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Disabled by Design:

The Human Impact of the Hostile Environment on People Seeking Asylum

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EXECUTIVE SUMMARY

This report brings disability rights into conversation with the experience of people refused asylum in the UK context. It draws on the experiences and reflections of people refused asylum, made destitute, and subjected to the UK's Hostile Environment agenda, and brings them into dialogue with disability rights as understood in the UN Convention on the Rights of Persons with Disabilities (CRPD), to which the UK is a State Party. It demonstrates that the Hostile Environment, and often the wider asylum system, create, intensify, and entrench disability among people seeking and refused asylum.

Two frameworks: the CRPD and the Hostile Environment

The CRPD marks a shift away from considering disability as an individual condition, instead reckoning with the conditions that shape disabled people's lives and create disability. Relatedly, the CRPD emphasises participation and inclusion by and of disabled people, having been drafted with significant involvement by disabled people and highlighting disabled people's rights to participation and inclusion across all areas of life. Contracting states are obliged to remove barriers that hinder disabled people's full and effective participation in all areas of life and to provide support to enable them to do so.

By contrast, the Hostile Environment actively excludes people and creates barriers for them on the basis of their immigration status. When someone's asylum claim is refused by both the Home Office and the courts and they become *Appeal Rights Exhausted* (ARE), all asylum support is cut off. They are left destitute, prohibited from working or claiming public funds, and reliant entirely on charity or informal help to survive. Under the Hostile Environment, they are also subjected to a matrix of laws and policies that bring border control into daily life and civil society, creating huge barriers for them to essential services, and criminalising for them daily activities. This occurs in the wider context of an asylum system that has long been hostile and is getting more so; and a fundamental attack on the very principle of refugee rights.

Workshop findings

We explored this tension in workshops with 29 people refused asylum and declared “Appeal Rights Exhausted”. Disability and impairment were common among this group, and many felt strongly that the asylum system and Hostile Environment had disabled them personally. To examine this in detail, we focused on barriers they experienced in 3 key areas where the CRPD highlights disabled people’s rights: participation in community, enjoyment of family life, and health status. All of these were identified by participants as important to their experience.

Barriers to Participation in Community were:

- enforced poverty prevented social participation, and rendered people invisible.
- isolating forms of asylum accommodation, notably asylum hotels.
- racism and stigma dehumanised people
- the work ban cutting off a key route into community life

These barriers mirrored the CRPD’s definition understanding of disability as including exclusion from wider participation in society.

Barriers to Family Life:

- forced separation from family through removal
- inability to live with partners or children due to asylum accommodation rules
- lack of family reunion routes
- no recourse to public funds rules leaving families without a safety net

Barriers to Health

NHS charging and attendant data-sharing under the Hostile Environment was a fundamental barrier to healthcare for participants. Many had been refused treatment because they could not pay. Many had also been deterred from attending hospital for fear of incurring debts they could not pay, and of the negative impact this could have on their immigration or asylum case. Inability to access healthcare was inevitably bad for health and could lead to or further disablement. Several instances of NHS charging had occurred when people were waiting for decisions on asylum claims – and therefore were eligible for free NHS care. This highlights the broad reach and

impact of the Hostile Environment, and specifically how it seeps into the entire asylum system.

Wider social and economic exclusion was also hugely damaging to health. Repeatedly, participants described serious deterioration of both mental and physical health due to extended destitution. Food insecurity and malnutrition, and lack of a secure place to sleep and rest, were key factors. So was the chronic stress created by asylum limbo. All of this together made it incredibly difficult to manage chronic conditions, and led to deterioration and further disablement. Many participants had acquired impairments – including diabetes and high blood pressure – through life in destitution. Disabled participants and participants with disabled family members in the UK had faced even greater barriers to the necessary healthcare support, often leading to greater disablement.

Notably, whilst participants felt that exclusion and disablement had intensified after a refusal of asylum, many had also experienced disablement while waiting for an asylum decision, and identified barriers accordingly.

Conclusion

Drawing on these findings, we identify a fundamental contradiction between disability rights law and the Hostile Environment: The CRPD requires the UK to remove barriers and provide support. The Hostile Environment *creates* barriers and *withholds* support. In doing so, the Hostile Environment creates and furthers disability and denies disabled migrants' basic rights. This amounts to discrimination on the basis of disability: these policies have a disproportionate and unjustifiable impact on disabled people. Furthermore, creating and deepening disability is profoundly destructive, and a glaring example of how the Hostile Environment manufactures human suffering and undermines human flourishing. Looking at the Hostile Environment through the lens of disability further shows us how harmful the Hostile Environment is, and its role in producing conditions that create vulnerability. It also exposes how attacks on refugee rights undermine rights more broadly, revealing the interdependence of rights frameworks.

Recommendations:

End the Hostile Environment.

The systemic marginalisation of people refused asylum and others without immigration status causes destitution and, ultimately, disablement. The apparatus of the Hostile Environment established under previous governments - immigration control throughout daily life - remains in place and must be dismantled. As part of this, urgently end NHS charging, which creates huge barriers to healthcare for people in desperate need. These barriers directly contradict our legal and moral obligations to ensure disabled people can access the healthcare they need as a result of their disability. They also create disablement and are therefore profoundly destructive. While NHS charging continues, refused asylum seekers in England and across the UK should be exempt from the NHS charging regime, as is already the case in Scotland, Wales, and Northern Ireland.

End “no recourse to public funds” (nrpf) rules.

Restrictions on access to public funds deny people basic safety nets on the basis of immigration status. This both creates disability and prevents disabled people from accessing urgently needed support.

Restore the right to work for people seeking asylum.

The ban on work consigns people seeking asylum to deep poverty and, when asylum support is cut off, to destitution. It profoundly marginalises people and contributes to disablement.

Create a simplified route to settled status for people who have made the UK their home and are living here long-term.

This report includes accounts of people living in the UK long-term but trapped in destitution due to lack of immigration status. Living in extended limbo was shown to create disability. This is cruel, serves no good purpose, and must end.

Ensure everyone seeking asylum and everyone refused asylum can access sufficient support to meet basic needs and live independently, with dignity. Abandon recent and planned restrictions on access to asylum support.

Some people cannot work, and disabled people often face punitive barriers to accessing the support they need. This must change and must not be replicated within the asylum system.

Restore the right to asylum and create a protection-focused asylum system.

Participants were clear that disablement (and further disablement) arise from hostility embedded across the asylum system. The findings also show how profoundly dangerous the ongoing attack on refugee rights is.

Remove the UK's reservation excluding immigration decisions from obligations under the CRPD.

It is not justifiable to place immigration decisions outside of concerns for disabled people's rights and flourishing. This project demonstrates the fallacy of separating disability rights from migrant rights.

Address the demonisation of people seeking asylum and their exclusion from the wider community, and recognise "community" as including refugees and asylum seekers.

This research shows that marginalisation and dehumanisation have destructive, and often disabling, impacts on people's lives.

Meet the UK's awareness-raising obligations under the CRPD by explicitly including awareness raising about the needs of disabled people within the migration and asylum system.

The CRPD obliges States to raise awareness throughout society regarding disabled people and to foster respect for the rights and dignity of disabled people, but this research highlighted how often disability is invisible or sidelined in discussions and thinking about migration and asylum policy.







INTRODUCTION

People refused asylum in the UK experience profound exclusion based on their immigration status. The **Hostile Environment**—the set of legal and policy restrictions designed to make life as challenging as possible for people without regular immigration status—deliberately excludes them from key areas of life, particularly after a refusal of asylum, and creates distinct, well-documented and layered forms of marginalisation.¹ For **disabled people**² refused asylum, their experience sits at the intersection of the Hostile Environment and the multiple forms of exclusion from enjoyment of human rights that shape the lives of disabled people more generally in the UK.³

This report focuses on the interaction of the Hostile Environment with **disability** by bringing the international disability human rights law framework into conversation with the experience of people refused asylum and made destitute in the UK. The **UN Convention on the Rights of Persons with Disabilities (CRPD)**, adopted in 2006, marked a significant transformation in how international human rights law responds to the role and place of disabled people within society.⁴ States—including the UK—affirmed the equal value of disabled people and their entitlement to enjoy a life in dignity in the same way as all others. CRPD States Parties assume duties to remove barriers that hinder the full and effective participation of disabled people on an equal basis with others and their enjoyment of all

1 See e.g. Institute for Public Policy Research, [Access Denied: the human impact of the Hostile Environment](#) (September 2020); JRS UK, [Destitute and in Danger: people made homeless by the asylum system](#) (2024).

2 This report uses disabled people as the preferred terminology of Disabled People's Organisations in the UK e.g. [Disability Rights UK](#). This is without prejudice to the use of the term 'persons with disabilities', which is preferred by those choosing person-first language and is the term used in the Convention on the Rights of Persons with Disabilities.

3 APPG on Poverty and Inequality, [Inquiry into the Disproportionate Impact of Poverty and Inequality on Disabled People](#) (June 2025). For example, in the UK, disabled people are likelier to live in poverty and face higher mortality rates than non-disabled people. Research shows how those with specific disabilities experience persistent inequalities in access to healthcare. See, H Biggs & J Wildman, [Disability and Financial Hardship](#) (Resolve Poverty 2024); O El Dessouky & C McCurdy, [Costly differences: Living standards for working-age people with disabilities](#), Resolution Foundation, January 2023; The Health Foundation, ['Inequalities in Mortality Rates by Disability'](#) (2025).

4 UN General Assembly, [Convention on the Rights of Persons with Disabilities](#) (adopted 13 December 2006, entered into force 3 May 2008) UNGA Res 61/106, UN Doc A/RES/61/106.

human rights. States Parties must also provide the support required so that rights can be enjoyed by disabled people on an equal basis with others.

The UK ratified the CRPD on 8 June 2009, thereby committing to respect, promote, protect and ensure the full and equal enjoyment of rights of all disabled people.⁵ It also ratified the Optional Protocol to the CRPD which enables the UN Committee on the Rights of Persons with Disabilities to receive complaints by individuals and undertake inquiries into systemic violations of the CRPD.⁶ In so doing, the UK's obligations under international law extend to taking specific action to realise these rights for disabled people generally within its jurisdiction.

What does the adoption of the CRPD mean for people refused asylum in the UK? CRPD rights are not tied to citizenship or immigration status: all disabled people are entitled to the full enjoyment of their rights, regardless of immigration status. The UK's ratification of the CRPD introduced obligations to make rights a meaningful reality for disabled people. While the UK entered a reservation to the right to liberty of movement, this does not absolve it of its obligations in respect of all CRPD rights simply because they are claimed by non-citizens.⁷

The implications of the CRPD for undocumented migrants, including people refused asylum, are especially pressing, because this group is marginalised as an explicit aim of government policy. In practice, many disabled people who are citizens also continue to be denied enjoyment of the rights laid out in the CRPD. One key reason for this is that other structural exclusion—such as racism, patriarchy, and unjust distribution of wealth—within societies impacts how the CRPD plays out for different disabled people. Austerity policies and welfare system reforms are also implicated in lowering living standards for disabled people and undermining various rights, including the right to independent living.⁸

5 UN Treaty Body Database: [Status of Ratifications](#).

6 UN General Assembly, Optional Protocol to the Convention on the Rights of Persons with Disabilities (adopted 13 December 2006, entered into force 3 May 2008).

7 The reservation relating to the right to liberty of movement is [discussed below](#).

8 For e.g., the Committee on the Rights of Persons with Disabilities exercised its competence to inquire into systemic violations of the CRPD by the UK, by examining the cumulative impact of legislation, policies and measures on social security schemes and work and employment which affected specific rights of participation and inclusion. UN Committee on the Rights of Persons with Disabilities, '[Inquiry Concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention](#)' (24 October 2017) UN Doc CRPD/C/15/4. See also, [Expert Legal Opinion by Jamie Burton KC](#) commissioned by Equity.

