



The Refugee Council submission to the inquiry into asylum support for children and young people

December 2012

About the Refugee Council

The Refugee Council is a human rights charity, independent of government, working to ensure refugees are given the protection that they need, are treated with the respect and understanding that they are entitled to, and that they are assured the same rights, opportunities and responsibilities as other members of society. We assist asylum seekers to access support under sections 4 and 95 of the 1999 Immigration and Asylum Act and much of the evidence in this document is taken from this direct work across four government regions of the country.

The Refugee Council submission also draws on evidence from our forthcoming research report exploring the impact of the asylum support system on the health and well-being of mothers and their babies. This joint research project between Maternity Action and the Refugee Council will be the first study of the management and health impact of the dispersal of pregnant women asylum seekers and new mothers. Twenty refugee or asylum seeking women were interviewed as well as twenty-nine midwives. The report will be published in February.

We have responded to a selection of questions from the inquiry.

Is the accommodation provided to asylum-seeking families effective in keeping children safe and promoting their welfare?

Conditions in initial accommodation

Twelve of the women we interviewed as part of our maternity research were in, or had recently stayed in, an initial accommodation centre. Several expressed serious concerns about the conditions in the hostels and the difficulties they experienced. They reported that:

- Their children had difficulties sleeping because of noise at night.
- There was no space for small children to play
- The bathrooms were shared with others and were dirty.
- Some women reported feeling unsafe.

Women with children or returning to the hostel with their new born babies were not always provided with appropriate equipment for caring for them, compounding the problems they experienced around shared facilities. For example, one woman had to use the sink in a shared bathroom (which she felt was dirty) to wash her baby because she had no baby bath. One had to sterilise her baby's bottle under the hot water tap in a shared toilet because she was not given a steriliser and did not have access to a kitchen where she could have boiled water. One woman complained that her three

year old daughter had fallen out of bed several times because she had been provided with an adult bed with no bars.

Women who were not well during their pregnancies found conditions in initial accommodation centres especially harsh. It was difficult for them to deal with inflexible mealtimes or cope with having a room on an upper floor without lifts. One pregnant woman was given a top bunk when she first arrived in initial accommodation. Another woman said:

"I don't like it really because of the food. Every day they cook the same thing, rice and this. I have gastric pain in my stomach when I eat things like rice or beans, and that is what we get every day. The lift is often broken and I am on the third floor. If you want to eat you have to go downstairs. They only do breakfast until 9.30 and if you are too tired or weak you might not get food and then you have to wait until the next meal at 13.00."

One woman felt that the accommodation was having a detrimental effect on her child's development and explained why she did not feel comfortable in the mixed sex hostel:

"The hostel is the same thing as prison. The only difference is that you can go out. You're the only one there, no-one asks you how you and your baby are, no space for the baby to play. The bathroom was dirty. You have six or seven people using the same bathroom. But the accommodation is shared. The first floor is for women with children; the second floor is for single people; the top floor is for men who are very huge, from prison. They always warn women that they should not go there."

Longer term/dispersal accommodation

Even once people have been moved into their long term accommodation there are sometimes issues affecting the safety and wellbeing of the child. UKBA policy states that property should be in a good state of repair, but it is unclear how they ensure that accommodation providers comply. Our advice workers have been helping women advocate for safe accommodation for them and their children. Recent examples include:

- A family were living in a house with mice. The accommodation provider dealt with this by putting down poison but the parents were fearful that this might be dangerous for their 2 year old child.
- A family recently moved into a house in Rotherham which was in poor state of repair. The family had a small child that was crawling and the carpets were dirty. There was also metal sticking out of doorstep and water leaking from the roof which affected the electrics.

Specific difficulties for single parents

The circumstances under which a family may be obliged to share their accommodation (bathrooms, kitchens and living and dining space) with another family or individual following dispersal is set out in UKBA's 'statement of requirements' for accommodation providers.¹ This specifies that same sex, single parent families with children of the same sex (if over the age of 10) or different sex (if under the age of 10) may share the same accommodation unit. They will then be defined as a 'family' for the purposes of the contract and therefore may share bathrooms and kitchens with strangers. This has caused difficulties for some of the families with whom we work.

