TB cases in England has not been experienced equally across all population groups. There remain significant inequalities in rates of TB: the most deprived 10% of the population have rates more than 7 times higher than the least deprived 10%, and people born outside the UK have rates 13 times higher than people born in the UK.

During the 2020 COVID outbreak and subsequent lockdowns, the number of hotels being used as contingency accommodation for newly arriving asylum seekers increased sharply, and local services became responsible for providing health care for hundreds of men, women and children, many of whom had not received any form of health care for months or even years. Very few of these new patients spoke English, and there were high levels of mental distress and PTSD. The author's

experience of this situation has been as part of an outreach team, screening for latent TB infection among the residents of a 200 bed hotel in an inner London borough which became contingency accommodation in 2020 and where the residents had been registered en masse with the nearest local GP surgeries. Two years on, the hotel is still full, and our team is still screening new arrivals, and offering supported treatment for those with positive results. Dispersal of the asylum seekers to other forms of accommodation is slow, decision-making of applications moves at glacial speed, and some residents whom we first met in 2020 are still there, locked into their own long wait for a decision.

Because asylum seekers are not allowed to work while they wait for a decision on their application for leave to remain in the UK, their opportunities to engage in civil society are extremely limited. While minors are allowed to attend school or college, adults have very little to occupy them, except their Home Office paperwork and attending health-related appointments. The UK Home Office resists attempts to change the rules so that asylum seekers are allowed to work while they await a decision, on the grounds that this would be a massive pull factor and attract many more 'illegal' immigrants. The 70,000 asylum seekers currently waiting for a decision on their initial application live lives of enforced idleness and uncertainty which, combined with the trauma many have experienced in their country of origin and during their journeys to get here, means that most of the residents in our hotel struggle with anxiety, despair and depression. The very fact of their worklessness means that they are socially excluded, without opportunities to integrate and contribute to our economy and community, to use their skills, or learn new skills. As Leader of the Opposition Keir Starmer recently pointed out: "I met a Syrian doctor who ... was unable to work, because the claim hadn't been properly processed. He desperately wanted to use his skills to help the community that made him very, very welcome and he was prohibited from doing so. That defies the common sense test". In our hotel there are nurses, engineers, pharmacists and agronomists, lorry drivers and postgraduate students, enduring this apparently endless period of imposed and purposeless idleness and social exclusion, still waiting for their Home Office decision, while the UK is simultaneously experiencing a shortage of workers and a very high number of job vacancies, high numbers of people with long term ill health who cannot work, and a rise in economic inactivity. During the pandemic, many people took early retirement and are not looking to return to work.

## Conclusion

Work, like Easter, is a moveable feast. At its best, it improves wellbeing at the individual, familial and community levels; but it is also accepted that long term unemployment is harmful to physical and mental health. However, the government position is that the mere fact of being in work should act as a panacea for all sorts of social and individual ills, regardless of where and what that work is and whether it pays a living wage, and is prepared to impose financial sanctions on those who remain unemployed. Sanctions can be harsh, with the highest level lasting for 91 days. Those who receive sanctions may face avoidable crises relating to worsening mental and physical health, poverty, hardship, unmanageable debt, insecurity or eviction (Wright *et al.* 2018). If, on the other hand, you are an asylum seeker and being in work would benefit your physical and mental health and promote your cultural and social integration, you are denied that opportunity (Beste 2015). The UK government has also developed a rhetoric of ‘economic migrants who have been masquerading as asylum seekers and elbowing to one side women and children’ in order to reach the UK and its employment opportunities. What is rarely discussed is the actual ban on the right to work for asylum seekers, the destitution-level of support offered instead, the squalid accommodation and camps and the highly bureaucratic, faceless asylum process that all absorb vast Home Office resources to administer.

In April 2022 Doctors of the World, part of the Medecin du Monde international network, published their report on the health of asylum seekers in initial and contingency accommodation in England and Wales. This report notes the well-evidenced link between housing and health, and in particular mental health, in its staff’s consultations with asylum seekers in 3 different contingency accommodation centres. Respondents consistently report a decline in their mental health, referring to isolation from the wider world, loss of autonomy, social isolation, poor social connections and loneliness as major contributory factors; the same factors that are reported by people who have lost their jobs (Doctors of the World 2022). In their article analysing the health consequences of unemployment following the collapse of the construction industry in Spain, Farré *et al.* (2018) report that unemployment produces ‘important non-monetary and social consequences related to the loss of work relationships, self-esteem, sense of control, meaning of life, and time structure that may all negatively affect (mental) health. Those out of work are ‘...less self-confident, appear overwhelmed by their problems, and report markedly higher diagnosed mental disorders’.

There exist two antithetical narratives about work, but both are framed by austerity and social exclusion. Job vacancies in the UK in January to March 2022 rose to a new record of 1,288,000; an increase of 492,400 from the pre-coronavirus (COVID-19) pandemic level in January to March 2020 (ONS 2022), despite the fact that there is also a record number of people in work. While there are more job vacancies than unemployed people, there remains another popular trope: that immigrants take 'our jobs, fill our schools, take our housing, exploit the welfare state and overrun our health services'. The context of the present cost of living crisis, with those on the lowest incomes forced into 'desperation theft', or to have to choose between heating and eating, fuels the perception that immigration – both legal and illegal – is the chief cause of the crisis in social housing, and also has a negative effect on wages, because of displacement of British workers, particularly in the unskilled and semi-skilled sectors. However, the case of teenage asylum seeker Amine Ahnini is also the experience of many British people either in low paid work, or on benefits. Amine was almost destitute when he stole a sandwich from Sainsbury's (a UK supermarket). Amine, who is not allowed to work, had £35 a week for food, clothes and travel, and said he would often go for one or two days without eating.

In July 2022, the UK government proposed the Nationality and Borders Bill, to strengthen criminal penalties for entering the country illegally and to allow asylum seekers to be detained in a third country while their claim is processed. Meanwhile, nongovernmental organizations have raised concerns about asylum seekers' rates of poverty, access to employment, quality housing, health care, and education, and have campaigned vigorously against their detention—particularly of children and families—and to increase their access to justice. For asylum seekers, and for the poorest in society, disadvantage is a multi-dimensional concept. It is about 'impoverished lives' (including a lack of opportunities), not just low income. Poverty, deprivation, capabilities and social exclusion are different lenses to view and measure disadvantage. Employment is the route out of disadvantage for most people of working age, but that work needs to be meaningful in that it gives job satisfaction and has a positive impact on the individual's wellbeing and sense of community engagement, while long-term, chronic unemployment has the reverse effect, creating social exclusion, of 'being kept apart from others physically (e.g., social isolation) or emotionally' (Ager 2008). Asylum seekers, like the poor, are mainly invisible (Lancet 2022). Both groups, however, are the focus of negative political commitment: the poor, because they should be working, and asylum seekers, because they must not work. Both groups are also useful to populist political rhetoric as inflammatory campaign fodder, but



meanwhile the wellbeing, health and sense of social inclusion of both groups is seriously damaged, which ultimately will damage all of us.

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