However, for disabled people refused asylum, CRPD obligations sit alongside the Hostile Environment—explicitly designed to make undocumented migrants feel unwelcome, ostensibly to compel their departure from the UK—and an increasingly hostile and exclusionary asylum system generally.⁹

That the restrictive apparatus that governs the lives of people refused asylum is premised on exclusion and human suffering is well-known, including its incompatibility with human rights principles and obligations.¹⁰ The experiences of disabled people refused asylum illustrate another aspect to the harm perpetuated by the immigration system and its inconsistency with the wider legal obligations within which it operates. The Hostile Environment is implicated in the creation of different forms of **impairment**—whether physical or psychosocial—and producing disability in those who had not otherwise experienced it.¹¹

For disabled people refused asylum, whether disability predates or follows the refusal decision, the absence of adequate support—including support required because of impairment—interacts with the rest of the restrictions on everyday life to make the equal enjoyment of human rights appear out of reach. Beyond its role in producing impairment, the barriers placed in the way of people’s enjoyment of basic human rights, including rights to health, family life, and participation in the community and the absence of support, make it all but impossible for disabled people refused asylum to live with basic dignity.

In concrete terms, the implications of the Hostile Environment are in opposition to the obligation to facilitate disabled people’s equal participation and inclusion within society, including by reckoning with the role of law and policy in constructing a disabling society.

Incorporating a disability dimension adds another layer through which the harm of the Hostile Environment can be made visible, understood, and considered against existing legal obligations. While disability has been frequently forgotten, unacknowledged, or treated as an afterthought in discussions on asylum and migration in the UK, there are important exceptions, particularly in the field of asylum.¹² Scholarship has powerfully shown how evidence of ‘extreme deprivation’ among those within the asylum system with disability- and asylum-related needs results ‘in a struggle for immediate survival’.¹³ This becomes even more vivid when the tokenistic

9 See, for example, C Donaldson, ‘[Sanctioned Discrimination: Asylum Seekers and the UK’s Hostile Environment](#)’ (2025) *Ethnic and Racial Studies*.

10 F Webber, ‘On the Creation of the UK’s “Hostile Environment”’ (2019) 60(4) *Race and Class* 76.

11 See, British Medical Association (BMA) Briefing, ‘[Health Implications of the Hostile Environment](#)’; R Essex, A Riaz, S Casalotti et al, ‘[A Decade of the Hostile Environment and Its Impact on Health](#)’ (2022) 115(3) *Journal of the Royal Society of Medicine* 87.

12 R Yeo, ‘[The Deprivation Experienced by Disabled Asylum Seekers in the UK: Symptoms, Causes, and Possible Solutions](#)’ (2017) 32(5) *Disability and Society* 657. For the interplay between disability rights and refugee protection in refugee status determination see, C Neale and J Blair, ‘[Bridging A Protection Gap: Disability and the Refugee Convention](#)’ (Helen Bamber Foundation, 2021).

13 *Ibid* Yeo, 673.

support available for those awaiting final asylum determination decisions is removed and the full restrictions of the Hostile Environment apply.

A growing conversation on the importance of adopting a disability lens in discussions on migration situates the exclusion and marginalisation of disabled people with precarious immigration status as symptomatic of the broader logic of a society rooted in an economic model that prizes capital over well-being and community.¹⁴ In this space, as Yeo puts it, '[a]n unjust system is not transformed by including disabled people' and attempts to make limited improvements to the asylum and migration system without broader consideration of systemic harm remain incomplete.¹⁵ More recent mobilisation to identify commonalities and build community across individuals and groups of disabled people and migrants calls for collaborative resistance to the Hostile Environment focused on the systemic causes of harm.¹⁶

In this project, we sought to build on these strands of scholarship and mobilisation and extend them in two ways. First, this project highlights the disconnect between the legal obligations the UK has assumed towards disabled migrants and their treatment in law and policy. While the limits of human rights law are well-known, CRPD provisions establish a minimum standard that binds States in their treatment of all disabled people within their jurisdiction, which apply as a matter of international law.

Second, relatedly, by looking at the Hostile Environment through the lens of disability rights, the project sought to deepen understanding of the Hostile Environment's impact on individual people. Throughout, due to its focus on the relationship between disability and the Hostile Environment, the project aimed to create spaces for the exchange of knowledge and information that equips people with a clearer understanding of their rights, reflect on the limitations of these rights in light of their experiences, and foster solidarity across different groups.

Methodology

To explore the intersection of disability rights and migrant experience, we presented the disability human rights framework to some of the people most excluded by the UK's hostile immigration and asylum policies and invited critical reflection on the content of those rights, their implications, and potential. The Jesuit Refugee Service UK (JRS UK) provides services for destitute asylum seekers who have been declared **"Appeal Rights Exhausted"**—refused asylum by both the Home Office and a court, and told they have no further chance to appeal—and who are therefore not eligible

14 Rebecca Yeo, [Disabling Migration Controls: Shared Learning, Solidarity and Collective Resistance](#) (Routledge, 2024).

15 *ibid.*, iii.

16 See, for example, the work of the [Disability and Migration Network](#) (DAMN) and the [DAMN Borders! END Barriers! Disability and Migration Justice Conference](#) co-organised with Disabled People Against Cuts (DPAC) in June 2025 (conference report [here](#)).

for, and do not receive, asylum support. In common with most other asylum seekers, they are prohibited from working and cannot access public funds. The government has made these people destitute.

We chose this focus because we wanted to place at the centre of the conversation voices of people whose lives had been powerfully shaped, and ruined, by hostile immigration and asylum policy, and for whom this is the lens through which they see the world. These people—many of whom have lived in the UK for years—are systematically and intentionally excluded by law and policy, with no meaningful effort to respect, protect, and fulfil their human rights.

This report draws on three workshops with 29 people supported by JRS UK between April and July 2025, supplemented by follow-up discussions with individuals also supported by the organisation who could not attend the workshops but wished to share their insights. All these 29 people had been refused asylum and declared “Appeal Rights Exhausted”. Disability or impairment was not a prerequisite for participation, and neither was disclosure of disability status, in part because the workshops invited reflection on the extent to which disability covers a broader range of circumstances than generally assumed. They included people with lived experience of disability, including those disabled by the Hostile Environment, and other non-disabled participants. As became apparent, disability—broadly understood in CRPD terms—resonated with many.

The workshops were designed for authors and participants to share knowledge, expertise and reflections in conversation. We thank all participants for their generosity in sharing their knowledge, including that drawn from experience, and giving up their time to reflect together.

This report is also informed by the authors’ respective experiences of policy and advocacy work with, and for, people subjected to the Hostile Environment (Sophie Cartwright) and research on the implications of disability human rights for migrants (Nicolette Busuttil). Additional desk-based research was conducted to inform the final analysis. This uses secondary data from a range of sources, including government reports, academic literature, and third sector reports.

Though this report focuses on the experiences of people refused asylum, hostility seeps through the entirety of the asylum process, as participants made clear. In recent years, successive governments have placed refugee rights under renewed and sustained attack. This project’s findings on the relationship between the Hostile Environment and disability have implications for asylum policy generally and offer lessons about its increasingly hostile direction of travel.

Structure

This report is divided into four substantive sections.

Section 1 examines how respect for the human rights of disabled people requires a shift away from viewing disability as an individual condition or status and a reckoning with the social conditions that produce it. It outlines key features of disability human rights presented to participants, including the conceptualisation of disability in the CRPD and the emphasis on participation in the development, implementation, and monitoring of all matters affecting disabled people.

Section 2 presents the UK's Hostile Environment as the legal and policy framework that shapes the entitlements and experiences of undocumented people, such as people refused asylum, which also include disabled people. It highlights its role as a framework designed to exclude people refused asylum and make their lives unbearable and the wider hostile immigration and asylum policies with which it is bound up.

Section 3 centres the experience of workshop participants and their insights into how the UK's Hostile Environment interacts to create or exacerbate disability. It does so in relation to three thematic areas identified by the participants as central to their experiences in the UK: participation in community, enjoyment of family life, and health status. It highlights the strong connection between disability and being undocumented felt by participants.

Section 4 builds on the previous sections to lay out the incompatibility of the Hostile Environment with disability rights, both legally and in the broader moral perspective.



THE HUMAN RIGHTS OF DISABLED PEOPLE

The recognition of disability as a human rights issue is relatively recent. The 2006 **UN Disability Convention** (CRPD) is the first international treaty that expressly affirmed that all disabled people are entitled to enjoy all human rights on an equal basis with others.¹⁷ Prior to this, although general human rights protections applied to all human beings, disabled people were frequently overlooked in their application.¹⁸ Globally, disabled people have historically been marginalised—routinely segregated or excluded based on perceived difference or a lesser humanity—subjected to lower assessments of ability based on disability, left out of public life, if not outright abused or had their right to life called into question.¹⁹

Against this background, the CRPD stands out as an essential endorsement by the international community—including the UK—that disabled people are equal members of society who are entitled to enjoy all human rights. As an instrument that followed sustained advocacy by disabled people, including through **Disabled Peoples Organisations (DPOs)**, participation and leadership by disabled people elevated the routine violations and exclusions experienced as a matter of concern for the international community.²⁰ By recognising all disabled people as entitled to the full range of human rights, the CRPD affirms the need for concrete action, rather than mere rhetoric, and articulates specific obligations to realise that equality.

¹⁷ R Kayess & P French, '[Out of Darkness into Light? Introducing the Convention on the Rights of Persons with Disabilities](#)' (2008) 8(1) Human Rights Law Review 1.

¹⁸ G Quinn and T Degener, '[Human Rights and Disability: The Current Use and Future Potential of United Nations Human Rights Instruments in the Context of Disability](#)' UN Doc HR/PUB/02/1 (2002); Theresia Degener and Andrew Begg, 'From Invisible Citizens to Agents of Change: A Short History of the Struggle for the Recognition of the Rights of Persons with Disabilities at the United Nations' in Valentina Della Fina, Rachele Cera and Giuseppe Palmisano (eds), *The United Nations Convention on the Rights of Persons with Disabilities: A Commentary* (Springer International Publishing 2017).

¹⁹ E.g., W Pons, J E Lord and M A Stein, '[Disability, Human Rights Violations, and Crimes Against Humanity](#)' (2021) 116(1) American Journal of International Law 58.

²⁰ Stefan Trömel, 'A Personal Perspective on the Drafting History of the United Nations Convention on the Rights of Persons with Disabilities' in Gerard Quinn and Lisa Waddington (eds), *European Yearbook of Disability Law* (Intersentia 2009) 115–38.

This is action demanded by justice rather than an act of charity, and is expressed as a legal obligation.

What is disability?

Legal and policy responses to disability are significantly shaped by how disability is understood. For international human rights law, **disability results from the interaction between people with impairments and attitudes, environmental and other barriers that hinder their full and effective participation in society on an equal basis with others.**²¹ In this human rights based approach to disability policy—which is informed significantly by a social model view of disability²²—disability is not a characteristic located within the individual, but is produced when society does not accommodate individuals with diverse forms of impairment as equal members. The focus is on recognising the inherent dignity and worth of each human being. Seen in this way, the equal entitlement by disabled people to the full range of human rights implies States assume specific obligations to realise those rights.²³

The distinction between ‘impairment’ and ‘disability’ draws on the social model of disability, as originally developed by disabled people in the UK.²⁴ **Impairments refer to functional limitations that individuals may have, which can be physical, mental or psychosocial, intellectual or sensory.** For example, a physical impairment in one’s legs may limit mobility, while a visual impairment affects a person’s level of sight. **Disability, by contrast, refers to that which is imposed on top of impairment and results in isolation, exclusion from full participation in society,** or in the language of rights, an inability to enjoy one’s human rights. These barriers take many forms: they could be environmental, in the form of inaccessible environments and public spaces; attitudinal, in the form of stigma and prejudice that discounts the value of the human being or makes assumptions about ability (including having lower expectations for people with specific impairments); or communication barriers, such as the lack of provision of alt text or BSL interpretation.

The social model of disability is not a monolith and has developed through multiple critiques and ways of viewing disability, including those that argue that its anti-capitalist foundations have been diluted or overlooked.²⁵ Nonetheless, at its core, the social model understands disability as produced through the interaction between impairment and barriers within society. This

21 Recital (e) CRPD.

22 For discussion on the relationship between different understandings of disability see, A Lawson and A E Beckett, ‘The Social and Human Rights Models of Disability: Towards a Complementarity Thesis’ (2020) 25(2) *The International Journal of Human Rights* 348.

23 T Degener, ‘Disability in a Human Rights Context’ (2016) 5 *Laws* 35.

24 Union of the Physically Impaired Against Segregation and the Disability Alliance, ‘[Fundamental Principles of Disability](#)’ (1976).

