



The Refugee Council submission to the Home Affairs Select Committee inquiry into asylum.

April 2013

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. It addresses the areas in which the Refugee Council can particularly assist the Committee in its scrutiny of the asylum process and the treatment of asylum seekers and refugees with whom we come into contact and in particular the impact of the asylum support system on women. We also comment here about the portrayal of asylum seekers in the media, based on our extensive monitoring of the accuracy of media coverage in recent years.

We would like here to state our endorsement of the submissions made by the Immigration Law Practitioners' Association, The Refugee Children's Consortium and Detention Forum.

Summary and list of recommendations

Our extensive work with people in the asylum process leads us to conclude that many problems arise from two interrelated key issues; the culture of the decision making body and the bureaucratic processes that have to be navigated in order to access asylum support. We publicly welcomed the acknowledgement by the Home Secretary that the disbanding of the UK Border Agency last month was necessary in part due to its culture¹ and hope that tangible change will result.

Many of the difficulties identified in this submission arise out of an asylum support system that is extremely complex and has many layers of rigid bureaucracy. The unintended consequence of this, in our experience, is that the greatest impact is experienced by those most marginalised and/or with additional needs making them extremely vulnerable to harm and sometimes exposing them to danger.

1. The Home Office should recognise pregnancy in women seeking asylum as involving complex needs and reflect this in its policies and practices.
2. The Home Office should, in collaboration with health and refugee experts, develop dispersal policies for pregnant women and those who have recently delivered, which are compatible with NICE guidance on the maternity care of women with complex social

¹ http://www.refugeecouncil.org.uk/latest/news/3451_ukba_to_be_scrapped_-_our_response

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3. Financial support should be provided in cash during pregnancy and until the end of the postnatal period for women on section 4 support.
 4. Pregnant women and new mothers should always be accommodated in safe, suitable housing outside of Initial Accommodation.
 5. The Home Office should take steps to create a single system of support for those in the asylum system or who satisfy the criteria for asylum support currently provided under section 4 of the Immigration and Asylum Act 1999. This would avoid the problems currently created by the movement of people from one type of asylum support to another and is likely to be more cost effective as well as efficient.
 6. An applicant granted refugee or other leave should not have their asylum support terminated until an alternative means of income has been secured. It is not acceptable to provide international protection to an individual and leave them without the means to survive.
 7. When new processes or documents are introduced in a phased manner, such as the Biometric Residence Permit, the Home Office should ensure that its related communication is accurate and does not disadvantage those yet to benefit from the change.
 8. The Home Office should ensure that any time that an asylum seeker or refugee spends without adequate identity documents is kept to an absolute minimum.
 9. The government should show responsible leadership and use sensible language in its rhetoric on asylum policy. Members of Parliament should reject racism and xenophobia in any debates on these issues and emphasise the importance of refugee protection, particularly in the run up to the general election in 2015.

Asylum Support

• Maternity

We have serious concerns about how the asylum support system impacts on the health of pregnant women as outlined in our recent report, published jointly with Maternity Action in February 2013, *When maternity doesn't matter: dispersing pregnant asylum seeking women*. The report finds that both the process and the repercussions of dispersal and relocation can have a major impact on women's health and experiences of pregnancy, birth and becoming a new mother. We spoke to women who:

- Were moved away from midwives, GPs and specialist support that they trusted, against medical advice and too close to their due date. Two women were dispersed on the day before they gave birth.
- Were separated from their family and social network, and in some instances, the father of their baby, leaving them isolated in an unfamiliar city and suffering serious mental health problems before and after birth.
- Were moved multiple times during pregnancy, often to crowded and dirty accommodation where they felt unsafe and unable to care for their babies. Fourteen women were moved multiple times during their pregnancy or immediately after birth. One was moved six times during her pregnancy and once after delivery.
- Gave birth alone, without a birth partner (eight of the twenty women interviewed).
- Had no cash for basic amenities for their baby or for transport. Several of the women were forced to walk long distances after childbirth or caesarean section.
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The full report is attached to this submission and is available at www.refugeecouncil.org.uk/maternity

