

Women and Equalities Committee

Oral evidence: Equality and the UK asylum process, HC 726

Wednesday 27 April 2022

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Members present: Rt Hon Caroline Nokes (Chair); Jackie Doyle-Price; Kim Johnson; Anum Qaisar, and Bell Ribeiro-Addy.

Questions 143 - 181

Witnesses

I: Rivka Shaw, Policy Officer, Greater Manchester Immigration Aid Unit (GMIAU) and Rosalind Bragg, Director, Maternity Action.

Written evidence from witnesses:



Examination of witnesses

Witnesses: Rivka Shaw and Rosalind Bragg.

Q143 Chair: Good afternoon, and welcome to this afternoon's session of the Women and Equalities Committee and our inquiry into Equality and the UK Asylum process. We have as our witnesses at the moment Rivka Shaw, the Policy Officer at Greater Manchester Immigration Aid Unit, and Ros Bragg, Director of Maternity Action. Can I just check with you both if you are happy for us to use your first names? I have had a nod, thank you very much. Members of the Committee will ask you questions in turn, and if either of you wish to come in on a question at any point, please do indicate, if the Committee member has not specifically asked you. Can I start with you Rivka, on the thorny issue of asylum support and the level of asylum support, and ask how you think the Government should calculate what is a reasonable level of support, and what should be included?

Rivka Shaw: I will start by saying the financial support currently offered to people seeking asylum is not adequate for them to live safe or dignified lives or start to build lives in the UK. This, combined with delays in the system means that people are trapped in poverty for months and years because of the level of asylum support payments. Some £40 a week is clearly not an adequate amount for anybody to live on. Freedom From Torture recently illustrated the reality by giving an example that I thought was really good. They said, "It is a little more than £5 per day. What would you spend it on? A hot meal to feed yourself, a bus ticket for a vital appointment, toiletries to keep yourself clean or a phone credit to call loved ones?" That is not a hypothetical question, it is the reality for thousands of people in the asylum system.

While we are talking about the adequacy of support payments, I would just add that a high number of people in the asylum system are currently not receiving that £40 a week because they are waiting for their Asylum Support Application to go through. This means that they are on emergency section 98 support; they are in accommodation but they are not receiving any money, or a very negligible amount of £5 to £8 per week which is also very inconsistent, and many people are not receiving that whatsoever.

I cannot personally put a number on how much a person needs according to their individual needs, circumstances and responsibilities, but I can very strongly say that people deserve to have enough to live a dignified life, which is not what they are getting at the moment. One thing that would give people agency as well as more financial freedom while they wait in the system would be the right to work and to claim mainstream benefits, which is something that we would support.

Q144 Chair: Have you given any consideration as to how the right to work might overlap with living in supported accommodation and therefore not paying rent or paying for services?



Rivka Shaw: If the right to work does come in, which I hope it will at some point, this would definitely be something that would have to be addressed. Equally, somebody being able to work should not affect their rights to supported accommodation if they need it while they wait in the system, nor should it affect their right to legal aid to support their asylum claim. These are questions that would need to be worked out as part of that campaign for the right to work.

Q145 Chair: Would you see there a possibility of people being charged rent whilst in supported accommodation if they were in work?

Rivka Shaw: I do not think that should happen, no.

Q146 Chair: Okay, thank you for that. Can I turn to Ros, please? I am conscious that you have already provided us with some information about the additional costs for pregnant women and new mothers in supported accommodation. Could you give us some idea of what additional needs they have in terms of finance?

Rosalind Bragg: The additional payments for pregnant women and new mothers are £3 a week during pregnancy, £5 a week in the child's first year, and there is a maternity grant of £300, or £250 if a woman is on Section 4 support. These are payments of 50%, 60% or 70% of the comparable mainstream benefits of the Healthy Start or Sure Start maternity grant. This very much reflects Rivka's comments about the inadequacy of the payments, because these sit on top of already very low rates of regular payments.

What we know from the women we work with is that they are struggling to eat a healthy diet during their pregnancy, and while they are breastfeeding new babies or caring for a new baby. We also know from these women that they are struggling to be able to pay for basic requirements—basic equipment, baby clothes—in many cases they are able to meet these needs only with help from midwives or voluntary organisations. These are not women who have a network of friends who can provide them with old baby clothes or with a buggy that is no longer needed. They have to get everything from scratch without the networks in place, so there are quite significant problems in the amount of support they get.