25 R Yeo, *Disabling Migration Controls* (Routledge, 2024) 4. E.g. Yeo decries how ‘the original conception of the social model, [...] has been revised, co-opted and distorted in many different ways, most obviously to remove the capitalist critique and instead to focus on more effective inclusion of disabled people in the capitalist economy’.

captures the shift also reflected in human rights law from an individual (or medical model) that focuses on individual 'deficit' to an understanding that directs attention to how disability is produced when society fails to consider how the needs of disabled people can and should be met.²⁶ Instead of a singular focus on impairment which places responsibility for enjoyment of human rights on the disabled individual, the focus is on the role of barriers which in interaction with individual impairment, preclude people from enjoying the whole range of human rights.

This is not to deny the very real pain and suffering that can arise from specific impairments or the ways in which embodied experiences shape individuals' experiences with the world around them.²⁷ However, as Morris puts it, 'while an inability to move one's body is an impairment [...] an inability to get out of bed because appropriate physical help is not available is a disability.'²⁸ This directs attention to the ways in which society is organised and how restrictions that prevent individuals—whatever the impairment—from meeting basic needs constitute disability.

Throughout this report, we generally distinguish between 'impairment' - meaning limitation - and 'disability' - meaning the experience of people with impairment as their impairment interacts with various barriers. This is to mirror the definition formally laid out in the CRPD, which is the key analytical tool in this report. At times the term 'disability' appears as a term that could be taken to cover both or either, reflecting the fact that an impairment and its interaction with its environment is not always clearly delineated in lived, embodied reality: a person simply experiences being disabled.

This model of disability raises specific questions with regards to the negative impact of the Hostile Environment on disabled people, and its interaction with disability, because the Hostile sets out to restrict. These questions shall be explored in what follows.

26 M Oliver, '[The Individual and Social Models of Disability](#)' (1990); M Oliver, *The Politics of Disablement* (Macmillan, 1990).

27 See also on welfare reform, J Morris, '[Welfare Reform and the Social Model of Disability](#)' (12 September 2013).

28 J Morris, *Independent Lives: Community Care and Disabled People* (Macmillan Press 1993) x.

Who are disabled people?

16% of the world's population is estimated to live with disability at any one time,²⁹ with UK figures indicating that disabled people account for 24% of the UK's population.³⁰ The shift in how disability is understood is reflected in how the law defines disabled people. This is broader than what is often assumed and reflects the diversity of disabled people who can have a broad range of impairments. The CRPD provides that disabled people **'include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society'**.³¹ This formulation affirms the inclusive nature of a definition that brings together groups who can be spoken of as distinct—such as disabled people with physical or psychosocial impairments, including long-term illness or health conditions, or neurodivergent individuals.

The Equality Act 2010 reflects this definition to an extent.³² It provides that disabled people are those with a physical or mental impairment that has a 'substantial' and 'long term' adverse effect on the ability to carry out normal day-to-day activities.³³ For example, this can include people experiencing depression or Post-Traumatic Stress Disorder (PTSD). Specific health conditions—cancer, HIV infection, and multiple sclerosis—are identified as disabilities.³⁴ The definition includes people with chronic, fluctuating, or progressive health conditions, reflecting the understanding under international law that the distinction between disability and ill-health can be seen as a difference of degree rather than of kind.³⁵

Obligations to remove barriers and provide support

It is often said that the CRPD did not create new rights but reformulated existing ones through a disability-specific lens.³⁶ While it includes disability-specific protections—such as the entitlement to reasonable adjustments which should be available to all disabled people—its content reflects the principle that disabled people are entitled to enjoy all human rights. CRPD

29 WHO & World Bank, ['Global Report on Health Equity for Persons with Disabilities'](#) (December 2022) 3.

30 S Stiebahl, S Danechi, R Harker, ['UK Disability Statistics: Prevalence and Life Experience'](#) (House of Commons Library, November 2025).

31 Article 1 CRPD.

32 This applies in England, Scotland and Wales. It is the Disability Discrimination Act 1995 that applies in Northern Ireland.

33 Equality Act 2010, s 6(1).

34 Equality Act 2010, Schedule 1, para 6.

35 Committee on the Rights of Persons with Disabilities, *SC v Brazil* (28 October 2014) UN Doc CRPD/C/12/D/10/2013.

36 For example, in relation to accessibility, A Broderick, 'Of Rights and Obligations: The Birth of Accessibility' (2020) 24(4) *The International Journal of Human Rights* 393.

rights span the spectrum of human rights and include the right to life;³⁷ the right to be free of torture, inhuman and degrading treatment;³⁸ the right to health;³⁹ the right to family and private life;⁴⁰ and rights to participation in all areas of life.⁴¹

One key difference from earlier iterations under international human rights law is how CRPD provisions specify in greater detail the State action required to facilitate the enjoyment of rights by disabled people in practice. For example, in outlining the right to health—long enshrined in international human rights law⁴²—the CRPD’s right to the highest attainable standard of physical and mental health specifies that disabled people are entitled to the health services needed because of their disabilities.⁴³ The significant role played by disabled people in drafting ensured that the Convention articulated what needed to be done to meet the needs of disabled people, while leaving the door open for additional adaptations to reflect the diverse needs of disabled people.⁴⁴

The CRPD’s obligations must be contextualised against the instrument’s General Principles which colour the interpretation of all substantive rights.⁴⁵ Among these, is participation, in the form of full and effective participation and inclusion in society, reinforcing that disabled people belong in all spaces. The participatory ethos is embedded in the CRPD through the involvement of DPOs in its drafting. Moreover, participation is also the end goal of each right, with substantive rights necessary to enable disabled people’s participation. Provisions on monitoring of the Treaty’s implementation prescribe participation by disabled people and their organisations.

The CRPD’s emphasis on prohibiting all forms of discrimination on the basis of disability means that ‘any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.’⁴⁶ More importantly, denial of reasonable accommodation—referred to as “reasonable adjustments” in the UK—constitutes discrimination on the basis of disability. States must take all

37 Article 10 CRPD.

38 Article 15 CRPD.

39 Article 25 CRPD.

40 Article 22 & 23 CRPD.

41 Articles 29, 30 CRPD.

42 E.g. Article 12 in the [UN International Covenant on Economic, Social and Cultural Rights](#).

43 Article 25 CRPD.

44 R Kayess and P French, ‘Out of Darkness into Light? Introducing the CRPD’ (2008) 8 Human Rights Law Review 1, 21; S Trömel, ‘A Personal Perspective on the Drafting History of the UN CRPD’ in Lisa Waddington and Gerard Quinn (eds), *European Yearbook of Disability Law: Volume 1* (2009) 124. The General Assembly of the United Nations adopted the Convention on the Rights of Persons with Disabilities (CRPD)

45 A Broderick, ‘Article 4: General Obligations’ in I Bantekas, M A Stein and D Anastasiou (eds), *The UN Convention on the Rights of Persons with Disabilities: A Commentary* (OUP 2018) 107.

46 Article 2 CRPD.

appropriate steps to ensure that reasonable accommodation is provided to disabled people by both public and private actors.⁴⁷

Reasonable accommodation is defined as those ‘necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise [of all human rights and fundamental freedoms] on an equal basis with others.’⁴⁸

UK obligations under the CRPD towards people refused asylum

The UK’s ratification of the CRPD meant it undertook to ensure and promote the full realisation of all human rights and fundamental freedoms for all disabled people, without discrimination of any kind on the basis of disability.

It also means that the UK is bound by general obligations—listed in Article 4 CRPD—which include adopting all appropriate laws and policies to implement CRPD rights while taking all appropriate measures to modify or abolish laws and practices that constitute discrimination against disabled people. Consideration of disabled people cannot be an afterthought, with the UK enjoined to take into account the protection and promotion of the human rights of disabled people in all policies and programmes. Crucially, the UK undertook to refrain from acts or practices inconsistent with the CRPD and ensure that public authorities and institutions act in conformity with the same Convention. These obligations speak directly to decisions to exclude individuals from specific services on grounds of migration status and call their lawfulness into question.

Perhaps most importantly, the CRPD engenders a call for societal and systemic change that goes beyond individual entitlement to specific rights. By shifting the emphasis to dismantling externally imposed barriers that interact with individual impairment, disability becomes a human rights issue which the State is duty-bound to address at a structural level. To meet the CRPD’s purpose—to protect, promote, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all disabled people—States must take specific steps to give effect to CRPD rights which include adopting laws and rethinking policies that create disability discrimination or preclude enjoyment of rights. The emphasis on the role played by barriers—including attitudinal, environmental, and legal ones—

47 Article 5(3) CRPD.

48 Article 2 CRPD.

highlights how it is society (in this case, through the State), rather than the individual, that is responsible for dismantling those barriers and providing the support required for disabled people to fully participate in the community. An obligation to mainstream disability considerations in all policies follows an anticipatory model that invites the state to become aware of the barriers it might create through its laws and policies and eliminate them before they can come into being. After all, beyond removing disabling barriers and providing support, the State must not create new barriers. It places a responsibility on public authorities to prevent those barriers from arising in the first place, while ensuring that adequate support is provided to enable participation in all areas of life.

The UK's commitments under the CRPD extend to all those within its jurisdiction, regardless of immigration status, even if the UK maintains a reservation to the CRPD right to liberty of movement for the purposes of immigration control⁴⁹. Through this, the UK reserves 'the right to apply [the CRPD], 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.'⁵⁰ This reservation appears to limit the CRPD's application to the asylum system—particularly in relation to CRPD rights as a basis for remaining in the UK. However, its compliance with the CRPD is questionable, given that reservations incompatible with the CRPD's object and purpose are prohibited.⁵¹

This reservation highlights how far the UK's position is that immigration status is and ought to be a challenge to the universality of rights and is consonant with other hostile immigration and asylum policies. This concern was foreshadowed by the Joint Committee on Human Rights in discussions leading to ratification who argued that the authorities sought ““catch-all” protection for any policy relating to immigration and nationality against the full application of the rights recognised by the Convention’.⁵² The impact of this reservation can be seen in immigration-based exceptions in the Equality Act 2010. While service providers—including public bodies—are generally prohibited from discriminating against individuals on the basis of disability,⁵³

49 [UK List of Reservations](#) to the UN CRPD. The reservation is similar to a [general reservation relating to immigration entered to the UN Convention on the Rights of the Child](#), which was formally lifted on 18 November 2008, meaning that the CRC was to be applied to all children, irrespective of immigration status.

50 Ibid.

51 Article 46 CRPD; S Motz, ‘EU Asylum Law and Disabled Refugees – is the UK Reservation to the CRPD in the Context of Asylum Law Redundant (March 2016, presentation on file with author). The CRPD Committee has also raised concerns about the reservation, Committee on the Rights of Persons with Disabilities, ‘[Concluding Observations on the Initial Report of the United Kingdom of Great Britain and Northern Ireland](#)’ (3 October 2017) UN Doc CRPD/C/GBR/CO/1, paras 42-43.

52 See JCHR, ‘[UN Convention on the Rights of Persons with Disabilities: Reservations and Interpretative Declaration](#)’ (17 April 2009), para 62.

53 Equality Act 2010, s. 29.

this prohibition does not apply to certain immigration-related decisions, where the decision is considered necessary for the public good.⁵⁴

However, importantly, the reservation does not extend to an exemption from the UK's wider obligations under the CRPD, including rights to dignity, the prohibition of inhuman and degrading treatment, rights to health, family life, and participation in community life—even for those subject to immigration control. In the 2024 follow-up to the CRPD Committee's inquiry into the impact of social security reform on disabled people's rights,⁵⁵ the Committee highlighted the difficulties faced by disabled migrants and asylum seekers in affording personal assistance, care support, health and food.⁵⁶ This led to a recommendation that disabled people—whether migrants, asylum-seekers, or people in refugee-like situations—are able to enjoy their rights to live independently and to be included in society, and their right to an adequate standard of living and social protection.⁵⁷

Moreover, the duties not to discriminate on the basis of disability, whether directly or indirectly, and including the obligation to make reasonable adjustments for disability, are key components of UK equality law which apply to all.⁵⁸ This includes the duty to make reasonable adjustments in situations where a provision, criterion or practice puts disabled individuals at substantial disadvantage compared to non-disabled people.⁵⁹ Importantly, so does the Equality Act's Public Sector Equality Duty (PSED) which requires all public authorities—including the Home Office and other government bodies—to 'have due regard to the need to' eliminate conduct prohibited by the Act in the exercise of their functions', which includes discrimination, harassment and victimisation related to disability.⁶⁰ Public authorities are also required to advance equality of opportunity and foster good relations between disabled people and non-disabled people.⁶¹ Rather than offering a remedy after a violation has taken place, the duty requires proactive consideration and

54 Equality Act 2010, Schedule 3, para 16. These include decisions relating to the refusal of entry clearance; the refusal, cancellation, or variation of leave to enter or remain; or the refusal of an application to vary leave to enter or remain in the UK.

