

# Submission to the UN Special Rapporteur on Extreme Poverty and Human Rights - UK

Submission prepared and submitted by:

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*This written submission can be published on the website of the Special Rapporteur.*

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Asylum family in Kirklees, West Yorkshire

## Introduction

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The Centre for Applied Childhood, Youth and Family Research undertakes research, policy and practice development which contribute to the well-being of children, young people and families nationally and globally. We use evidence based knowledge and perspectives to strengthen the capacity of families and promote the fullest development of all children. We have extensive experience in promoting rights and freedoms that enable social progress and better standards of life for all children and families.

We welcome the visit by Professor Philip Alston. In preparing this submission, Dr. Kate Smith has given consideration to two case studies from three different pieces of research/consultations carried out with WomenCentre<sup>1</sup>, a charity that has pioneered women-centred, gender-specific work for more than three decades in the UK.

Dr. Kate Smith provides evidence of the interlinkages between poverty and the realisation of human rights in the United Kingdom as they relate to:

1. asylum subsistence and asylum accommodation
2. charging migrants for healthcare

We hope that the case studies will input into the preparation for and focus of the country visit, and trust that this will result in a reduction in poverty and improvements in the human rights of children, women and families.

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<sup>1</sup> <https://womencentre.org.uk/>

## Case Study One

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### *Asylum Accommodation*

In May 2015 Dr. Kate Smith and Dr. Kelly Lockwood were commissioned by WomenCentre to conduct a one-year pilot study into asylum support for children and young people. Funded by the Nationwide Children's Research Centre, the research was published by WomenCentre<sup>2</sup> – "Asylum Support for Children and Young People Living in Kirklees - Stories of Mothers".

The views of mothers of children who live or have lived in receipt of asylum support in Kirklees were placed at the heart of the study. The researchers conducted two focus groups and multiple one-to-one in-depth interviews with mothers in Kirklees who had claimed asylum with their children. Asylum support (accommodation and/or financial subsistence) was or had been their only means of survival and many of them spent several years in receipt of asylum support. The quotes below formed a part of the final study.

Case Study One brings a focus on **three main themes**:

1. Inadequate subsistence levels
2. Low standards of asylum accommodation
3. Shared accommodation

### Findings

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#### **1. Inadequate subsistence levels**

Inadequate subsistence levels, including cashless support, forces asylum families into extreme poverty. Mothers suggested they were unable to meet the essential living needs of their children or themselves:

*... we have to substitute our diet... we don't even have like three meals a day, cos everything is expensive so we have to budget (Yai).*

Mothers told us that they often had to decide between whether to provide food for their children or pay for other essential living needs:

*... with that money you have to buy the soap, the cleaning materials, bus pass money, everything comes from that money so we have to sometimes cut on the food (Yai).*

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<sup>2</sup> <https://womencentre.org.uk/documents/>

Some of the mothers said they had to make a decision between paying for essential items or food. The financial support received restricts shopping to certain designated retail outlets. This was problematic in many ways, including the distance of participating outlets from the mothers' accommodation. With no access to cash, the mothers were unable to pay for public transport and therefore often had to walk long distances with their children and their shopping. This was particularly problematic for women with health problems or disabilities. Mothers identified that the designated retail outlets frequently did not sell a range of culturally specific food and were more expensive than local markets:

*Want her [daughter] to know her culture but can't buy her the food. I'll be able to buy things where they are cheap. Tesco is expensive (Jane).*

Mothers said they were often unable to pay for essential clothes for their children. Whilst shoes and other clothing items could be acquired from various voluntary sector organisations, underwear was a problem:

*I go to Primark for knickers... I cannot afford bras. I would rather get a second hand bra (Yai).*

Related were mothers' concerns about their children's appearance. Several children had hair which needed particular care and treatments, but mothers' were unable to pay for these:

*... her hair 'cos its so thick Afro hair, I couldn't manage to do her hair. I can't take her. I don't have money to do it. How she look like? ... You can't able to hide your problem (Jane).*

## **2. Low standards of asylum accommodation**

The mothers told of extremely low standards of accommodation, forcing them into poverty because they lacked basic facilities needed for families. Two of the mothers told us that they had only been provided with a single person fridge to accommodate food for themselves and their children:

*... it is difficult, little fridge, little freezer... [So I'm] keeping food in the bedroom (Jane).*

Similarly, the mothers spoke about the difficulties with heating and hot water systems in the accommodation:

*...two months, no hot water in my house... (Shanaz).*

Another mother told us that the heating in her accommodation is controlled by the landlord who frequently turned it off, even in cold weather.