Amy is here seeking asylum from Africa. She and her two year old daughter have been given

¹ See: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithasylumseekers/standards-required-for-asylum-ac>

accommodation with a woman from the Caribbean and her teenage daughter. The tension between the two women is such that Amy does not know the name of the Caribbean woman. The Caribbean woman has complained about Amy's partner visiting every day and says her teenage daughter who is being supported by mental health professionals, does not feel safe being around men. However Amy, who is also receiving mental health services, is due to give birth in mid-January and relies on her partner's daytime visits for emotional and practical support, including help with caring for her 2 year old daughter. Amy has reported that the difficulties have escalated to the point where the woman with whom she shares has drawn 'an invisible line' in the flat and told Amy that her two year old daughter must not cross it.

Whilst Amy is seeking help from the Refugee Council to resolve this issue, she fears that this may result in her being relocated away from the address where she has been based for the last two years and where she has developed a support network which she will draw on for support following the birth of her baby. From our work with Amy it is clear to us that this situation is clearly affecting the wellbeing of all the children in the accommodation as well as a heavily pregnant woman. It would not have occurred if each family was allocated separate accommodation.

Other single parents have told us of difficulties arising out of having to share accommodation, long term, with unrelated families. During our maternity research we spoke to Ida:

"It's not any easy thing living with someone you don't even know. ... I lived with one other woman who I'd lived with in the hostel. She gave birth a week after me but the social services took the baby away. She has a mental problem. She tried to kill herself so I called the police and they took her to hospital... Sometimes she's crying and shouting, disturbing my peace."

A Chinese woman with a baby recently approached the Refugee Council for help to resolve a difficulty with shared accommodation. She is Catholic and is sharing with a Muslim couple, which may be the cause of the tension. The Chinese woman is unable to cook pork as a result of this cultural difference, but also feels great discomfort about sharing with a man who smokes in every room in the house, which she feels is detrimental to her baby's health.

Our research has uncovered similar examples. The statement of requirements says that in addition to single parents sharing accommodation and being treated as a family unit as a result, the Authority (The UK Border Agency) may authorise other forms of sharing, including couples or single people with or without children.

The Refugee Council's view is that families, including single parent families, should not be required to share homes with people they do not know in dispersal accommodation.

Does the current asylum support system enable children in asylum-seeking families to have a standard of living adequate for a child's physical, mental, spiritual, moral and social development? Please explain your reasoning.

Does the current system have any impact on children's long term outcomes and opportunities in the future?

The asylum support system causes families to live separately

Where the father of a child is not an asylum seeker or is not part of the same asylum claim as the mother (mixed status households), mothers are placed in accommodation without their partners. This accommodation is, in most cases, in a different city, and sometimes in a different region, from where the child's father lives as asylum support accommodation, both section 4 and section 95, is

offered on a no-choice basis. An applicant may state on their application form that they want to stay in a particular area, however in our experience only those requesting this on the basis of very specific health needs that cannot be met in the new area have their request considered seriously. Requests for children to be accommodated near their fathers are not usually taken into consideration.

Hamid, Hina and their two children applied for accommodation and were considered eligible. UKBA was unable to find accommodation that would meet Hina's needs as she is disabled. Consequently, the family of four were separated because of UKBA's inability to find accommodation that would meet the needs of the disabled mother. As a result, the two daughters, aged over 18, were sent to a different city in a different region. One of the daughters had serious mental health issues and had been dispersed away from the therapeutic support she was receiving in London, putting pressure on the sister in 'good health' to care for her. The whole family had witnessed others being tortured and killed and were experiencing flash backs, and with a severely disabled mother and a daughter with serious mental health problems, this was a family with significant needs. The enforced separation caused additional distress and left the carers (the father and one of the daughters) isolated.