55 Committee on the Rights of Persons with Disabilities, '[Inquiry concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention](#)' (24 October 2017) UN Doc CRPD/C/15/4. The inquiry examined the impact of social security reform, work and employment on multiple Convention rights (right to live independently and be included in the community-article 19, to an adequate standard of living-article 28, and right to work and employment-article 27).

56 Committee on the Rights of Persons with Disabilities, '[Report on follow-up to the inquiry concerning the United Kingdom of Great Britain and Northern Ireland conducted under article 6 of the Optional Protocol to the Convention](#)' (24 July 2024) UN Doc CRPD/C/GBR/RFIR/1, para 76.

57 Ibid, para 90(g).

58 E.g. Equality Act 2010, ss. 13, 15, 19, 20, 29. On disability discrimination and its different forms, see, for example, Disability Rights UK, '[The Equality Act and Disabled People](#)'; Equality and Human Rights Commission, '[Disability Discrimination](#)' (February 2020). On the application of the duty to provide reasonable adjustments, see for example, in the immigration detention context, the anticipatory duty to adapt processes for detainees with psychosocial disabilities, [R \(ASK\) \[2019\] EWCA Civ 1239](#).

59 Equality Act 2010, s 20.

60 Equality Act 2010, s 149(a). The s20 duty is an anticipatory duty for service providers.

61 Equality Act 2010, s149(1)(b)-(c).

mitigation of potential disadvantage.⁶² Unlike other protected characteristics, there is no immigration-based exception for the PSED as it relates to disability, which means authorities must consider disability equality in creating or applying immigration policies.⁶³

In practice, anticipatory duties to provide for and promote equality in relation to disabled people often appear to be overlooked or ignored when the conversation shifts to disabled migrants. The Immigration Rules address disability only in so far as they provide narrowly defined exemptions for disabled people from meeting specific criteria in tightly circumscribed fields.⁶⁴ Despite the presence of disabled people among the asylum-seeking population, reference to disability is often couched in a language of vulnerability or sidestepped by referencing 'care needs'. As Yeo illustrates, this acts to obscure the State's role in creating that same 'vulnerability' through the denial of services and support – that is, the State's role in disabling people.⁶⁵ It is against this background that we consider how the current framework appears to treat disability as an afterthought, without scrutinising its own role in producing or exacerbating disability.

62 As the then Solicitor General, Vera Baird, noted, the PSED operates by counteracting a 'passive model of waiting for discrimination to occur and then tackling it', instead 'putting the onus firmly on public authorities to consider how to prevent and protect against that discrimination in the first place.' Debates on [the Equality Bill 30 June 2009](#) c545.

63 Equality Act 2010, Schedule 18, para 2. As is the case for age, race, religion or belief.

64 E.g., the English Language Requirement (for settlement); to take into account Disability Allowance and other benefits in calculating whether the income requirement is met for entry clearance as a partner) – Appendix FM Family Members - E-ECP.3.1.) or as a partner or child of a member of the Armed Forces post-2024 (AF16.2).

65 R Yeo, 'The Regressive Power of Labels of Vulnerability Affecting Disabled Asylum Seekers in the UK' (2020) 35(4) *Disability & Society* 676, 679.

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WE
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WITH
REFUGEES





A HOSTILE ENVIRONMENT - LEGAL AND POLICY FRAMEWORK

Rationale and key features of the Hostile Environment

The UK's asylum system

There are no safe routes for the vast majority of refugees to come to the UK. People seeking asylum in the UK are therefore often forced to take dangerous journeys. Increasing securitisation of borders, including heavy-handed policing of the Channel, increases the danger of informal journeys.⁶⁶

Once in the UK, asylum seekers are confronted with a complex and hostile legal and policy framework that is at best notional rather than effective in conferring protection. Increasingly, people seeking sanctuary in the UK face barriers to even entering the asylum determination process: a succession of recent law and policy has centrally included provisions that exclude people who arrive in the UK irregularly from even having their claims considered.⁶⁷ Asylum and immigration law and policy is specialist and complex, so that specialist legal knowledge is needed to navigate it. However, there is a vaunting crisis of non-availability of asylum legal aid. There are not enough legal advisors offering enough high quality legal advice to meet demand so that, very often, it is simply impossible for someone seeking asylum to secure legal representation, even with the help of specialist NGOs. At the same time, the asylum process is complex and hostile, and asylum decision-making is frequently poor, hampered by a culture of disbelief and frequent administrative errors.⁶⁸ This occurs amid a vaunting crisis in non-availability of asylum legal advice, without which it is all but impossible to navigate the asylum process.⁶⁹

66 See e.g. Humans for Rights Network, [You can't stay but you can't go: State Violence at the UK-France border](#) (December 2025).

67 Nationality and Borders Act 2022; Illegal Migration Act 2023.

68 Freedom from Torture, [Lessons not Learned: the failures of asylum decision-making](#) (2019).

69 J Wilding, [A Huge Gulf: Demand and Supply for Immigration Legal Advice in London](#) (June 2021).

People waiting for a decision on their asylum claims cannot access mainstream public funds and are typically banned from working.⁷⁰ To survive, they must rely on asylum support – very basic accommodation, and minimal financial support which is, in reality, insufficient to meet basic needs.⁷¹ This is not accidental. It is often implied by policy-makers that life in the asylum system should be “basic”, and unpleasant.⁷² For example, the stated rationale – however unevidenced - for prohibiting asylum seekers from working is to avoid creating a “pull-factor”⁷³ - i.e., a reason anyone might find being an asylum seeker okay. At the time of writing, the government has begun changing rules around asylum support to make it harder to access, with changes due to come into force at different times.⁷⁴ One crucial element of this is to end the government’s *duty* to provide support to asylum seekers who would otherwise be destitute, replacing it with a power to do so. The raft of changes as a whole will place people waiting for a decision on their asylum claims at increased risk of destitution. And already, asylum support is difficult to access in practice.

Asylum support: People waiting for a decision on their asylum claims cannot access public funds and are typically not allowed to work. To survive, they must rely on asylum support: very basic accommodation and minimal financial support currently set at £49.18 for those in ‘self-catered’ accommodation, and £9.95 in accommodation where meals are provided, such as an asylum hotel or former military site. Currently, for people awaiting a decision on an initial claim or an asylum appeal, asylum support is provided under Section 95 of the Asylum and Immigration Act 1999, while support for people awaiting decisions on fresh asylum claims is provided under Section 4 of that Act, but the government is pursuing plans to change this.

70 Immigration and Appeals Act 1999, s115. Immigration Rules, para 6. Contributory benefits and statutory payments are not classed as public funds for immigration purposes. However, denied the right to work, asylum-seekers and refused asylum seekers cannot rely on payments of National Insurance contributions or self-employment.

71 Asylum Matters, '[Surviving in Poverty: a report documenting life on asylum support](#)' (December 2023).

72 See e.g. the then-government’s references to providing ‘basic’ asylum accommodation in the New Plan for Immigration, a major overhaul of the asylum system announced in March 2021. The current government’s recent plans to go further down this path lay out plans to move “towards a more basic, and temporary protection” for refugees as default, in Home Office, '[Restoring Order and Control: A Statement on the Government’s Asylum and Returns Policy](#)' CP1418 (November 2025).

73 Home Office, '[Restoring Order and Control: A Statement on the Government’s Asylum and Returns Policy](#)' CP1418 (November 2025).

74 See Home Secretary, [Statement UIN HCWS1379, “Migration Reforms”](#), 5 March 2026.

A specific and deliberate attack on refugee rights and the principle of asylum can be dated from March 2021 when the then-government published its planned asylum overhaul in the New Plan for Immigration.⁷⁵ Since then, successive governments have pursued laws and policies to create vaunting barriers to asylum, penalise people for seeking asylum, and make life while awaiting an asylum decision even more unbearable than in previous decades.⁷⁶

After refusal of asylum

If an asylum claim is refused by both the Home Office and a court, and declared “Appeal Rights Exhausted”, all support is cut off.⁷⁷ People are then left completely destitute, still banned from working or accessing public funds and dependent entirely on charity and informal support from friends, family, and charity to survive.

Appeal Rights Exhausted A person seeking asylum is considered by the Home Office to be ‘Appeal Rights Exhausted’ when no further appeals can be made on their existing asylum application.

It is longstanding UK government policy to manufacture destitution in this way among people deemed appeal rights exhausted.⁷⁸ Additionally, under the Hostile Environment, asylum seekers deemed “Appeal Rights Exhausted” are subjected to a matrix of policy and legislation that bars them from essential services and criminalises for them many day-to-day activities such as working and renting. The aim of this is to make their lives unbearable in the hope that they will leave the UK. That is, human suffering is weaponised as a means of immigration control.

The “Hostile Environment” – later rebranded the “Compliant Environment”⁷⁹ - was formally introduced by the government in 2012. It centrally involves requirements for various public bodies and members of the public, including NHS trusts, landlords, and employers, to check ‘individuals’ immigration status. People without immigration status thus face barriers across much of daily life and are made extremely vulnerable to exploitation, abuse, and

75 New Plan for Immigration Policy Statement, updated 29 March 2022.

76 For example, see JRS UK’s evidence on the Border Security, Asylum and Immigration Bill (now an Act), to the Bill committee, submission BSAIB17 available here: <https://bills.parliament.uk/publications/59386/documents/6100>.

77 There is an exception for those who have dependent children, who currently remain eligible for asylum support. This is discussed below.

78 See Refugee Action, [The Destitution Trap](#): Research into destitution among refused asylum seekers in the UK (2006); British Red Cross, [A Decade of Destitution](#): Time to make a change (2013); JRS UK, [Out in the Cold](#): Homelessness among destitute refugees in London (January 2018); Women for Refugee Women, [Will I ever be safe?](#) Asylum-seeking women made destitute in the UK (February 2020).

79 See W Williams, [Windrush](#) Lessons Learned Review, (March 2020).

deterioration in mental and physical health. The aim of this is to make their lives unbearable in the hope that they will leave the UK. That is, human suffering and disability are manufactured and weaponised as a means of immigration control.

This must be set in the context of the broken asylum determination process and legal aid crisis, which mean that the protection needs of refugees are often unrecognised, and asylum claims wrongly refused. People declared appeal rights exhausted can submit a fresh claim - that is, present new evidence that they need asylum. While a fresh claim is under consideration, a claimant who would otherwise be destitute typically again qualifies for asylum support.⁸⁰ Every year, thousands of people who have been refused asylum, declared appeal rights exhausted, and made destitute are ultimately recognised as refugees or otherwise in need of international protection after submitting fresh claims.⁸¹

Gathering evidence for a fresh claim is extremely difficult, especially whilst destitute, and it is even harder to find legal support to make a fresh claim. Many people are refused multiple times and then ultimately recognised, and they can move in between total destitution and asylum accommodation.

The current government is extending and cementing mechanisms of Hostile Environment, despite not explicitly using the terms “Hostile Environment” or “Compliant Environment.”⁸² Notably, it is seeking to enact Hostile Environment provisions of the Immigration Act 2016 that have not yet been brought into force. Currently, families with children can continue to access asylum support. By enacting laws not previously in force, the government would leave families only able to access asylum support if the Home Office deems they are unable to leave the UK. Local authority support might otherwise be available, but the changes being brought into force also appear to limit its availability. This would risk making children homeless or tearing families apart if children are put into care because their parents have been made homeless. Government consultation documents on this change state its aim is “to incentivise families to engage with the returns process”. This is an overt attempt to weaponise destitution against families as means of immigration control.⁸³

The government is also focusing heavily on pursuing undocumented people working informally, a key plank of the Hostile Environment agenda.⁸⁴ This acts

80 Under S4 of the Asylum and Immigration Act 1999.

81 According to information provided by the Home Office to NACCOM in response to a freedom of information request, FOI 2023/05756.

82 Even if, as noted by Lord Justice Underhill, the use of ‘Hostile Environment’ ‘gives a franker description of the purpose of the regime, which is, [...] to make life difficult for people who are in the UK illegally.’ (Refugee and Migrant Forum of Essex and London & Anor) v Secretary of State for the Home Department [2025] EWCA Civ 1843, note 5.