There are also problems with access to that support. We continue to hear from women who did not receive these payments, which are quite small but very important amounts of money and because they were not aware of them, they received wrong information about their entitlements, or they missed the cut-off date. There are some quite serious problems here in ensuring that women access the money that they are entitled to—there is potential to change some of the cut-off dates to align them with mainstream benefits such as the Sure Start Maternity Grant timelines—but also to put in place an automatic process by which women get those payments as soon as they have notified the Home Office that they are



pregnant, which would seem to be a much simpler system than the rather cumbersome and bureaucratic process currently in place.

Q147 Chair: Can I pose to you the same question that I asked Rivka, which was what work has your organisation done on establishing what the level of support should be? Can you quantify what the additional costs of being pregnant or being a new mother are?

Rosalind Bragg: Our position is that all pregnant women living in the UK should receive support which enables them to live in dignity and free of poverty. For us, it is not a question of looking at what the specific needs of asylum-seeking women are but looking across the board at what the needs of pregnant women are. We have a system which is set up as a proportion of the mainstream benefits—already that is a misguided approach. We do not have a particularly generous benefits system. A lot of the women we work with who are in the mainstream are struggling to pay all the costs that they have for their families. The starting point is really looking at what pregnant women need and ensuring that all pregnant women have access to that support.

Q148 Chair: You have not put a figure on that?

Rosalind Bragg: No, I cannot give you one.

Q149 Chair: Thank you for that. Can I stay with you, Ros, and ask about the Destitution Domestic Violence concession and access to that for asylum-seeking women, and your views on whether there are barriers in place which prevent asylum-seeking women from fleeing abusive relationships?

Rosalind Bragg: I do not claim to have the detailed knowledge of the asylum system and domestic violence exemption. The way in which I have seen the exemption work in other aspects of the immigration system is that it has been a very valuable provision because it does allow women to remove themselves from violent and exploitative relationships without putting themselves into the incredibly vulnerable situation that undocumented women find themselves in without entitlement to work or mainstream benefits and support. Given how widespread domestic violence is across all communities it is absolutely critical that there is provision in place to support women to escape violent relationships.

Q150 Chair: Rivka, from the Manchester experience, could you talk to us a bit about asylum-seeking women attempting to flee abusive relationships?

Rivka Shaw: The Destitution Domestic Violence concession does not apply to women in the asylum system, because that is for women who are on spouse visas in the immigration system. I do not have very detailed knowledge of this, but I believe women fleeing domestic violence in the asylum system was a really big issue a few years ago, and guidance has been put in place since then that makes it an easier process for women to be taken off their partner's asylum claim and have their own claim for support.



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In our experience at GMIAU, the process in place for that is not too much of an issue. I know we will come onto the issue of contingency accommodation, but while we are on the subject of domestic violence, I would just say that keeping people trapped in poverty in really unsuitable accommodation for months and years is a huge risk factor for domestic violence, and that is what is putting women at risk.

Q151 Chair: During the pandemic, when people were not only still in temporary accommodation but obviously trapped within it, did you see an uptick in domestic abuse in those circumstances?

Rivka Shaw: Yes, I do not have the numbers at my fingertips, but nationally it was definitely reported that there was an uptick in domestic violence. That obviously posed greater risks for women in the asylum or immigration systems who were not able to work or claim benefits. The Concession there was really useful for women in those situations.

Chair: Thank you. I am going to turn now to Kim Johnson, please.

Q152 Kim Johnson: Rivka, you just mentioned about accommodation and vulnerable people being placed in those difficult situations, and we know that section 95 of the Immigration and Asylum Act 1999 states that temporary accommodation should last no more than 35 days. I just wanted to know from your point of view, how often is that happening and what other vulnerable groups are being affected by this?

Rivka Shaw: I do not have numbers for exactly how often it is happening. I do know that it is estimated that over 37,000 people are currently in initial contingency accommodation, which is obviously a huge amount of people that should not be. In our experience at GMIAU we support people who have been in that accommodation for months, well over six months, and there is so much bureaucracy and delay in trying to move into more permanent accommodation. I mentioned that people who are on section 98 are waiting months to get their section 95, which they really should not be.

To be clear, delays in asylum decision making across the board are an absolutely major issue; people should not be waiting this long for their asylum to be granted. But these are not decisions that are determining someone's right to remain in the UK, they are determining whether somebody can feed their family that day. There is no reason whatsoever why asylum support applications should be so delayed.