The Refugee Council believes that families should be accommodated together, even if this means that specific accommodation be commissioned in order to meet the family's health and wellbeing needs.

The dispersal guidelines state that if "it is decided to allocate accommodation elsewhere, caseworkers should give written reasons for their decision. Where the decision to deny the families' request affects children the reasons should include evidence that the need to safeguard and promote their welfare has been considered."² The Refugee Council's advisers report that correspondence of this nature from the UK Border Agency is rarely, if ever, received.

This is supported by our research findings: Five of the women we interviewed were dispersed away from the father of their child. The strict rule that no-one else is allowed to stay overnight in Home Office provided accommodation deprives the newborn baby, and indeed other children in the family, of the opportunity to build a relationship with their father.

The Refugee Council believes that flexibility must be written into the rules around overnight stays to enable children to benefit from their right to live with family members where this is in their best interests.

Separating a father from the mother and child not only inhibits the development of the father-child relationship but also leaves the mother without a crucial source of support. This loss will be more keenly felt if the woman has been dispersed away from an area where she has previously lived, taking her away from not just the father of her child, but also her wider support network. Our research suggests that single mothers isolated by the dispersal process often rely on their other children to take on adult responsibilities, placing strain and pressure on children and altering the relationship between parent and child. Sometimes women were forced to leave children unaccompanied or in the care of strangers.

One woman who participated in the research described how her incredibly fragile state of health for the two weeks following the birth of her third child left her so weak that she couldn't even pick up her baby. She relied on her eight year old son to carry, change and feed his new-born brother. She said:

² See: <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumsupportbulletins/dispersal/pb31?view=Binary>

"I can remember there was a day, two days after I came out of hospital, I was feeling like dying. I couldn't even get up, I can't even carry my baby, I had to leave him in the car seat because I couldn't stand or sleep, I was feeling terrible. It was my other child that carried him. I was feeling terrible I didn't know what to do, I was trying to call someone who could help me but I didn't even know who to call. And I couldn't even talk much or think straight. I asked my other child to call someone. I was in serious pain."

The Refugee Council believes that UKBA should be required to implement existing dispersal guidance and provide written reasons when they deny a family's request not to be dispersed. Their reasons should include evidence that the need to safeguard and promote the children's welfare has been considered. We believe that this requirement should be extended to include pregnant women.

Are there any concerns about the current administration of the asylum support system with relation to children?

The Refugee Council's work with families applying for asylum support reveals that delays are not uncommon, particularly with regard to additional payments, including maternity payments for essential items. During this time families are not receiving sufficient financial support to ensure that their children are adequately fed and clothed. Our maternity research contains examples of delays resulting in many parents being without essential items for their baby, despite having applied for the grant a month or two months before the expected date of delivery.

Mary applied for the maternity grant more than a month before she was due to give birth but only received it two months after the birth. Because she had no money to buy a buggy, or to pay for a taxi, she had to walk home from hospital in the snow with her newborn baby in her arms.

For some parents the situation is even bleaker.

Sarah fled an arranged marriage in 2001 after being subjected to repeated gender based violence. She has subsequently been forced into any number of exploitative situations, including prostitution, in order to support herself. She has recently submitted a fresh claim for asylum.

She is currently pregnant with her second child, and has experienced a number of problems receiving regular support – even accommodation – through section 4.

"I came to the Refugee Council to apply for Section 4 support around March 2012. I was still living at my friend's address and my friend told me that I had two weeks to find another place. The Home Office never responded in time. The day I had told my friend that I would be leaving the house came and I came to the Refugee Council with all of my bags as my friend had locked me out when I went to pick my daughter up from school...The Refugee Council tried to get hold of the Home Office but they said that they could not process my application yet because they had more questions to ask me. Even though I was pregnant and homeless, they said that they could not help... I had nobody to call, nowhere to go."

An analysis of 42 pregnant women helped by the Refugee Council to apply for section 4 support reveals that they are more likely to face delays in receiving support if they are single. One reason for this is that in the majority of cases where a single pregnant woman applied for support, the UKBA sent a further information request (FIR) in the form of a paternity questionnaire.