83 Home Office, Government Consultation, “Family Returns: Reforming Asylum Support and Enforcing Family Returns” March 2026, paragraph 34.

84 [‘Restoring Order and Control: A Statement on the Government’s Asylum and Returns Policy’](#) CP1418 (November 2025). The Illegal Migration Act 2016 created an offence of working without permission to do so as part of the then-government’s Hostile Environment agenda to place border across daily life.

in concert with hostility across the wider asylum system, described above, to marginalise and dehumanise people seeking asylum.

Exclusion of disabled migrants from welfare support available to disabled people

Immigration status determines whether a person can work, access public funds, and the extent of healthcare available to them. Individuals whose asylum claims have been refused by both the Home Office and a court are excluded from most welfare support by law, as well as from the limited support available to asylum-seekers. Exclusion from public funding flows directly from the absence of leave to enter or remain in the UK.⁸⁵ In England specifically, people refused asylum are also subject to NHS charging for secondary care—that is, most care that does not occur at a GP surgery or in accident and emergency. This means secondary care deemed non-urgent can be withheld from them, and they are likely to be billed for other secondary care.⁸⁶

Beyond the obvious point that those denied access to work cannot reasonably be expected to support themselves, the impact of exclusion from support disproportionately affects disabled people. Disability-related support is often essential to securing access to a wide range of rights that would otherwise remain out of reach. Disability can entail additional and unavoidable costs and impose a ‘disability price tag’.⁸⁷ Everything central to daily life, from preparing food, to managing access to health care and treatment, and meeting personal hygiene needs could potentially require adaptations or additional support that need to be paid for. Transportation costs are also often higher. Personal support and assistance with daily living can be crucial to enable disabled people to not only meet basic needs but to participate in and contribute to community life. These costs are not always inevitable; they can also arise from a society and environment designed around assumptions that exclude disabled people from the outset.

Disabled people have already borne the brunt of assaults on public spending by successive governments. The welfare system, in particular, has been shown to have harm embedded into it by design –as ‘a feature not a bug’.⁸⁸ The 2017 CRPD Committee inquiry into the UK found ‘grave or systematic ‘violations’ of disabled ‘people’s rights, including through measures that restricted the availability of and entitlement to support, denial of reasonable accommodation in disability assessment procedures, and overall systemic

85 Immigration and Asylum Act 1999, s.115(9).

86 JRS UK, [NHS Charging Regulations: impact on refused asylum seekers and undocumented migrants](#) (September 2024).

87 L Veruete-McKay, C Moss and C Davy, ‘[Disability Price Tag: The Extra Cost of Cuts](#)’ (SCOPE, June 2025).

88 See the [Deaths by Welfare Project](#) which provides a database of evidence, co-produced with disabled people, that interrogates and underscores the extent to which the system creates the conditions leading to death while also highlighting resistance by disabled people.

violence, justified by reference to the need for austerity.⁸⁹ In particular, measures ‘resulting in a reduction of the support provided to meet the extra cost of disability and denial of reasonable accommodation in assessment procedures [...] have had a discriminatory ‘effect’,⁹⁰ leaving many disabled people unable to meet basic needs, live independently or be included in the community.⁹¹ Since then, the design and administration of the disability benefit system itself continues to be implicated in the deprivation, suffering, and even deaths of disabled people, underscoring the human cost of inadequate support.⁹²

Yet disabled migrants are excluded even from this already limited protection. The exclusion from public funding means ineligibility to a wide range of disability-related benefits, including Personal Independence Payment (PIP), Severe Disablement Allowance, Carer’s Allowance, Disability Living Allowance, and other mainstream benefits, such as Universal Credit and Child Benefit.⁹³ Immigration status excludes people from most forms of welfare support. Because asylum seekers are generally prohibited from working, they are also unable to access benefits linked to current or past employment, leaving them without any financial or material support. The incongruence of a system premised on exclusion based on immigration status instead of one that takes support for all as its starting point was brought into sharp focus during COVID. Public health responses required the participation of all, regardless of migration status.⁹⁴

Some support exists within the parallel asylum welfare system, but it is limited in scope and withdrawn once a claim is refused.⁹⁵ Those granted leave to remain, including refugees, gain access to the mainstream welfare system;⁹⁶ those whose claims are refused are cut off from remaining support, except in exceptional circumstances discussed below.

This exclusion from support and related services is evidently catastrophic for disabled migrants. Yet it is also a catastrophe for people not initially considered disabled during the asylum process, who can and do become disabled through the compounded effects of poverty, deprivation, and lack of access to essential services. Prolonged exclusion—from services, support, and community—leaves an indelible impact that can contribute to, if not create, impairment. Exclusion from key sources of support is often linked to mental

89 Committee on the Rights of Persons with Disabilities, [‘Inquiry concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention’](#) (24 October 2017) UN Doc CRPD/C/15/4, para 113.

90 Ibid para 113(e).

91 Ibid para 113(f).

92 Healing Justice LDN, [Deaths by Welfare](#); C Mills and J Pring, ‘Weaponising Time in the War on Welfare: Slow Violence and Deaths of Disabled People Within the UK’s Social Security System’ 44(1) *Critical Social Policy* 129.

93 Immigration and Asylum Act 1999, s 115(1).

94 L Leon, [‘Understanding Migrant Destitution in the UK’](#) (2023) Centre on Migration, Policy and Society Briefing, 16.

95 For example, there are duties to provide accommodation to people seeking asylum with care and support needs.

96 Even here, there are systemic issues with accessing support in practice post-recognition.

distress that can escalate to clinical levels of mental ill-health. The physical consequences of the Hostile Environment are equally significant. Social exclusion heightens risk of worsening ill-health across a wide range of health conditions. For example, research conducted by JRS UK demonstrated that people with no choice but to live in asylum hotels for extended periods are at risk of developing long-term health conditions because the food is so poor.⁹⁷

In this sense, we are dealing with two overlapping populations: those who are disabled and *then* further marginalised by the asylum system and Hostile Environment, and those who are disabled by the asylum system and Hostile Environment itself.

Support for disabled people refused asylum as exception

The general rule is that most disabled people refused asylum are excluded from accessing social care provision. Exceptions that could lead to support are limited: these include duties towards children arising out of their status as children⁹⁸ and the duty of care under social services legislation, including mental health legislation.⁹⁹ Asylum housing and financial support are also currently available in principle to those who face a legal or practical barrier to returning to their country of origin, to families with children or, relatedly, where withholding support would breach human rights obligations.¹⁰⁰ However, people regularly face an uphill battle to access this support in practice, and, as we have seen, recent and forthcoming changes reduce the circumstances in which people refused asylum can access asylum support.

The Care Act 2014—which governs care and support for adults—is built around a general duty placed upon local authorities to promote an individual’s well-being, when exercising their functions under the Act.¹⁰¹ Well-being is defined broadly to include, inter alia, personal dignity; physical and mental health and emotional well-being; participation in work; education, training or recreation; social and economic well-being; domestic, family, and personal relationships; suitability of living accommodation; and the individual’s contribution to society.¹⁰² This expansive definition of well-being captures key dimensions of life that are directly affected—if not deliberately targeted—by Hostile Environment measures. While not designed with adult social care in mind, these measures, whether explicitly or incidentally,

97 Sustain, JRS UK, and Life Seekers’ Aid, [‘Food experiences of people seeking asylum in London: areas for local action’](#) (2024).

98 Dependent children part of the household before the initial asylum claim was finally refused continue to be treated as asylum seekers and entitled to s95 support until the child turns 18 or is removed from the UK. Section 95 of the Immigration and Asylum Act 1999.

99 Schedule 3 exception: England focus: families & ‘vulnerable’ adults – s17 Children Act 1989, The Care Act 2014, Mental Health Act 1989. Different rules apply in Scotland, Wales and Northern Ireland.

100 S4 support. See, NRPF Network, [‘Home Office Asylum Support: Section 4 Support’](#) (2025).

101 Care Act 2014, s.1.

102 Care Act 2014, s.1(2).

undermine the very conditions that the Care Act obliges public authorities to protect and promote.

Although care and support does not qualify as a ‘public fund’ for immigration purposes, and individuals should not be refused a needs assessment solely on the basis of having no recourse to public funds, immigration status plays a role in circumscribing access.¹⁰³ Exclusions apply to social care support under the Care Act 2014, even in cases of destitution. Under Schedule 3 of the Nationality, Immigration and Asylum Act 2002, certain groups of migrants—including refused asylum seekers—are generally ineligible for support, regardless of whether they would otherwise meet the statutory threshold for care under the Care Act. Access to care and support may also be limited for those whose needs arise *solely*—to use the language of the law—from destitution, or from the physical effects (or anticipated physical effects) of being destitute.¹⁰⁴ In these circumstances, the individual’s needs—*qua* disability—is treated not as an independent basis for support, but as a consequence of their immigration status which places them in destitution and then excludes them from support.

Disabled people refused asylum may be provided with housing and financial support where withholding support would breach human rights obligations under the Human Rights Act 1998.¹⁰⁵ Currently, in these cases, people typically receive Section 4 asylum support. The human rights under consideration are ECHR rights (‘Convention’) rights.¹⁰⁶ Generally, it is potential breaches of the prohibition of torture and inhuman and degrading treatment that are considered relevant.¹⁰⁷ Disability status affects the assessment, in that it should shape how the absence of support would impact on the disabled individual and whether this would meet the threshold of severity to be considered ill-treatment.

However, other human rights breaches are not spelled out as reasons to provide support to people refused asylum. Not considering wider human rights law—particularly the CRPD given its status as the internationally agreed instrument establishing the minimum rights for disabled people—leaves people, including disabled migrants, facing serious deprivation even where it does not meet the threshold of inhuman or degrading treatment. In any case, qualification of support because there would otherwise be a breach of human rights obligations depends on a needs assessment that considers that return to a person’s country of origin as a reasonable avenue of support.

In reality, only those with further submissions pending examinations are likely to access this support, yet this remains subject to the challenges outlined above.

103 See, NRP Network, [‘Accessing and Supporting Adults Who Have No Recourse to Public Funds \(England\): Eligibility for Care and Support’](#)

104 Care Act 2014, s 211).

105 Immigration and Asylum Act 1999, s 4.

106 The Immigration and Asylum (Provision of Accommodation to Failed Asylum-Seekers) Regulations 2005, reg 3.

107 For example, Home Office Guidance, [‘Asylum Support Section 4: Policy and Process’](#) 17.

Contested: a turn from protection and rights

As the above sections have shown, both migrant rights and disability rights are under renewed threat in law, policy and practice. Consequently, both people seeking asylum and disabled people are at increased risk of harm.

When refugees and disabled people are viewed in terms of economic productivity and seen as a burden, with little regard for human worth, deprivation becomes inevitable.¹⁰⁸ This has been true for years, but is getting much worse. Ongoing proposals to reform the UK's asylum framework would create precarity for all those seeking asylum, and force even recognised refugees to live under perpetual threat of forced removal. These proposals are framed as a means of restoring order, which is used to justify giving refuge a temporary timbre and legitimise its detachment from international and regional human rights frameworks.¹⁰⁹ The inconsistency of these proposals with human rights obligations—whether international, regional, or domestic—is widely noted and reflects worrying developments in the turn from rights more generally, which can affect everybody, regardless of migration status.

The turn away from rights of inclusion and participation extends to areas unconnected with migration and asylum-seeking, as the discourse on disability has shown. Earlier efforts illustrated how the deprivation of disabled people within the asylum system ends up being rolled out to the wider population.¹¹⁰ The hard-won rights of disabled people appear precarious, with moves by government to make disability support harder to access. The findings of the UN Committee on the Rights of Persons with Disabilities inquiry into the UK system mentioned above, which outlined just how the impact of austerity measures has left disabled people unable to enjoy basic rights, came at significant cost that has led to hardship, deprivation and loss of life.¹¹¹

This heightens the intersectional harm experienced by disabled people without immigration status, which is also mediated by experiences of gender, race, and other considerations and highlights the need to defend disability rights in concrete, marginalised contexts. This report thus examines the intersection of rights not only of two marginalised overlapping groups, but *also* more specifically, of two groups for whom things are at risk of getting (even) worse. Furthermore, by examining how hostile migration policies

108 R Yeo, '[The Deprivation Experienced by Disabled Asylum Seekers in the UK: Symptoms, Causes, and Possible Solutions](#)' (2017) 32(5) *Disability and Society* 657, 673.