People who have been granted support are also currently left in initial and contingency accommodation for far longer than they should be, which is really dangerous. The horrific conditions in Napier Barracks made headlines and have again been exposed in a report by Doctors of the World, published today. In our own area in Manchester, we have heard of all sorts of issues in this kind of accommodation—inappropriate behaviour and sexual harassment by housing officers, unsafe, unclean, crowded



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accommodation, and a lack of response or care for people's particular needs based on disabilities or other issues.

Q153 Kim Johnson: Rivka, who is responsible for doing the assessment on what is suitable accommodation for these people? Is it civil servants, G4S or the housing providers?

Rivka Shaw: Often the lack of accountability is an issue in itself. I know that in individual cases where somebody has been trying to solve an issue in their accommodation, they will be passed around from the Home Office to Serco, to the council, ending up on helplines that have hours-long waits and that sort of thing. Ultimately, the responsibility for this needs to lie with the Home Office, because it is the Home Office that is leaving people stuck in these places.

Q154 Kim Johnson: Thanks Rivka. My next question is about the impacts of the no choice dispersal policy and whether the Home Office are consistently following their own guidance?

Rivka Shaw: The policy itself is pretty malicious and ruthless. I would start by saying that even if they are following their own policy, it is not a good policy because the conditions for somebody to have choice as to where they are accommodated are really limited. We have seen several situations where people requesting to be put somewhere that would allow them to access their treatment have been rejected or ignored, even if they had quite severe health issues.

For example, in 2019 we supported a family whose 18 month-old son was profoundly deaf and suffering from developmental issues. The only place he would be able to receive treatment was at Manchester Royal Infirmary, but he had been accommodated in Burnley, which is two and a half hours away on the bus, so he and his family were getting the bus two or three times a week, having to get up at 5 am. By the time the child got to the hospital he was too tired from travelling to be able to engage with the treatment he was receiving. We submitted a relocation request with medical evidence, which was refused saying that this was a reasonable distance to have to travel for that treatment. It was only after sending a pre-action protocol and additional medical evidence that we were then able to get that refusal overturned. But if the family had not contacted GMIAU for support, the family might still be in that situation now. This is just an example of how harsh that policy is, so it is the policy itself that should be changed. I will also just quickly say as to education, that I know that children in their GCSE or A-level years are supposed to be able to remain where they are in their school, but the disruption to education is not acceptable even in other years—

Kim Johnson: We have a section on education a bit later on as well.

Rivka Shaw: Yes, and I would just quickly say that people with mental health needs are also not considered in the dispersal rules.

Q155 Kim Johnson: In terms of providing a better choice of dispersal



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accommodation, how responsive are the Home Office when you are making these requests?

Rivka Shaw: Pretty unresponsive.

Q156 Kim Johnson: This question was for Esther, but given she is not here maybe I will ask you to answer if that is okay. When granted refugee status, people must leave asylum accommodation within 28 days. Can you describe the effects of this relatively short transition period?

Rivka Shaw: I do not have a huge amount of knowledge about this because GMIAU are usually supporting people up to the point where they get their status; there are other services in Manchester that would support them after that point. But I will say we know that there are definitely issues in people receiving their benefits when they should, and it is quite clear that it is a really short period of time for somebody who may have been waiting in really re-traumatising and difficult conditions for a long time, to then be able to get their life in order that quickly.

Q157 Kim Johnson: As a constituency MP we receive a number of complaints about some of the housing providers. I just wanted to know whether you raise those issues directly with the Home Office, and again, what are their responses to those issues that you raise with them?

Rivka Shaw: We do support people to raise the issues that they are facing in their accommodation with the Home Office or with the housing provider, and often it is a case where people are told they need more evidence, or that they should clean the black mould themselves. Often what people experience is real kind of rudeness and disrespect and feeling belittled by the staff and the people that they are raising those complaints to. That is what we hear pretty much across the board from people trying to complain about the conditions they are living in, which we know are extremely poor and unsuitable.

Q158 Kim Johnson: If you had a magic wand, what would you do to make things better for people waiting?

Rivka Shaw: Ultimately, you have to look at the big picture. There are places across the board where processes could be more efficient and better, and complaints could be listened to, and that sort of thing. But ultimately it is the asylum backlog that is causing this, which means that people do not have agency over their own lives, where they are living and cannot work to earn money. I would say the main thing would be to clear the asylum backlog by granting leave, so that people are not stuck in this accommodation for years.