The impact of these questionnaires on the time it takes for a woman to start receiving support is significant. Those single pregnant women that were not required to submit further information received support within 29 days on average. Those that were sent a paternity questionnaire had to wait on average 57 days.

This delay is explained by a number of factors. The requests are typically sent two or three weeks after the application is made. As the applicants are often homeless, the correspondence is often sent directly to the Refugee Council and our caseworkers then need to get hold of the applicant on the phone and may need to arrange an appointment if they do not speak English. This is not always a simple process and will depend on the availability of appointments at the Refugee Council, availability of a suitable interpreter as well as the difficulties a woman may experience travelling when heavily pregnant or with small children. All these factors create additional delays in returning the questionnaire.

Furthermore, FIRs usually have a strict deadline of between 7 and 14 days for the information to be provided. A missed deadline typically results in refusal of support unless an adequate written explanation is given. Missed deadlines and the additional processes required compound the delay. One woman in our sample who was a single mother had to wait 156 days before she started receiving support, another, who was pregnant, had to wait 171 days. Unsurprisingly, one third of the women in the sample gave birth before their section 4 application was approved.

In one recent case the UKBA sent out a further information request paternity questionnaire dated February 3 and required a response from the applicant by February 13. The letter was only received by the Refugee Council on the day of the deadline, February 13. This resulted in the applicant having to wait longer for her support application to be considered, as UKBA considered that the information was not provided in time.

Nicole applied for section 4 support at the beginning of January 2012 but it was not until June that her application was accepted. During these five months, she and her two children aged 6 and 3 were sleeping on the floor of a mosque and surviving on hand-outs from people attending the mosque.

Applications for support are made on a form called ASF1.³ This form has 20 annexes for applicants to provide information relevant to their claim but makes no mention of paternity. Given that the UKBA consistently sends out FIRs inquiring about paternity, ***the paternity questionnaire should be added to the form as an annex to be completed and returned with the application for support. This would reduce or remove some of the additional delays experienced by single pregnant women.***

The delays around the processing of section 4 applications have particularly serious implications for pregnant women. Heavily pregnant women can only apply for section 4 support on the basis of being unfit to travel when they are within 6 weeks of their due date. Given the high maternal mortality rate for refugee and asylum seeking mothers⁴, ***the Refugee Council asks the UK Border Agency to change policy around the provision of asylum support to ensure that pregnant women who have claimed asylum in the UK and are destitute are entitled to support at any stage in their pregnancy.***

Are there any concerns about the use of the Azure payment card in relation to children?

³ See: <http://www.ukba.homeoffice.gov.uk/sitecontent/applicationforms/asylum/asylumsupportform.pdf>

⁴ Refugee and asylum seeking women account for 12 per cent of maternal deaths while only representing 0.3 per cent of the population. G. Lewis (ed) The Confidential Enquiry into Maternal and Child Health (CEMACH), London, 2007

The difficulties faced by families supported through a cashless system documented in the report from the Asylum Support Partnership⁵ are still valid today. Our maternity research highlights some particular problems that women who are pregnant face, including no way to pay a bus fare to the frequent medical appointments necessary to monitor pregnancy.

"They give you a card to buy food but you can't survive with that. Sometimes you need buses to go places, your taxi to the hospital, which cost £7 because it's far away. If I'd waited to call an ambulance I would probably have given birth here."

The Refugee Council asks the government to amend the law so that recipients of section 4 support can be provided with cash to meet their essential living needs. In the meantime the support provided to families must meet the needs of children and travel tickets and/or taxis provided for pregnant women to ensure that they are able to attend medical appointments and reach hospital when necessary.

For further information please contact Anna Musgrave, Women's Advocacy and Influencing Officer: anna.musgrave@refugeecouncil.org.uk / 020 7346 1031

⁵ See: <http://www.refugeecouncil.org.uk/policy/position/2010/azurepaymentcard>