Some mothers had knowledge of asylum accommodation prior to the new contract and they identified stark differences between the old housing provider (statutory provision from Kirklees Council) and the new housing provider (private provision from G4S):

*Kirklees Council housing was good, but now with Cascade and G4S I can see that they are different from the Council... I am living with private with G4S it is very big difference (Jane).*

Problems with the new properties included the gardens not being maintained and no tools provided for maintenance. Mothers also noted how repairs were not addressed quickly and the general maintenance of the property was poor. Mothers identified further differences that they felt directly impacted on the safety of their children:

*I wanted the gates for the baby, baby gates, I was keeping on telling them when the baby was six months there, to bring the gates, nobody was listening. It was one month, it is seven months now, another month, eight months, another month nine months (Jane).*

Of great concern was the issue of infestations of rats which one of the mothers identified:

*Some of the rats in my house... Rat poison... it is a old, old house. We are living with the rats... we are living with rats, dead, dying, smelling, dying in the house (Jane).*

Whilst the problem with the rats was eventually addressed by the landlord, this mother was particularly upset and concerned about the impact on her and the children of rats being poisoned in their home.

### **3. Shared accommodation**

A number of the mothers said they lived in shared accommodation with other women and mothers who were strangers to them and their children:

*I am unlucky. I got sharing house... it is a really harmful house for because of the sharing (Shanaz).*

Sharing communal areas, such as kitchens and bathrooms, was particularly problematic:

*I have a cupboard, but it is terrible, with sharing lady..., she took all my plates and bowls and put them in her cupboard. That lady never cleaned house, in two months never cleaned the toilet..., every night I clean toilet, every morning dirty... (Shanaz).*

Of particular concern were the conditions within which the mothers had to care for their children. The constraints of space, along with the criticism of other women in the house were problematic:

*... the baby doesn't have any space to feel it is my home because... people will complain, 'can't you control the baby?' (Wahid).*

Mothers spoke about feeling unsafe in shared accommodation as other tenants often had male guests to stay in the house:

*... people always coming, four people, eight people, ten people, like this, they are taking men, I am getting main door open all the time, mans can come at night time...I cannot sleep... robber can come, highjacker can come. I don't know the man; he is a murderer or a killer? The door has no locker... (Shanaz).*

Living in fear, mothers' were concerned about the detrimental impact on their children:

*... my son is not able to sleep, they are making noise..., they are dancing, singing every night..., my son is crying, again and again, until 4am, 5am..., 'Mama I cannot sleep' (Shanaz).*

Mothers in Kirklees felt that they were living in poor and low standards of accommodation that were not appropriate to meet the needs of their children, raising serious human rights and safeguarding concerns.

## Case Study Two

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### *Charging women migrants for healthcare.*

In December 2017, Dr. Kate Smith facilitated access at WomenCentre for a large consultation event with 29 women migrants about severe and multiple disadvantages. The consultation was conducted by Lankelly Chase. Additionally, in January 2018, Dr. Kate Smith ran a focus group with 18 women migrants to look at NHS healthcare charges for women migrants that included service users, peers, volunteers, as well as the workers at WomenCentre.

The quotes below illustrate the central points arising from both consultation events. Case Study Three brings a focus on **two main themes**:

1. Delaying or avoiding healthcare
2. Gendered lives

## Findings

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There is a dire impact on the most vulnerable women migrants in our communities owing to NHS hospital charging. This impacts women migrants who fall into a number of protected characteristics including: older women, those with disabilities and complex/chronic health conditions, women who have gender reassignment, women who are pregnant, and women who are sexually orientated to persons of the opposite sex or gender, or to both sexes, or more than one gender.

