



Women and Children First?

Refused asylum seekers' access to and experiences of maternity care in Glasgow

Executive Summary

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Aim of the study

The aim of this project was to investigate female asylum seekers' experiences of accessing free National Health Service (NHS) maternity care in Glasgow, with a view to assessing the adequacy and implementation of statutory regulations and Scottish Government guidance, and measuring the current legal and policy framework in Scotland against international human rights obligations. The focus of this research was on women whose claim for asylum has been refused.

Key Findings

This study broadly indicates that women asylum seekers, including women who have received a negative decision on their asylum claim, have access to free NHS primary and secondary care in Glasgow. It suggests that asylum seeking women and their children are regarded first and foremost as women and children by health professionals, and that their insecure immigration status does not appear to preclude or constrain their access to maternity care in Glasgow. This is in line with Scottish statutory regulations and Scottish Government guidance on asylum seekers' health care entitlements.

It follows that Scottish regulations, Scottish Government Guidance and practices within the NHS in Glasgow in respect of women asylum seekers, including refused asylum seekers, uphold the principle of universal access to maternity care and are therefore consistent with the UK's international human rights obligations.

The research further indicates that, in addition to mainstream maternity care services, there are specialist services in Glasgow which seek to respond to the specific maternity care needs some asylum seekers may have.

Constraints on asylum seeking women's access to free NHS maternity care in Glasgow

However, despite evidence of the principle of universal access, a range of factors detrimentally impacting on women asylum seekers' experiences of accessing maternity care in Glasgow were identified in the course of this research.

Specifically, these difficulties relate to:

- **Interpreting:** the study reveals variation in the provision of interpreting services in Glasgow and identifies instances where women were not provided with an interpreter when required, where male interpreters were provided for maternity appointments, and where the professional role of the interpreter has been compromised;
- **The asylum process:** the study identifies a number of ways in which Home Office asylum support policies, particularly the complexity of the support system, the risk of destitution, and the provision of cashless support, impact negatively on women's experiences of pregnancy and access to maternity care in Glasgow;
- **Information provision:** the evidence suggests that asylum seeking women are often not aware of their entitlements to additional pregnancy or health-related support, particularly reimbursement or payment of travel costs, and that information about health and support services is not always being effectively communicated to asylum seeking women in Glasgow;
- **Access to antenatal classes:** the research suggests that a lack of information, awareness and language barriers are constraining women asylum seekers' access to antenatal classes in Glasgow; and
- **Access to English language classes:** women in the study identified a lack of accessible English class provision for asylum seekers in Glasgow and linked this to their experiences of accessing maternity care.

Key Recommendations

‘Women and children first’

- To ensure that all asylum seeking women have full access to NHS maternity care, as well as NHS primary and secondary care in Scotland, the ‘women and children first’ principle must clearly underpin the Scottish Government’s policy on access to health care for this group and this must be clearly and publicly communicated to all frontline professionals, asylum seekers and those supporting them across Scotland.

Access to maternity care services

- NHS Scotland should ensure that all health care staff including receptionists and front-desk workers as well as clinical staff, receive regular and appropriate training on the needs, experiences and health care entitlements of asylum seeking women.
- Midwives should continue the good practice of ensuring pregnant asylum seekers are seen alone at the first maternity appointment, and, where necessary, at further visits, to carry out routine inquiry into domestic abuse. Routine inquiry should be carried out in a language the patient understands and should take account of the high prevalence of experiences of physical and sexual violence among women seeking asylum in the UK.
- Women should routinely be asked about Female Genital Mutilation (FGM) sensitively and in a language they understand and appropriate specialist support offered to women who disclose FGM if required.
- NHS Scotland should ensure that clear referral routes are in place to enable women to access specialist advice and support where appropriate.
- Health professionals working with asylum seeking women should ensure that information on antenatal classes, their purpose and potential benefits, is conveyed to women in a language they understand.
- Where they request one, women must be provided with an appropriate interpreter for maternity appointments in a language they understand and training on working with

interpreters should be provided to all health professionals.

Access to an interpreter and standards

- All refugee and asylum seeking women for whom English is not their first language should be reminded that they are entitled to the services of an appropriate interpreter.
- Training on working with interpreters should be incorporated into mandatory training for all midwives and frontline health professionals.
- Interpreters for maternity appointments should routinely be female, unless the patient requests otherwise; staff should always check at the start of an appointment that the patient is comfortable with and understands the interpreter provided.
- NHS Scotland should direct local health boards to facilitate the lengthening of GP consultations to account for the additional time required for effective communication through an interpreter.
- NHS Scotland should further explore the comparative benefits or otherwise of telephone and face-to-face interpreting, to include consideration of the cost implications of not providing adequate interpreting provision.
- Further research should be carried out into the role of the interpreter in complex maternity appointments, during labour and in childbirth in order to better understand the emotional demands placed on interpreters and the impact on the provision of appropriate care.

Information on maternity services and pregnancy-related support entitlements

- Local Health Boards should ensure that asylum seeking women are provided with targeted information that is specific and appropriate to them and in a language they understand, on entitlements and access to primary and secondary maternity care, including information about antenatal classes, their purpose and benefits.
- Local Health Boards and Home Office contracted asylum support advice providers should ensure that asylum seeking women are

provided with targeted information in a language they understand on the maternity-related support entitlements available to them under the Home Office asylum support system and as part of mainstream maternity provision by the NHS.

- Local Health Boards should review the format and delivery of written information for women asylum seekers with a view to ensuring that it is user-friendly, communicated in plain English and translated into appropriate languages.
- Local Health Boards should review when and how information about maternity services is given to asylum seeking women to ensure comprehensive information is delivered while minimising the risk of their being overwhelmed with too much detail.

Impact of Home Office asylum support policies

- Pregnant women should never be faced with destitution as a result of Home Office asylum support policies at any stage of pregnancy, irrespective of the status of their asylum claim.
- The Home Office and its contractors must ensure that the housing provided to pregnant asylum seeking women, including accommodation provided under Section 4, is adequate and appropriate to the needs of new mothers and their children.
- The Home Office should only move pregnant women in exceptional circumstances and

women should not be forced to move accommodation within six weeks before the birth or before they have been signed off by the midwife after the birth.

- We believe that all asylum seekers should have access to cash-based support; as a matter of urgency, pregnant women on Section 4 should have access to cash to ensure the health and safety of mother and baby.
- Greater poverty awareness is needed in the provision of maternity care for women asylum seekers, including an understanding by health professionals of the difficulties women may face travelling to appointments.
- The Scottish Government, COSLA and other agencies leading on implementation of the *New Scots: Integrating Refugees into Scotland's Communities* strategy should take action to ensure that this group of women has equal access to the services and support to which they are entitled in Scotland, irrespective of the status of their asylum claim or Home Office policy impacting on devolved policy areas.

Access to English language classes

- The Scottish Government, Education Scotland, COSLA and other lead agencies implementing the *New Scots* strategy should ensure that English class provision for asylum seekers in Glasgow is accessible and appropriate to pregnant asylum seekers' needs.

Scottish Refugee Council is an independent charity dedicated to providing advice and information for people who have fled horrific situations around the world.

We have been advocating and campaigning for the rights of refugees since 1985.

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