The research phase was largely completed before a minor change in policy² in July 2012, a fact that the government has highlighted in its response to the report. However, the study took careful account of the efforts made by the UKBA to improve its guidance in this area and the report acknowledges that the recent policy change represents a step forward in providing guidance in continuity of care of people with complex healthcare needs. However, the report finds that the revised UKBA guidance is fundamentally flawed because it fails to recognise that **all** pregnancies of asylum seeking women should be regarded as complex given the extremely poor maternal health outcomes experienced by this group³ and in accordance with National Institute for Clinical Excellence (NICE) guidance on this issue.⁴ Nor does the guidance mention the range of issues known to affect vulnerable women during pregnancy, including their increased risk to post natal depression, or the need for social support during pregnancy.

Furthermore, it is clear from the research that the revised guidance which now allows for an eight week 'protected period' for women who are in their final month of pregnancy and first month of motherhood, will present additional problems for pregnant women and new mothers in the asylum system. The guidance advises against dispersal during this period and that women who are street homeless, or imminently street homeless, should be supported in Initial Accommodation, assuming that what is usually a full-board hostel is appropriate for women in advanced pregnancy. Twelve of the women interviewed as part of our research spent time in Initial Accommodation before being moved on and they described serious deprivation relating to privacy, safety, hygiene, as well as diet and nutrition. Under the new guidance, heavily pregnant women and women who have just delivered with their new-born babies are now likely to live for significantly longer periods in such conditions. Furthermore, given that there are only seven Initial Accommodation centres in the UK, women in the advanced stages of pregnancy are still likely to be separated from their healthcare and support network at this crucial time. This was clearly demonstrated by the case of Mimi, a woman interviewed for the research whose pregnancy fell under the new guidance and who was required to stay in Initial Accommodation. We spoke to her two days before her due date at which point she did not know the name or number of her nearest hospital where she would now be giving birth, despite having received antenatal care for 37 weeks in a hospital on the other side of London, which had all her records and where she felt secure. See page 74 of the attached report for the full case study.

At the Refugee Council we see cases every month that demonstrate that the asylum support system continues to fail pregnant women and new mothers, despite the revised guidance. See the attached appendix for case studies Aster and Azra, two heavily pregnant women accessing Refugee Council services last month.

• **Support under section 4 of the Immigration and Asylum Act 1999**

Asylum seekers with little or no income encounter difficulties in accessing support to avoid further destitution. There are many reasons for this, including requests for further information by the UKBA on receipt of a completed ASF1 form. This is particularly likely to happen when an asylum seeker is not moving directly from section 95 support, as s/he may have been supported by friends who are

² UK Border Agency, 2012, *Healthcare needs and pregnancy dispersal guidance*, available at <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/asylumsupport/guidance/healthcareguidance-.pdf?view=Binary>

³ G. Lewis (ed.), 2007, *Saving mothers' lives: reviewing maternal deaths to make motherhood safer – 2003-2005*, Seventh Confidential Enquiry into Maternal and Child Health, London, CEMACH, available at <http://www.publichealth.hscni.net/publications/saving-mothers-lives-2003-2005>

⁴ National Institute for Health and Clinical Excellence, 2010, *Clinical guideline 110 – Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors*, London, available at <http://publications.nice.org.uk/pregnancy-and-complex-social-factors-cg110>

no longer able to help. In our experience, applicants are frequently asked for information that they are unable to provide, causing further hardship and increasing the gaps in support.