The experiences of WomenCentre highlight the multiple difficulties women migrants face owing to the perception and reality of NHS Charges. For example, a deterioration in women's mental health and wellbeing can be exacerbated as a result of the requirement to charge upfront for treatment and the requirement to record a patient's immigration status. The whole process of healthcare charges can bring undue distress and deterioration in many women's mental health. Charges to care also undermine the vital role that community services, such as WomenCentre, play in safeguarding children and vulnerable women, resulting in increased health inequalities.

### **1. Delaying or avoiding healthcare**

Experiences of women migrants show that charging for healthcare has deterred and delayed women migrants from seeking the care they need and from accessing necessary care. There is a lack of clarity and misinformation about who is eligible for free healthcare. This makes some women migrants reluctant to present to services and deters them from accessing care because they:

- fear they will have to pay in full before receiving any treatment.
- fear they will be issued post-treatment hospital bills which they cannot pay.

- are concerned their information would be shared with, or they would be 'reported' to, the Home Office as a result of the charging process.

*They told me they would charge me so I am not going. But I am in trouble. See this here {lump} is a big problem. It makes me sick (woman migrant, WomenCentre).*

Delaying or avoiding healthcare has significantly negative effects on women's physical and mental wellbeing. Lack of treatment is potentially threatening the wider public health. One woman told us she is self-medicating to avoid contact with healthcare services because of the fear of being charged.

Women migrants explained that there is a sense of humiliation and fear about ID checks. A number of women already experienced inappropriate methods being used to check patient eligibility.

*When you register with GP. If they know you are asylum they say 'there are no space for you'. I tried again without saying I was asylum – but as soon as show them Home Office card they treated me different. Made me feel not entitled to NHS (woman migrant, WomenCentre).*

*I was dismissed by A&E when they knew I was asylum seeker. I never use the term 'cos it gets you dismissed by everyone. It's a dirty word (woman migrant, WomenCentre).*

Women migrants, some of whom are in vulnerable circumstances, already face a range of barriers to accessing health care and struggle to access essential health care services in the UK. Women migrants said that some healthcare providers already rely on 'racial profiling' as a means of identifying patients, thereby increasing inequalities; discrimination that contravenes the Equality Act 2010 and other human rights instruments.

## **2. Gendered lives**

Some women migrants are entitled to free care but do not have easy access to paperwork and passports – this includes women who live in situations where they do not have control over their documents (i.e their husband or a male family member has control of the 'family' documents and finances).

Some women are refused asylum seekers so they do not have permission to work in the UK and have no recourse to public funds. Most of these women are destitute and especially vulnerable to poor physical living conditions and challenges to their mental health. Their healthcare needs can be complex and at times urgent due to the gendered ways in which they are often exploited.

Women who are refused asylum seekers have no means to pay for the healthcare they may need and these charges place them in danger of exploitation. For instance, women who are refused asylum are chargeable for care and are likely to be forced into exploitative relationships or forced to borrow money to cover the cost of



treatment. WomenCentre staff and volunteers spoke of their knowledge about transactional relationships (exploitative) that women who are refused asylum are vulnerable to.

A number of exemptions from charging exist to protect vulnerable groups. The exemptions affect many women migrants, for example, those requiring treatment for a physical or mental condition caused by gender-based or gender-specific torture/violence, FGM, and/or domestic violence. However, WomenCentre staff and volunteers highlighted that these gendered forms of abuse are often difficult to talk about and likely to be a barrier to access of care if women are required to be upfront and direct about their experiences. Many women do not have paperwork to evidence their exemption and may be charged for their healthcare.

Women migrants who are pregnant already experience barriers to accessing antenatal care. It is crucial for both mother and baby that antenatal and postnatal care is available to all women. Charging for care (or the perception that women will be charged) poses a high risk in pregnancy:

*“When I was pregnant was worst time. It was so difficult getting a GP. I didn’t understand the system and they didn’t want asylum seekers. I was turned away from A&E. I was pregnant and there was no-one looking after me” (woman migrant, WomenCentre).*