Kim Johnson: Thank you for your responses, Rivka, those are all my questions.

Q159 Chair: Can I just ask Rivka, what work have you done on the proposals to build what I will describe as large-scale reception centres, and would purpose-built accommodation of that variety potentially be more suitable



than some of the unsuitable accommodation you have described to us?

Rivka Shaw: No, I absolutely do not think that that large-scale military style detention-like accommodation is suitable for people seeking safety to be housed in at all—we oppose those plans. Of course, there is a problem with the shortage of housing, but what we have seen in practice is that the Government and the Home Office are not providing suitable accommodation in that kind of style of accommodation. This is really putting people at risk, and the report that I mentioned from Doctors of the World today described Napier Barracks as “Not meeting basic human standards”. The Home Office's response was to deny all the things that were said in the report—with that track record, nothing like that should be being repeated or expanded.

Q160 Anum Qaisar: Rivka, we have heard that the health of people seeking asylum here in the UK falls off a cliff as soon as they get here. Has that been your experience when you have been speaking to people, and if so, what do you think are the main causes of deteriorating health?

Rivka Shaw: We have spoken a little bit already about the dangerous situation of people living in initial and contingency accommodation, which is really a big part of it. It is really difficult for people to access healthcare in those situations. Support is often inconsistent across different accommodation providers. In different hotels some people might have an on-site nurse or medical care, and other people are really struggling to access that at all.

For a variety of reasons, people in the asylum system, including people who have been refused asylum, are not accessing the healthcare that they need. It might be because of dispersal, or their claims have been rejected so that they are not eligible for NHS care or they may be receiving inconsistent or inadequate input from services in contingency accommodation. It is also important to mention just how stressful and anxiety-inducing the system itself is and again, being stuck in the system with the delays that I have mentioned is really bad for people's health, mental health and well-being.

I have one other situation to tell you about quickly, which is an illustration of what it is like to be to be in the asylum system with a severe health problem. This is somebody who was in the UK for some time before changed circumstances meant that she claimed asylum. Before this point she had been really ill and spent long periods in hospital, which was compounded by the stress of being in the UK without status, facing homelessness and not being entitled to NHS care. While she was very ill, she was being charged thousands and thousands of pounds and was being harassed for payment, in her own words, even at her bedside. She then claimed asylum. She was accommodated, although the housing she was given was not clean or safe. The facilities she should have been given to support her disability in her accommodation were not provided and still have not been. At the end of that she is still facing a huge bill of tens of thousands of pounds.



The reality is that people in the asylum system do not feel that their needs are taken into account, or even that they are treated as human beings. In that situation it is unsurprising that people's health is not as it should be.

Q161 Anum Qaisar: Thank you so much Rivka, for sharing that anecdote. Ros, I will come to you next. Do you think there have been positive changes in relation to the dispersal of pregnant women since the Home Office guidance was updated in 2016?

Rosalind Bragg: Sadly no, I cannot see evidence of improvements. The policy itself is a massive improvement on the document that existed before 2016, in that it has a statement that "Women should be moved only once during pregnancy, and into accommodation which is suitable during pregnancy and postnatally". However, that is not the practice that we see on the ground. We continue to hear from women who are pregnant and have been moved multiple times during their pregnancy or postnatally, often at short notice, often into accommodation which is completely unsuitable. In many cases the practices are very much at odds with the requirements in the Home Office policy.

This is disastrous for the women because it impacts on their maternity care, their access to services and their ability to develop social networks. It is obviously harmful for the women, but I think it is quite frustrating that we have a policy document that is not being followed. Certainly what we see in that, is that the things you would expect the Home Office to do to make sure that a policy is implemented have not been followed. For example you cannot get a report from the Home Office on the number of pregnant women receiving support last year, how many of those women were moved during pregnancy, how many times, whether the accommodation was suitable, whether a clinician was involved. They simply are unable to produce a report of that kind, so there is really no oversight over the implementation of the policy. As a result, the policy is largely ignored by the people who are tasked with implementing it.

Q162 Anum Qaisar: Thank you for that, that is really interesting. In Scotland it is slightly different, with maternity care devolved. As you may be aware, the Scottish Government provides a baby box to every new baby that is born and living in Scotland—I understand that all babies are eligible to receive the box, regardless of their parents' nationality or immigration status. Do you think there would be merit in a similar scheme being rolled out by the UK Government?