Those moving from section 95 to section 4 support sometimes encounter difficulties caused solely by the bureaucracy of two support systems. Given that to access support under section 4 an individual has to satisfy criteria in addition to being destitute, the two separate systems are completely unnecessary. One system of support where relevant criteria continue to exist would be simpler, reduce cost and minimise destitution for individuals. Given the relatively low numbers of individuals in receipt of asylum support the Refugee Council believes that two separate systems cannot be justified in the current financial climate.

The Refugee Council is particularly concerned at the lack of access to cash by pregnant women and new mothers in receipt of section 4 support. The case studies in the appendix illustrate some of the severe difficulties encountered by women assisted or interviewed by the Refugee Council. In particular, pregnant women and new mothers struggle to attend medical appointments when they have no access to cash. They can apply for additional funds for this but that involves completing a form (the 'provision of services or facilities for section 4 users' application form) for each appointment and will not help a woman who needs to see a health professional at short notice. Refugee Council client advisers also report problems with how the system operates. Women should be able to apply for these expenses through their accommodation provider but this rarely seems to happen. They can come into a Refugee Council office to do this but this will most likely involve travel and they will be faced with the same problem; they cannot travel when they have no access to cash. Even when applications for travel expenses are made, it depends on the efficiency of the accommodation providers as to whether or not women receive the money in time; Refugee Council client advisers report that this can be a problem too. In practice, women borrow money from friends or ask for help from organisations supporting them, or they miss appointments (see case study 'Aster').

Pregnant women who do not have access to cash have problems getting to the hospital when in labour. They often assume they will be able to call an ambulance but will usually be told that this is not an appropriate use of ambulance services. One woman supported by the Refugee Council Leeds office ended up extremely distressed during labour when she was refused an ambulance. She eventually found someone who agreed to give her a lift but she gave birth 20 minutes after arriving in hospital. This meant the woman laboured without midwifery support and without the baby being monitored for foetal distress putting both the lives of mum and baby at risk.

Women who are heavily pregnant or new mothers who have recently given birth struggle to carry their shopping home from the supermarket. This is still more difficult if they have other small children who they need to look after. One woman told us how she was so exhausted trying to get home with her shopping that she gave up and started begging for £1 to take the bus. Other women explain that they have to go to the supermarket frequently due to limitations on how much they can carry. This is a particular problem as new mothers will be carrying bulkier items such as nappies and tins of formula milk (if they are HIV+ or not able to breastfeed for other reasons).

The impact on the health of a woman who has recently given birth of walking everywhere should not be underestimated. NHS information specifically recommends that women recovering from a caesarean section should get as much rest as possible and limit their exercise to gentle walks. It recommends that they do not carry anything heavy or exercise until they feel ready to do so, and to seek advice from their midwife if they are unsure.⁵ If pregnant women and new mothers had access to cash at this time, they would be able to take public transport rather than walk.

⁵ NHS Choices: Caesarean Section – Recovery, <http://www.nhs.uk/Conditions/Caesarean-section/Pages/Recovery.aspx>

A support system that does not give pregnant women and new mothers access to cash also leaves them isolated, making it more difficult for them to visit their friends as they cannot take public transport. They are also unable to attend antenatal classes, unless they find an organisation or individual willing to buy their travel tickets. Antenatal classes are a crucial source of support for expectant mothers, providing specialist information, provisions for the baby and the opportunity to meet other women in similar situations who may be able to provide support and friendship following the birth of the child. NICE Guidance on routine antenatal care recognises the negative effect of lack of social support and recommends additional care for women who are particularly vulnerable or lack social support.⁶ Low social support is associated with postnatal depression.⁷

- **Gaps in support during the asylum process.**

In the experience of the Refugee Council, gaps in support arise for a range of reasons including errors in identifying people as destitute and process delays resulting in one form of support ending before another has been secured. In addition, a person granted refugee or other leave should not have their support terminated until an alternative form of support has been secured.

One of the causes of a lack of support at the beginning of the process is a failure to identify someone as destitute at the point of first claiming asylum. Whilst it is reasonable to require someone to state that they are destitute it should be recognised that there will be limited evidence of their situation. The impact of mistakes being made that result in people becoming homeless and destitute should not be underestimated.