109 Home Office, '[Restoring Order and Control: A Statement on the Government's Asylum and Returns Policy](#)' CPI418 (November 2025).

110 R Yeo, "'Disabled Asylum Seekers? ... They Don't Really Exist": The Marginalisation of Disabled Asylum Seekers in the UK and Why It Matters' (2015) 2(1) *Disability and the Global South*, 523; Rebecca Yeo, *Disabling Migration Controls: Shared Learning, Solidarity and Collective Resistance* (Routledge, 2024), Chapter 3; S Siddiqui, '[The Attack on Welfare: From Disability Benefits to Asylum Support](#)' (18 July 2024, Institute of Race Relations).

111 Committee on the Rights of Persons with Disabilities, '[Inquiry Concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention](#)' (24 October 2017) UN Doc CRPD/C/15/4.

undermine the rights of disabled people, it invokes a wider framework of rights that is itself contested and fragile. Against this background, we consider that solidarity between marginalised groups is more important than ever. Also, that it is important to consider how rights frameworks from which some are excluded are built on shaky ground.

Crucially, this turn away from rights-based legal frameworks is a turn away from laws that exist to protect and be fair to human beings and safeguard their fundamental dignity. Sometimes, there is an attempt to justify the attack on rights by implying the rights in question are divorced from reality. For example, justifying plans to narrow the applicability of Article 3 of the ECHR, prohibiting torture and inhuman and degrading treatment and punishment, the Home Secretary invoked “common sense”.¹¹² We have seen that, in reality, people seeking safety face an uphill battle to access the protection they badly need, including where Article 3 rights are at play. Where it means protection is wrongly refused, the denial of Article 3 rights can have catastrophic human consequences.

CRPD rights are especially grounded in the lived, daily experiences of disabled people, having been shaped so heavily by input from DPOs. They are not abstract, and they are very much common sense. And in what follows, we shall see that the denial of rights orchestrated by the Hostile Environment is not a denial of something frivolous, or excessive, but a denial of basic dignity and the means needed to survive. It is a denial that often becomes imprinted on the body in the form of impairment and disablement.

The contestation of rights-based legal frameworks by some politicians of course occurs alongside – though not generally very engaged with – critiques of rights language from some academic thinkers. A full exploration of these critiques is not in scope here, but it is useful to note that some of the most prominent critiques are incongruent with rights as we explore them here – both with the legal frameworks of the CRPD, and with the way denial of rights plays out in the Hostile Environment. Notably, rights-based thinking has been criticized for being individualistic.¹¹³ However, the rights in question in the CRPD are heavily focused on participation, and so community. The implied conception of human flourishing and human nature is inherently social and community-oriented. Relatedly, research participants felt that the Hostile Environment, in treating them as less than human, cut them off from community.

112 [Lord Chancellor Speech at the Council of Europe](#), delivered on 18 June 2025.

113 A MacIntyre, *After Virtue* (University of Notre Dame Press, 1981)



WORKSHOP FINDINGS

The three workshops explored the intersection between disability and being undocumented.

In the first workshop, participants were introduced to disability human rights with a focus on the CRPD. We sought to draw out the centrality of disabled ‘people’s participation, both in the crafting of the CRPD and in the CRPD’s conception of disability rights. In light of this, participants reflected on the relationship between being undocumented and being disabled. Participants strongly identified with disability, which they understood as entailing limitation and exclusion, and specifically felt that the asylum system and Hostile Environment had disabled them.

The second workshop picked up the theme of exclusion by exploring the barriers that prevent refused asylum seekers from participating in three areas of key importance to the CRPD, and their

human impact: Community life, family life, and health. Participants strongly agreed that there were significant, multiple and interconnecting barriers across all of these areas. In each area, enforced poverty, laws and policies structured to exclude, and societal attitudes worked together to exclude people. And crucially, exclusion across all these levels worked together to create mental and physical disability.

The third workshop encouraged participants to reflect on barriers faced by disabled people and then asked for feedback on initial findings from the first two workshops, thus allowing us to clarify and concretise relevant themes, and flesh out the connection between disability and undocumented status.

Key themes about the relationship and interaction between disability and undocumented status, and respective and overlapping barriers faced by disabled people and people without immigration status recurred and were developed across the three workshops. Therefore, here we share a thematic summary and analysis of workshop findings, rather than a separate account of each workshop.

Connections between disability and being undocumented

Several related connections between disability and being undocumented were highlighted across the workshops. Participants asserted that, with wide agreement across the group, that first, the UK's hostile immigration and asylum system *creates* physical and mental impairment and disability in a literal sense – i.e., it creates trauma damaging mental health, and conditions which are bad for physical health, leading people to acquire serious long-term health conditions they had not previously had, and felt they would not otherwise have acquired.

Second, closely connected to this, the hostile immigration and asylum system is very, very bad for undocumented migrants with pre-existing disabilities, denying them vital support and further disabling them.

Third, hostile immigration and asylum policies impact undocumented migrants' lives in a way similar to disability – i.e., lacking immigration status is analogous to being disabled. Crucially, a person's relationship to society was at the heart of this shared picture of disability, and being undocumented. Hence, remarks included: *"Immigration and disability goes hand in hand because you are limited. You 'can't work, you 'can't do anything"*. Underlying the analogy between disability and lack of immigration status was the assumption that disability entails limitation and exclusion.

Participants had diverse ideas about how societal treatment and structure fed into non-participation for each group, and shaped their respective experiences.

Many participants felt that disabled people and people without immigration status were both treated very badly, and then that disabled undocumented migrants were at the bottom of the pile: *"I've seen an English amputee... nothing done for him... If [society] treats him like this, what about us?"* There was also a strong sense that disabled people are treated better than people without immigration status: *"most people see me on the street and ignore me or look at me like dirt...I see a man holding the door open for a women in a wheelchair...wishing I had the same respect and acknowledgement."* There was some sense that this was due to better historical progress for disabled people than migrants – society can do this for them, why not us?

There were also, more specifically, diverse ideas about the way in which each group was excluded. On one hand, participants highlighted societal barriers

faced by disabled people – such as prejudice and lack of appropriate housing. Some relatedly suggested that the experience of disability was inflected by active exclusion and dehumanisation, similarly to the experience of exclusion due to immigration status: *“Disability is when you have a problem – people pin you down and treat you differently, they don’t see you beyond whatever ails you or your struggle.”*

On the other hand, several participants contrasted limitation arising from disability with limitation arising from immigration status: disability was inherently limiting, whilst people disabled by the immigration system were disabled – and so limited - by societal choice. This implied the experience of migration could be entirely different if politics were different, the experience of disability less so: lived experience of impairment, it was suggested, could not be written off or underplayed, irrespective of how society was structured or how much support was available to disabled people.

Across all of this was a strong sense that being undocumented was analogous to disability *because* neither disabled people nor undocumented people could fully participate in society or access the things they needed – they both faced barriers.

Barriers for disabled people with and without immigration status

Participants’ concepts of barriers for disabled people were thus key to their understanding of how disability and undocumented status were related and gave valuable insight into the experience of disabled people without immigration status. Participants noted the following barriers for disabled people, both undocumented migrants – often themselves or their families - and others:

Problems with physical accessibility. These included inaccessible housing and housing without the necessary adaptation, problems getting around, and limited transport options for wheelchair users. This discussion focused heavily on societal barriers to physical access, as opposed to ones arising from impairment itself.

Stereotyping, prejudice and stigma. This was noted both as an external barrier to participation – for example employers “don’t want to hire disabled people” and more broadly *“not being included in society”* and as in relation to its impact on self-image *“Disabled people have low self-esteem due to their disabilities. They see themselves as lesser human beings.”*

Difficulty accessing support. There were some references to problems disabled people had in accessing support. For example, delays in PIP assessments were noted and, with reference to disability payments, someone stated “*replacing cash with vouchers is not fair, it does not make sense*”. This parallels other work done with refused asylum seekers by JRS UK, which found that, when charity support for asylum seekers came in the form of vouchers rather than cash, this limited agency and felt dehumanising.⁸⁵ This suggests empathy in a shared experience of dehumanisation arising from government policy.

With reference to accessing support, the specific barriers faced by disabled people without immigration status came across especially strongly: it was felt that they could not access all the support that British disabled people could. Disabled people refused asylum particularly struggled to access mental health support, healthcare for physical needs, and appropriate housing.

Problems accessing legal assistance. Non-availability of legal support made it harder for disabled people to access support: “Legal assistance is also an issue: entitlement does not translate to access and the cuts to legal aid also disproportionately affect disabled people who need legal support to access justice.” This clearly draws out a gap between rights held in legal theory, and those enjoyed in practice – which is a defining feature of life for refugees struggling to access protection, and is a strong example of structural barriers faced by disabled people.

As well as exclusion from society, participants considered the likely impact of this, and of impairment itself, on disabled people’s sense of self. Some participants noted that disability was likely to entail added pressure and have mental health impacts, which would then have a further impact on their ability to live their life: “*Most disabled people are suffering with daily stress and pressure.*” An important implication was that barriers faced by disabled people led to further disability, including deepened mental health impairments and consequent marginalisation. The likely mental health impact of sudden disablement was also specifically highlighted.

To examine the connection and interaction between the Hostile Environment and disability in more detail, we focused on barriers participants identified as key to their experience in 3 key areas the CRPD names as arenas where disabled people have rights: participation in community, enjoyment of family life, and health status.

Barriers to participation for refused asylum seekers

The importance of participation by disabled people in all areas of life runs as a thread through the CRPD. The emphasis on participation is born out of the profound exclusion experienced by disabled individuals and communities in societies and processes that are not designed with them or their needs in mind. As such, participation forms part of the CRPD's purpose – to enable participation by all disabled people in all areas of life – and this is why States must take specific actions to ensure participation in different areas of everyday life. This includes participation in cultural life, recreation, leisure and sport (Article 30), participation in political and public life (Article 29), and in other areas such as education and the workforce.

Disabled people are also core to the implementation and monitoring of the implementation of the Convention itself, recalling how frameworks and processes that do not integrate the perspectives of those most affected by them are necessarily incomplete. Civil society must be involved and participate fully in the monitoring process, particularly through particularly the input of disabled people and Disabled People's Organisations (Article 33(3)).

This experience is closely connected to the need for the presence of disabled people within society and for their contribution to be valued as crucial members of the community. This is not only achieved through a focus on accessibility. It also calls for States to take appropriate measures 'to enable disabled people to have the opportunity to develop and utilise their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society' (Article 30(2)). It also means recognition and support of the specific cultural and linguistic identity of specific disabled peoples' groups, including sign languages and deaf culture (Article 30(4)). Moreover, beyond enabling disabled people to participate on an equal basis with others in recreational, leisure and sporting activities, States are to take appropriate measures to encourage and promote participation by disabled people in both mainstream and disability-specific sporting activities while ensuring access to accessible venues (Article 30(5)).

The experience of life in the UK by participants painted a vastly different picture and highlighted the extent to which undocumented people are rendered invisible within the wider community, a state which is only exacerbated in the case of disabled undocumented people. Exclusion was, in large part, the mechanism by which hostile immigration and asylum policy created disability and impairment. The theme of exclusion, which arose first in workshop 1, was fleshed out across the later workshops, as respective barriers faced by undocumented people and disabled were explored.

Participants highlighted barriers for refused asylum seekers to **participation in community life** across multiple levels:

Enforced poverty—through no recourse to public funds conditions and the ban on work—was a key barrier to participating in community, preventing people from socialising, joining gyms, or sending their children on school trips. Undocumented people were thus rendered invisible within wider community spaces by poverty.

Isolating forms of asylum accommodation excluded people from broadly participating in social life. Hence, hotel accommodation was contrasted unfavourably with dispersal accommodation “where you’re living in the community”.

The **ban on work** was repeatedly highlighted as a key limitation on participating in the community by cutting off a key avenue into community life, as well as enforcing poverty.

These barriers reify a position whereby undocumented people, including disabled undocumented people, are considered as living outside the community, both feeding off and fuelling **racism, prejudice, and stigma** which were felt inherently to undermine inclusion in community life, because they meant people felt unwelcome and were “treated like outcasts”.