Rosalind Bragg: Absolutely. The Scottish Best Start scheme is a much more generous provision than what is available in England, Wales and Northern Ireland and is a very good model for the UK more generally. At the time that scheme was set up I was aware of work to find ways to provide support to women who were excluded from mainstream benefits by provisions which are controlled by Westminster. The baby box is a really positive way to be able to provide direct support to asylum-seeking women, where many of the other options are not available, either to



devolved Administrations or more generally. I would absolutely support the extension of the baby box scheme—we are dealing with women who often have absolutely nothing at the time they are giving birth, and a box of that kind would be very helpful.

Q163 Anum Qaisar: That is really interesting. Rivka, aside from no choice dispersal, what other key barriers do you see for people seeking asylum in being able to access the health and social care that they need?

Rivka Shaw: A big barrier that it is worth talking about is health care charges. People who have been refused asylum but are still in the asylum system are not entitled to free healthcare, and they often find themselves charged for treatment. These are some of the most vulnerable people in the country, with no way of earning money to be able to pay those fees. It is just barbaric to be charged huge amounts which no ordinary person could afford, even if they had the right to work. This issue cannot be separated from the broader environment. When we are talking about health care it is clearer than ever how this hostile environment is putting lives at risk and actively endangering people.

People in the asylum system who are entitled to support are often wrongly denied it because the rules are not being applied correctly, because gate-keeping services do not always enact those policies, which means that people get incorrectly denied or charged for healthcare. For example, we have heard of one overseas visitor team in the hospital suggesting that somebody who had made a fresh claim for asylum go back to their country of origin to receive treatment—that being the country in which they feared persecution. These are the people we hear about. A really key barrier is that we do not know how many others are avoiding accessing healthcare altogether or until their health has reached a really dangerous point due to the hostility surrounding it and the fear of charges.

Q164 Anum Qaisar: What can be done to break down these barriers at Government, NHS or local authority level?

Rivka Shaw: My position would be for no healthcare charges whatsoever for anybody. All NHS care should be free for everybody, and hospitals and healthcare trusts should not be charging anybody.

Q165 Chair: Can I just ask whether you would extend that to tourists?

Rivka Shaw: Yes.

Chair: Thank you for that clarification.

Bell Ribeiro-Addy: Chair, may I?

Chair: Yes of course, Bell.

Q166 Bell Ribeiro-Addy: This may actually be to Ros. The last time I visited one of the dispersal hotels in my constituency I found a number of pregnant women there. One had even lost her child in between the two



times that I had visited, and many complained of not necessarily being registered for GP services, which is something that is expected whilst they are there. How common is it for pregnant women to have difficulties when trying to get hold of GP services in their dispersal accommodation?

Rosalind Bragg: The level of support provided to women in the temporary accommodation arrangements varies widely. You do have some in which there is a high level of support provided and some very capable people who are assisting all of the residents to access the care they need. In many cases, if you have midwives in the area who are aware of the service, they will attend the service and just try and make sure they are picking up all the pregnant women. There are certainly some very good practice examples with NHS staff going above and beyond to make sure that they are delivering good care to people living in those services.

However, it is variable. We certainly hear plenty of examples of women who have been left with perhaps information about an appointment which has been made for them, but absolutely no idea about how to get to the healthcare service, or what to do once they get there. If you do not have dedicated support in place for the women, it is very easy for them to fall through the gaps. These are women at very high risk of poor maternal health outcomes, miscarriage, premature birth, maternal mental health problems, even maternal deaths so it should be an area in which there is more investment.

Q167 Bell Ribeiro-Addy: Just to follow up on that particular question, you mentioned poor outcomes, and you will be aware of the racial disparities when it comes to maternal health outcomes, and that these figures actually include women who are seeking asylum. What impact do you think that the Home Office dispersal policies have on maternal outcomes?

Rosalind Bragg: There are a number of factors which impact on poor maternal health for asylum-seeking women, as indeed for women of colour more broadly. But I think with asylum-seeking women, the practices of dispersal are particularly worrying. If you talk to midwives about what constitutes good care for asylum-seeking women, they will talk about building a relationship of trust with the woman, getting a good understanding of their circumstances and being able to pick up the much broader questions that the woman might be battling with—quite often there are mental health issues, for example.