The government should also reconsider the process for refusing or terminating support to asylum seekers under section 57 of the Nationality, Immigration and Asylum Act 2002 (application for support: inaccurate or false information). The Refugee Council has encountered difficulties in attempts to help asylum seekers challenge decisions made under these criteria and as a result of credit agency checks which often result in eviction notices based on information that it is difficult to disprove. Two recent examples at the Refugee Council illustrate this.

1. Mr M fled his country of origin with the assistance of an agent who applied for a visa to facilitate Mr M's travel. The visa application had stated that Mr M had \$6000 but Mr M explained that he did not have that money and had no access to cash or work. He was issued with an eviction notice from Initial Accommodation and denied access to asylum support. Once the Refugee Council intervened and spoke to the UKBA casework manager, Mr M was allowed access to asylum support.
2. Ms W was identified as a potential victim of trafficking (PVOT) but sent to Initial Accommodation by the UKBA. On her application form she declared that she had £800, so was refused asylum support and issued with an eviction notice for the Initial Accommodation. The Refugee Council staff tried to speak to her about her situation as she was a PVOT and may have had a related reason for being in possession of £800. Ms W left the Initial Accommodation on receipt of the eviction notice before anyone had the chance to speak to her. The police believe that she was being exploited and may be in danger.

The Refugee Council believes that the gaps in support women experienced by women in the asylum

⁶ National Institute for Health and Clinical Excellence, 2008, *Antenatal care: routine care for the healthy pregnant woman*, available at <http://www.nice.org.uk/CG62>

⁷ National Institute for Health and Clinical Excellence, 2006, *Routine postnatal care of women and their babies*, available at www.nice.org.uk/nicemedia/pdf/CG37NICEguideline.pdf

system puts them at particular risk and frequently endangers their safety. Men and women facing destitution due to a gap in their asylum support are forced to find other survival strategies to survive. Some enter into transactional relationships for a place to stay and evidence shows that women are at a much greater risk than men of coercion, entrapment and violence in such situations.⁸ A fifth of the women who attended our therapeutic services in 2011 had faced violence since arriving in the UK.⁹

- **Ending of asylum support on granting of leave**

Many of our clients experience difficulties and delays in accessing support after a grant of leave. There are a range of reasons for these difficulties, including inadequate documents to show evidence of leave and/or the lack of a National Insurance number as a result of the UKBA caseowner not having properly processed the application.

Since the end of Home Office funding for the Refugee Integration and Employment Service the Refugee Council has limited capacity to provide advice to adult refugees and/or those with a grant of leave. However, through our small housing and employment projects we have encountered significant numbers of people who are unable to access housing and financial support. Whilst the local authority is usually able to provide interim support under the Children Act 1989 for families with dependent children, this helps a limited number of people. Most of the individuals and couples we see are not eligible for priority housing by statutory housing providers or social landlords and encounter significant difficulties in accessing housing in the private sector.

On receiving his notification of refugee status Mr G had 28 days to move from asylum support to work or mainstream benefits. Only then would his housing benefit application be considered. Despite applying for a National Insurance number immediately it took five weeks for one to be issued; his benefit application took a further week to be processed. He had two weeks with no income at all. This is a common occurrence with many clients unable to make a smooth transition from asylum support to mainstream welfare support. This represents a significant period of destitution risk for newly recognised refugees.

Despite health issues which mean that he is claiming Employment Support Allowance and receiving medical treatment, Mr G is not considered a priority for local authority housing and his only realistic option is to find private rental accommodation. However, he has no savings and can therefore not afford to pay for a deposit or any rent in advance. As a result of changes to Department for Work and Pensions policy he has no access to a Crisis Loan or Community Care grant through the Social Fund.