Institutional asylum accommodation – large-scale and set apart from other forms of housing – has become normal since approximately 2020, with a huge growth in the use of asylum hotels, the warehousing of asylum seekers in prison-like former military sites such as Napier barracks in Folkestone, closed at the end of 2026 Wethersfield in Essex, and Crowborough in Sussex, opened by the current government.

Barriers to family life for refused asylum seekers

“Separation of family destroys love.”

The CRPD obliges states to take steps to ensure that disabled people can enjoy family life on an equal basis with others, and it specifies being able to marry and have children, and for children to be able to live with their parents, on an equal basis with others. It provides a disability-focused articulation of the wider right to family life.

By stark contrast, participants had experienced brutal familial separation as a consequence of immigration control and the structure of the asylum system. They also reported struggles to maintain a normal family life whilst in asylum limbo, and the realities of being far from family. Specific issues included:

Families torn apart by forced removal: Participants referred to parents being forced to leave the UK, despite the fact that their children remained there, and even of people’s children being forcibly removed.

Asylum support models: Participants noted that people reliant on asylum accommodation were often forced to live separately from family members. Firstly, fathers often had to live apart from their partners and children: *“Mother and children separated from father, different cities.”* Secondly, asylum seekers who got married whilst in the UK, or where only one of them was an asylum seeker, often struggled to asylum accommodation together, or for both of them. Though this was not stated, this kind of separation is likely to disproportionately impact disabled asylum seekers; if one were forced to live separately from one’s spouse or children, many disabilities would make it disproportionately difficult to travel to see them.

Separation from family abroad, arising from forced displacement was important. Lack of opportunity for family reunion was a recurring theme. Though this was not articulated, this arguably finds a parallel in exclusion for disabled people, in that society was not supporting people to overcome obstacles not obviously and immediately of its making, but that could have been overcome with society’s support.

The enforced poverty built in to the asylum system was also seen to have a negative impact on family life:

No access to public funds or support: was again a factor, as it was seen as making family life more difficult: “No recourse to public funds leaves families with no safety net”.

Asylum accommodation was generally a poor context to raise a family, and, connectedly, was unsuitable for disabled people:

a parent who had raised a child with significant physical disability in asylum accommodation described how it was unsafe for him. There was a large flight of stairs and no life, and she was always afraid he was going to fall. This made family life more difficult. Problems with asylum accommodation was a clear example of something that negatively impacted family life for asylum seekers generally, and that impacted disabled seekers with particular, crushing, force.

These are clear examples of people being denied rights to family life. In many of the situations mentioned, impairment and disability would compound the barriers faced.

Barriers to health for refused asylum seekers

Disabled people should be able to enjoy the highest attainable standard of health without discrimination on the basis of disability. This reinforces the longstanding acknowledgment of the importance of the right to health for all.¹¹⁴

Although disability and health are distinct, access to appropriate healthcare can be particularly important for disabled people and can be a core component of a person’s ability to participate in society. Healthcare to address specific impairments can help manage specific conditions and prevent secondary impairments which could further affect an individual’s ability to enjoy a dignified life and participate in society.

For this reason, States are to provide disabled people with the same range, quality and standard of free and affordable health care and programmes as provided to other people. While this might allow for restricting entitlement to free healthcare, on the basis that it is similarly not available to other non-disabled migrants, there is no similar restriction on healthcare that is required

114 Article 12 of the [UN International Covenant on Economic, Social and Cultural Rights](#).

by disabled people because of their disability. Health services should also be provided as close as possible to people's own communities to enable greater engagement with required services and avoid access difficulties. The CRPD imposes obligations to provide disabled people with health services that 'prevent further disabilities' *and* health services relating to 'early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities'. That is, the CRPD requires states to provide health services that might prevent further disablement and secondary disability (Article 25 CRPD).

The CRPD's vision of disabled people having access to everything they need to enjoy the highest attainable standard of health stands in stark contrast to participants' experiences of health during their stay in the UK. Barriers to good health were considered wide-ranging, endemic and mutually reinforcing. Barriers were classified as those affecting access to healthcare—which had a concomitant impact on health status—as well as those which, while linked to wider exclusion from services, participation and wider society, negatively affected health status. This reflected how health is about more than healthcare and includes participation and belonging in community as core aspects.

Barriers to healthcare

NHS charging and attendant data-sharing – a core Hostile Environment policy – were vastly important here. People gave examples of both being refused treatment because they were unable to pay *and* being deterred from attending hospital for fear of incurring debts they could not pay while mindful of the negative impact on their immigration and asylum case. Here, enforced poverty and a policy of charging refused asylum seekers for care and sharing information with the Home Office combined to build a sometimes insurmountable barrier.

One older man explained, *"When I fell down, they asked me to pay for the crutches... that's £200 I don't have...If I could work, I could pay for crutches."* In the end, he went away without the crutches. Others described not having operations they ought to have had because of prohibitive costs and fears about repercussions on immigration status or the ability to continue living in an already precarised system.

Not having a fixed address also sometimes made it difficult for people to register with a GP, showing how enforced poverty and homelessness created precarity that then made accessing services difficult.

Discussions also revolved around the chilling effect of data-sharing between health authorities and immigration enforcement, which could deter from accessing healthcare, even when available.

Though the greatest problems with access to healthcare had been experienced by people whilst appeal rights exhausted – there were also examples of problems accessing healthcare whilst waiting for a decision on

an asylum claim – when one is supposed to be exempt from NHS charging.¹¹⁵ There were differing experiences of and opinions about accessing healthcare when waiting for an asylum decision, with some people saying they hadn't had a problem until later. This was one clear indication that disablement via the asylum system begins before refusal of an asylum claim, but becomes radically worse from the point of refusal.

Disabled participants and participants with disabled family members in the UK had faced even greater barriers to the necessary healthcare support. One participant whose child had a significant physical impairment described receiving a huge bill for an operation that he had needed. This had been a huge cause of anxiety, and made it very stressful to engage with health services going forward. This indicated that migrants with pre-existing disabilities, when they have healthcare needs, encounter even greater barriers and systemic exclusion than other migrants.

In both cases, the system is implicated in ignoring the health needs of people who are otherwise entitled to it, with the risk that this absence leads to further disablement.

Negative impact of wider social and economic exclusion on health

The social determinants of health—which refer to the impact of the social and economic circumstances in which individuals grow and live on health status—are profoundly important to undocumented people whose access to socio-economic facilities/opportunities/rights is mediated by their entitlement under the legal and policy framework.¹¹⁶

These social determinants—including exclusion from social and economic support, the healthcare system, access to food and nutrition—were a powerful theme in how participants framed the challenges in enjoying good health status.

Each of the three workshops brought to the fore the extent to which the relationship between the conditions in which undocumented people are made to live in, age, and their relative disempowerment and exclusion from resources had a profound influence on their health status which led to increased needs for healthcare and support.

115 This is in line with JRS UK's experience. See [NHS Charging Regulations: impact on refused asylum seekers and undocumented migrants](#) (September 2024).

116 World Health Organisation, [Social Determinants of Health](#).

Key factors included:

Food insecurity and lack of access to nutritious food. This was noted as a key factor in deteriorating health, with many people explaining that they simply could not afford healthy food: *“Money is very limited. You can’t buy healthy food.”* People also explained that poor mental health contributed to poor eating habits. This was a long-term reality for many participants, and several spoke about acquiring chronic health conditions such as diabetes as a result.¹¹⁷

Homelessness. Forced into destitution, most participants had experienced – and were experiencing - long-term homelessness typically combining precarious couch-surfing with rough sleeping and homeless hostels. Lacking a safe and secure place to sleep entailed chronic sleep deprivation, made it very difficult to manage health conditions, and often meant one simply could not rest: *“not having enough rest is a big factor.”* All of this also had a negative impact on mental health. This needs to be set in the further context that not having a secure place to sleep entails a particularly acute chronic limbo, and can often mean one is living in physical fear. For context, in surveys JRS UK conducted with refused asylum seekers based in London, 20% said they felt physically unsafe around those they lived with.¹¹⁸

JRS UK’s research with refused asylum seekers in London found that rough sleeping was common, and there was a widespread pattern of couch-surfing punctuated by sporadic rough-sleeping. Couch-surfing in this context typically entailed very little control over daily life, including when one slept and ate, and sleeping in uncomfortable and overcrowded living conditions.¹¹⁹

117 See for example Sustain, JRS UK, and Life Seekers’ Aid, [“Food experiences of people seeking asylum in London: areas for local action”](#) (2024).

118 JRS UK, [Destitute and in Danger: people made homeless by the asylum system](#) (2024), 19.

119 Ibid.

Exclusion and dehumanisation contribute to health decline and disablement

Importantly, exclusion from community and from family life were considered to cause bad health: both the isolating nature of asylum hotels and social stigma were explicitly cited as causes of poor mental health. *“Stereotyping someone every day might cause anxiety. Let them know they’re nothing in society until they get their paper.”*

So was being separated from your family. Barriers to core forms of participation in community and family life were therefore also barriers to health.

Connectedly, enforced idleness, and societal exclusion - “non-acceptance into society” – were seen as bad for mental health in themselves. Numerous participants described suffering from anxiety.

Mental health was seen to negatively impact physical health. For example, participants described sleep deprivation due to stress, and both the stress and the sleep deprivation together leading to high blood pressure: “Anxiety could lead to smoking, drinking, and poor eating habits, with negative impacts for both physical and mental health.

At the same time, good health was seen as a necessary condition for other aspects of a good life: *“If you can’t have good health you can’t have anything.”* As one participant remarked *“It’s all connected”*. Participants thus emphasised the cyclical nature of disablement at the hands of a hostile immigration and asylum system.

Key takeaways: lived experience of systemic hostility

The Hostile Environment actively disables people

As we have already begun to see, all of this contributed to the development of a range of physical and mental impairments including diabetes, high blood pressure, anxiety, depression and post-traumatic stress disorder. The human impact was profound, with many participants describing losing a sense of self and some participants saying they had self-harmed. This echoes other research by JRS UK that found that long-term asylum destitution was bad for both physical and mental health, with the two often being closely connected, and with participants suffering from anxiety, depression, and suicidal ideation.¹²⁰

The implication of acquiring a chronic health condition in a landscape where effective access to medical care is not a given, and the ability to eat and rest well is severely limited, is also that, once a chronic condition is acquired, the ways of managing it and minimising its effects are not necessarily open to the

120 JRS UK, [Destitute and in Danger: people made homeless by the asylum system](#) (2024), pp.21-22.

individual. We heard this repeatedly from participants who struggled or were reluctant to access medical care due to the charging regime; who had no choice but to eat food that would worsen their diabetes, or go hungry; whose high blood pressure was worsened by chronic stress; and who had nowhere safe to sleep when they were ill, and their bodies badly needed rest.

Participants described how the eventual effect of decades in destitution was, almost by default, disability. One participant who had been in destitution for over a decade already remarked that, when they finally got their status, they would likely be “already crippled”. They were very clear that the Hostile Environment had disabled them, *and* that it had done so purposefully. For example, one person stated health was “broken by design”.

Disablement across the asylum system

According to participants, disablement via the asylum system did not start with the refusal decision. Some considered that it could begin even before arrival in the UK, because lack of safe routes place refugees at risk of disablement in the process of a dangerous journey. Then, disablement was embedded within the asylum process: restricted access to asylum determination, which had to be navigated without adequate legal and practical support; dispersal policies that isolated individuals from pre-existing communities and cut off access to informal sources of support; substandard accommodation; constraints on establishing and/or enjoying family life; and a lack of autonomy over core aspects of individual well-being, such as where and how one lives.

Although there are formal provisions for disabled asylum seekers that address support, what we heard from disabled participants, and family of disabled participants, was that crucial support was simply unavailable. Parents raising disabled children faced a constant struggle to keep them safe and meet their needs.

Nonetheless, participants agreed that, following a refusal decision, the exclusion and hostility experienced by asylum seekers became much worse, with all support cut off. This could suggest that the refusal decision shifts the focus entirely to systematic exclusion. The refusal decision acts as an inflection point—the moment when whatever limited support had been available to meet basic needs is withdrawn, and the system effectively turns on the individual. A system that at first involved an attempt, albeit a hostile one, to identify protection needs shifts to be exclusively structured, through law and policy, as exclusion – and exclusion that is designed to make continued presence in the UK unbearable, putatively to compel departure. The barriers encountered are thus part of a continuum, reaching a critical juncture at refusal. At this point, the state’s focus shifts onto not just deterring the notional refugee at the UK’s borders but on expelling the one within.