If you do not have the ability to build that relationship of trust, then the quality of maternity care is not going to be as high. Many of these women are moved around the countryside multiple times during their pregnancy and shortly after the birth, so those relationships of trust with their midwives are not built. There is no question that the quality of care these women receive is compromised as a result.

We have good evidence on the very high risk of poor health outcomes for these women, very good health policies focusing on how to address that



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and some very skilled midwives who have an excellent understanding of the needs of asylum-seeking women. But if the women are shunted around the countryside, then you cannot deliver the care to the standard that the NHS would seek to do, so the dispersal policy is a fundamental threat to the health and well-being of these women during their pregnancy and beyond.

Bell Ribeiro-Addy: Thank you very much.

Q168 Jackie Doyle-Price: Rivka, I just want to pick your brain on your observations about the ability of asylum-seeking children to access services, and particularly to what extent you think there is discrepancy across the nation and what evidence we have—I am all ears.

Rivka Shaw: Could you just clarify, do you mean unaccompanied asylum-seeking children or in general, or both?

Jackie Doyle-Price: More broadly, actually.

Rivka Shaw: To access which services?

Jackie Doyle-Price: Children's services generally, social work and education.

Rivka Shaw: This includes things across the board from early help and health visitors in initial contingency accommodation all the way through to all the support that an older unaccompanied seeking child might need.

I absolutely would say there are huge discrepancies in different areas and local authorities in the country in the quality of support that people are getting from children's services. There is a big gap in knowledge in social work about immigration and asylum issues, partly because there is no mandatory training for social work students about these issues—some universities will include it, and there are obviously different kinds of training available—but it is not mandatory.

This means that social workers might not be aware of the specific needs or risks for people in the asylum system or entitlement, so they might not facilitate access to the right services, which could be things like free school meals or nursery places, healthcare, those kinds of things. Often there is a really surprising and shocking lack of knowledge, which is really not acceptable because the vast majority of social workers will come across people who are having immigration issues or are in the asylum system; far better training is needed.

In our local area in Manchester, we have seen a positive response to this problem by working really closely with Manchester City Council to improve their service. They have done that with a public pledge and a specialist team for migrant children. GMIAU is obviously in the area to provide training and legal support, and the pledge that they have made commits the local authority to identifying children's immigration needs, supporting them to access legal advice, supporting them throughout



whatever applications they might need and continuing to provide access for leaving care services. That pledge is not just to children in the asylum system, but with other immigration issues. But it definitely applies to asylum because there might be all sorts of asylum issues that children are facing and need children's services support for—they might be rejected and need to appeal the decision, they might have their age disputed. A national version of that pledge has been launched, and we really encourage local authorities to sign up for it, and for it to be put into the DfE statutory guidance, which would be a positive thing that would improve this issue.

Q169 Jackie Doyle-Price: I was struck by your reference to the fact there is no mandatory training, which when we think about just how big an issue this has become, that would seem to be something we might need to consider as a Committee. But from your perspective, do you think there should be much better training for social workers?

Rivka Shaw: Absolutely, and just to be very clear, it is not at all the fault of individual social workers. But at least one in 10 looked-after children in the UK are not British, which means that they might have some asylum issue that needs resolving because they are not British citizens, and that number is higher for care leavers as well. It is not a minor or niche issue, but something that every social worker should be much better trained on.

Just one other example I will quickly say, is that we have been doing research into reporting conditions for people, so that might affect care leavers who are over 18 usually and have had their asylum claims rejected and need to regularly go to a reporting centre. When we have spoken to their personal advisers and they have told us that they are very aware of this as an issue and have experienced it but have had no training on it and no idea on the rights of the young people they are supporting, who might be detained when they go to report. One personal advisor told us about a young person who had been detained upon reporting, and even on coming back was given no extra mental health support—basically nobody who was supporting that young person knew what to do about it.

Q170 Jackie Doyle-Price: The local authority there is actually the corporate parent, if you like. Is there a difference between the support given to those who are in the care system, as opposed to those who are with their families as part of a dispersal accommodation issue, because of course there the local authority can legitimately say that they are not in loco parentis? But the need for some championing and advocacy is actually probably no different, is it? Is there a discrepancy? Is it easier for local authorities to look the other way on those occasions?

Rivka Shaw: Yes, for unaccompanied asylum-seeking children who have been identified as children, they will definitely be in local authority support, so access to children's services is not such an issue for them, although quality of children's services might well be. But yes, for children



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in families who are seeking asylum there definitely needs to be really good social work knowledge to be able to identify what particular needs those children might have. Again, I go back to the initial and contingency accommodation provided being a really big risk factor here, because there are such different levels of support across different accommodations that there is a very big danger that people are not being identified as needing support from children's services.