Like so many refugees unfamiliar with UK society and without adequate language skills, Mr G is struggling to understand how the housing market works and to date has been unable to identify a private rental property willing consider those on welfare benefits as prospective tenants. This is also particularly difficult for those under 35 who will only receive housing benefit for a room in a shared house. Most of those new to the country do not have established friends or networks that may allow them to easily find people to share with. Mr G, like many newly recognised refugees, is homeless.

⁸ Crawley, Heaven et al., 2011, *Coping with destitution, survival and livelihood strategies of refused asylum seekers living in the UK*, available at <http://policy-practice.oxfam.org.uk/publications/coping-with-destitution-survival-and-livelihood-strategies-of-refused-asylum-se-121667>

⁹ Refugee Council, 2012, *The experiences of refugee women in the UK – a briefing*, available at <http://www.refugeecouncil.org.uk/Resources/Refugee%20Council/downloads/briefings/Briefing%20-%20experiences%20of%20refugee%20women%20in%20the%20UK.pdf>

Additional difficulties related to Biometric Residence Permits

The Refugee Council has helped some of its clients to apply for travel documents. Their status was granted prior to the introduction of Biometric Residence Permits (BRP) so their application is done jointly for the two documents. Applicants must send their original status documents with their application; these are not returned to the applicant. The application for the Biometric Residence Permit is processed but not sent to the refugee until their application for the travel document has been completed. This leaves refugees with no proof of their status for many months, which could easily be resolved by sending the BRP to the refugee separately from the travel document.

The introduction of the BRP as the identity document has caused difficulties, as only a minority of refugees and people with other forms of leave are in possession of a BRP, yet the government has informed other departments and agencies to expect that someone with refugee status or other leave will be in possession of one. For example, the Disclosure and Barring Service has the BRP as a requisite form of identification for those without a passport or UK birth certificate. However, most people whose application for asylum or other leave was made after 29th February 2012 will have had the opportunity to receive a BRP.

Media coverage of asylum issues and portrayal of asylum seekers and refugees

As well as the Refugee Council's close monitoring of the press over the last decade, there is an abundance of research to show that reporting on immigration and asylum issues has often been inflammatory, inaccurate, and unbalanced in certain national media outlets. Articles about refugees and asylum seekers can be particularly vitriolic, and have a negative effect on public and political attitudes towards them. In the Refugee Council's submission to the Leveson Inquiry¹⁰ in February 2012 we highlighted this evidence, and recognised that while the 2003 Press Complaints Commission Guidance Note on asylum and refugees has helped improve some areas of reporting, particularly in terms of terminology used, misleading, discriminatory and inflammatory language is still used, and there is a lack of balance of topics covered by some sections of the media. Certain sections of the press regularly mention an individual's immigration status in prejudicial or pejorative terms, or where the person's immigration status bears little relevance to the story.

For example, in a simple search for the term 'asylum seeker' on the Daily Mail website, the majority of stories regarding asylum seekers were about individuals who had committed crimes in the UK, were receiving benefits and large court payouts, or living in 'luxury' housing. Very few made any reference to the reasons people fled, or the difficulties many face when they arrive in the UK. A search on the Guardian and Independent websites showed articles highlighting these points. It is extremely important to have this balance to ensure that 'asylum seeker' is a neutral term, and is not used only as a way of enhancing the negative connotations of articles. The effect is that individuals are further 'demonised', and that negative attitudes to migrants and refugees on the whole are encouraged. Opinion polls show that the general public associate negative terms such as 'scrounger' and 'illegal' with asylum seekers and refugees.

We recognise this is a complex issue, in which the media, the public and politicians are embroiled, and that newspapers have political and commercial agendas to fulfil. It is, however, unacceptable that refugees and asylum seekers are so widely discriminated against by the media. The government should ensure they make every possible effort to minimise the effect of this.

¹⁰ <http://www.levesoninquiry.org.uk/witness/refugee-council/>