Hostile Environment and the violation of rights

Across the workshops, we heard that refused asylum seekers, and to a large extent those in the asylum system, were actively denied rights guaranteed to disabled people under the CRPD. That is, rights that the CRPD obliges governments to protect and pursue for disabled people *because they are universal human rights – and, relatedly, because they are key to human dignity and flourishing*.

This highlights afresh how the Hostile Environment violates the human rights and dignity of those subjected to it, echoing a wide range of research and testimony.¹²¹ It is inevitable that a legal and policy framework designed to manufacture human suffering should violate human rights. It also fleshes out research participants' sense that being undocumented, even before it results in disablement, is *analogous* to disability.

These are two overlapping communities who have often been forced to the edge. In the CRPD, we see a legal framework focused on not only letting in, but bringing in, an excluded community, and restructuring society to do so. In the Hostile Environment, we see a legal framework focused on excluding and further excluding people, and restructuring society to do *that*.

Reclaiming participation, family, and health

Against this background, participants described how they found strategies to resist disablement – that is, to participate, build and maintain family, and maintain good health despite the barriers that hostile immigration policies put in their way.

When talking about both community and family, participants also conceived of them in diverse ways – community was helping people. Participants described both friends and JRS as community, and as family. This showed a reclamation of community and family, and a conception of it as something from which government policy could not, fully exclude them. Participants also described engaging in active psychological resistance to the erosion of mental well-being: “*Don't let them take your brain. You have to take care of yourself*” and named things they were able to do for physical health, such as walking.

¹²¹ E.g. N Sedacca, ‘[Migrant Work, Gender and the Hostile Environment: A Human Rights Analysis](#)’ (2024) 53(1) *Industrial Law Journal*, 63; Webber (n 10).



BETWEEN THE HOSTILE ENVIRONMENT AND DISABILITY RIGHTS: IRRECONCILABLE?

State-created disablement is inconsistent with the UK's legal obligations

The insights and experiences of refused asylum seekers laid out in this report clearly show that the Hostile Environment, and other marginalising aspects of asylum policy, both further marginalise disabled migrants, and deepen disability. Yet for all these well-documented experiences of lives that experience physical and mental ramifications consequent to the barriers imposed on them, there is no reckoning within the legal framework to consider these in view of the UK's obligations and commitments towards disability human rights.

This sits uneasily with the UK's obligations under the CRPD which aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all disabled people, and to promote respect for their inherent dignity. The UK's ratification of the CRPD meant it undertook to ensure and promote the full realisation of all human rights and fundamental freedoms for all disabled people, without discrimination of any kind on the basis of disability. Among its obligations, the UK committed to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against disabled people; to take into account the protection and promotion of disabled people's human rights in all policies; and to refrain from engaging in any act or practice inconsistent with the CRPD while ensuring that public authorities and institutions act in conformity with the same Convention.

Yet based on what we have discussed, the effects of the Hostile Environment appear to qualify as discrimination. While the treatment is not imposed *because of disability* but because of immigration status, the regime disproportionately affects disabled individuals and can qualify as a criterion or practice that has a differential impact on disabled people. The justification here seems to be immigration control. Perhaps legally, as morally,

the human and social impact on disabled migrants is disproportionate to the aim of immigration control.

Additionally, there is strong evidence that the Hostile Environment does not meet its stated aim – it does not compel people to leave the UK. Similarly, hostile asylum policies aimed at deterring arrival do not do so. As the Hostile Environment is ineffective at immigration control, immigration control cannot be invoked as a legal justification for its discriminatory impact. It is also true that UK's obligations are qualified by its reservation that obligations relating to freedom of movement do not apply to immigration decisions. This reservation is profoundly problematic in itself, in its attempt to render the border a rights free zone. Nonetheless, even within this flawed legal framework, there is no *carte blanche* to disavow disability rights simply because they are held by non-citizens (i.e. migrants), or undocumented people, but only very specifically with reference to decisions about immigration leave.

Furthermore, the UK's legal framework's explicit treatment of disabled migrants is problematic for a number of reasons. This includes an apparent erasure through law of disabled migrants—as seen in restrictions on accessing disability-specific support and benefits and the limited consideration of disabled migrants in the Immigration Rules.

However, the problems go beyond that:

There is no room to consider the production of impairment and subsequent disablement. Well-being is understood differently depending on one's immigration status.

What we have instead is an inversion of the obligation under the CRPD to remove the barriers that produce disability and provide support:

- Legislation providing that the needs arising from (state-manufactured) destitution are not seen as the responsibility of the State (exclusions under the IAA 1999, Care Act 2014, NIAA 2002). The State creates or contributes to the impairment and the need but then washes its hand of responsibility for it. Instead of removing barriers, the State creates them.
- Once disablement occurs, the State, in theory, tentatively steps in to provide support but only in extreme circumstances—where the hardship experienced is such that it is likely to violate the prohibition of inhuman and degrading treatment. This is a higher (and more limiting) standard than the full range of rights contemplated in the CRPD, which are not contingent on any form of impairment or disability: all disabled people should be able to flourish and live in dignity; disabled people should not simply be protected from inhuman and degrading treatment.

Instead, the CRPD can and should be considered in determining the risk of human rights violations and accompanied by appropriate provision or support. Beyond the exceptionally high threshold that must be met for material deprivation to constitute **inhuman or degrading treatment** under Article 3 ECHR, the ECHR is another of those instruments in which disabled people must be 'read in', since it does not explicitly address disability. The negotiation and eventual adoption of the **CRPD** gained momentum once it was recognised that, where disabled people were not expressly mentioned in human rights instruments, their experience of human rights protection was significantly limited. Using the CRPD to understand the impact of the Hostile Environment on the lives of disabled people refused asylum illustrates the extent to which these restrictive measures preclude any possibility of a life lived in dignity.





CONCLUSION & RECOMMENDATIONS

Through this research, we heard from refused asylum seekers that the Hostile Environment, and wider asylum system, had disabled, and continued to disable them, their family members, and other people refused asylum known to them. Those with pre-existing disabilities faced a huge struggle to access even the most basic support and were marginalised to the point that they were ultimately subjected to further disablement. And those whose disabilities – sometimes severe – are the direct result of enforced destitution, detention, and limbo at the hands of the UK government face an uphill battle to gain any recognition of their support needs at all. People marginalised by the asylum and immigration system, who have acquired and lived with impairments and disabilities in this process, are very clear that it is their environment – specifically, the asylum and immigration system as a lived reality - that is disabling them.

This creates a tension in the UK's legal and policy framework as it applies to non-citizens. The experience of disabled migrants subject to the Hostile Environment illustrates they are caught in the crosshairs between the obligation to protect the rights of disabled people and a policy commitment to excluding people based on immigration status. This tension raises troubling questions about the extent to which disabled migrants can access their entitlements to enjoy rights on an equal basis with others. It also highlights that the active pursuit of marginalisation by the UK government is implicated in creating disability.

By exploring the experience of disability among refused asylum seekers, this report has highlighted fundamental contradictions in the UK's theoretically inclusive approach in disability law and its active pursuit of exclusion in immigration law. It has also shown profound problems with making exceptions to disability law – whether through formal reservations, or inconsistent application of the CRPD. This points to the interdependence of different communities, and the interconnectedness of different rights: attacking the rights of refugees fundamentally undermines the rights of disabled people. Furthermore, whatever the law allows, prioritising immigration control over disability rights – and the protection and flourishing of disabled people – is a disturbing reflection on our society.¹²²

Applying a disability-sensitive lens to the challenges faced by undocumented migrants has shone a glaring light on the hypocrisy, inhumanity, and destructiveness of entrenched policies and practices that impose destitution without consideration of the effect on the person's health and well-being. It has drawn out how such policies damage core aspects of a good life – community, family, and health, including for those who are not disabled. Systematic exclusion through law and policy does vast damage to individual people – and very often, people who had already lost everything and came here to be safe.

Furthermore, the disabling impact of the Hostile Environment gives troubling insight into how the Hostile Environment functions. In pursuing marginalisation, the Hostile Environment policy inverts the usual assumed relationship between the state and individuals. Rather than facilitating access to resources that enable people to meet their basic needs and flourish, it constructs a space defined by exclusion from those very things. Flourishing is not merely unattainable – as it is, sadly for many underprivileged groups in society - but is actively and deliberately undermined. That the consequences are destructive on many levels is not surprising. It is all but inevitable. Examining the impact of the Hostile Environment through the lens, not only of disability, but also more specifically of a human rights framework that is concerned with structural barriers and with rights of participation lays bare how far the Hostile Environment actively builds barriers to a good, or even bearable, life.

122 One might add that prioritising immigration control over the protection and flourishing of disabled people is troubling regardless of whether one accepts a rights-based framework.

Our conversations with refused asylum seekers about disability rights also highlighted that profound exclusion can make it difficult to create solidarity and community, because it forces people to focus on the most immediate abuse of their rights, which they experience as a daily reality. This project sought to respond to that. As a group we identified commonalities and discussed the struggles faced by asylum seekers and disabled people in the UK as stemming from a failure of community and support. And by evidencing the interdependence of disability rights and refugee and migrant rights, this project has highlighted the need for solidarity across these communities.

Recommendations:

End the Hostile Environment.

The systemic marginalisation of people refused asylum and others without immigration status causes destitution and, ultimately, disablement. The apparatus of the Hostile Environment established under previous governments - immigration control throughout daily life - remains in place and must be dismantled. As part of this, urgently end NHS charging, which creates huge barriers to healthcare for people in desperate need. These barriers directly contradict our legal and moral obligations to ensure disabled people can access the healthcare they need as a result of their disability. They also create disablement and are therefore profoundly destructive. While NHS charging continues, refused asylum seekers in England and across the UK should be exempt from the NHS charging regime, as is already the case in Scotland, Wales, and Northern Ireland.

End “no recourse to public funds” (NRPF) rules.

Restrictions on access to public funds deny people basic safety nets on the basis of immigration status. This both creates disability and prevents disabled people from accessing urgently needed support.

Restore the right to work for people seeking asylum.

The ban on work consigns people seeking asylum to deep poverty and, when asylum support is cut off, to destitution. It profoundly marginalises people and contributes to disablement.

Create a simplified route to settled status for people who have made the UK their home and are living here long-term.

This report includes accounts of people living in the UK long-term but trapped in destitution due to lack of immigration status. Living in extended limbo was shown to create disability. This is cruel, serves no good purpose, and must end.

Ensure everyone seeking asylum and everyone refused asylum can access sufficient support to meet basic needs and live independently, with dignity. Abandon recent and planned restrictions on access to asylum support.

Some people cannot work, and disabled people often face punitive barriers to accessing the support they need. This must change and must not be replicated within the asylum system.

Restore the right to asylum and create a protection-focused asylum system.

Participants were clear that disablement (and further disablement) arise from hostility embedded across the asylum system. The findings also show how profoundly dangerous the ongoing attack on refugee rights is.

Remove the UK's reservation excluding immigration decisions from obligations under the CRPD.

It is not justifiable to place immigration decisions outside of concerns for disabled people's rights and flourishing. This project demonstrates the fallacy of separating disability rights from migrant rights.

Address the demonisation of people seeking asylum and their exclusion from the wider community, and recognise "community" as including refugees and asylum seekers.

This research shows that marginalisation and dehumanisation have destructive, and often disabling, impacts on people's lives.

Meet the UK's awareness-raising obligations under the CRPD by explicitly including awareness raising about the needs of disabled people within the migration and asylum system.

The CRPD obliges States to raise awareness throughout society regarding disabled people and to foster respect for the rights and dignity of disabled people, but this research highlighted how often disability is invisible or sidelined in discussions and thinking about migration and asylum policy.



About the authors

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About the Jesuit Refugee Service UK

The Jesuit Refugee Service (JRS) works with refugees and forcibly displaced people in over 50 countries worldwide. JRS in the UK specifically works with people held in immigration detention and with destitute people seeking asylum, many of whom have also been in immigration detention. JRS UK runs detention outreach services to Harmondsworth and Colnbrook Immigration Removal Centres, providing practical, casework and pastoral support; and provides practical support, accommodation, classes and activities, expert advice and legal assistance for destitute asylum seekers, most of whom are pursuing fresh asylum claims. JRS UK conducts research and policy-work to amplify the voices of people with experience of detention and the asylum system, and to advocate for change.



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