Q171 Jackie Doyle-Price: It almost feels like as a society we may collectively have the view that, "Well, there is accommodation, then the rest is not our problem until it's settled". But, of course, children's rights are different. Should we be much clearer in the statutes about what asylum-seeking children should be able to expect?

Rivka Shaw: I completely agree with you, and of course the idea is that the children who hopefully are making their lives in the UK will grow up to be citizens. The current situation, and also the Government's future plans, pose a really urgent severe risk of children's safety and well-being being placed secondary to immigration control. We need to be very clear that all children have the right to the same care and protection no matter where they are from. The Home Office should not be able to give immigration control more importance than that.

Q172 Jackie Doyle-Price: Children first and asylum seekers second?

Rivka Shaw: Absolutely.

Q173 Jackie Doyle-Price: We are looking at a real variety of communities across the country that are absorbing the challenge of dealing with these issues. Manchester is a good-sized city and conurbation, clearly you are able to advocate for the needs of these groups, but that is not true of all local authorities. To what extent do you think good advocacy services make a real difference as to just what the day-to-day experience is of people in the asylum system?

Rivka Shaw: The regional disparities and lack of access to good legal advice in lots of areas is a huge problem. Like the boy who was receiving medical care that I mentioned earlier, if GMIAU had not been in that area and the family had not been able to access that advocacy, they might still be in that same situation now, so yes, it is absolutely crucial.

Q174 Chair: Can I just take you back to a statistic you quoted, which was that "One in 10 children in the care system are not British". Do you have a better breakdown than that? I think you said that many of them would possibly have some sort of asylum claim. Do we know what the numbers are on that?

Rivka Shaw: I do not have the numbers on that. I would not say a big proportion of those would be children in the asylum system, because that also includes lots of children who do have some form of visa in the UK.

Q175 Chair: I was going to say people here on Tier 2 visas, Tier 4 visas, etc—



you do not have that detail?

Rivka Shaw: No, but that statistic is in a report called "Taking Care", which was published by SLRA and Coram Children's Legal Centre, and there should be more information in there about it, where those stats come from.

Q176 Bell Ribeiro-Addy: Rivka, how long are you finding that asylum-seeking children typically wait to access a school place, and what do you think the Government could be doing to ensure that these delays are minimised?

Rivka Shaw: This is a big issue at the moment for children of a variety of ages. In Manchester we know that children in initial and contingency accommodation are facing up to six months wait for a school place. I have heard anecdotally of some schools not wanting to know, because they know that children in those sorts of accommodation will be moved on at some point because of no-choice dispersal. In the meantime, I believe they receive two hours of formal ESOL per week, but again the provisions will vary hugely across different types of accommodation, and staff are having to try and co-ordinate teaching children of a variety of ages, backgrounds, languages, it is a really big issue. For slightly older children, including the unaccompanied asylum-seeking children we support, access to college places is also a big issue. Of course, if a teenager has arrived in the UK unaccompanied, they really want to continue their education, and maybe do a course like a business studies course or various college courses that might help them to get jobs once they have the right to work.

However, members of our youth group are waiting five, six, seven months to enter college, and then before they can take the course they want to take they have to pass an ESOL course, which is another barrier to continuing their education. We know from the young people we do support that this is one of the really big issues that is affecting their lives. They are extremely motivated to learn, really want to be able to start their college courses and start to build their futures but being stuck in the system is making that really difficult. For example, we have a group member who is 16 who has been in the UK for a little while already. From his age he should be in Year 11, but he cannot join the Year 11 class because they are doing their GCSEs, which means he will not be able to start college until September, which is just a really long time.

Then going back to the issues with social work, we were talking about knowledge and the specific support that somebody in that situation might need, he asked his social worker when he might be able to start and he was just told "soon", and he had no idea what that meant. It is just another aspect of a young person's life that is in limbo at a really crucial time, time that cannot really be made back.

Q177 Bell Ribeiro-Addy: Just to be clear, this is not because of a lack of places available in terms of schools and colleges that they are experiencing these delays, and what do you think could be done to



minimise the delays overall?

Rivka Shaw: There is an issue with school places, but I am not very knowledgeable about that, so I am not sure to what extent there are schools that do not have spaces and are doing their best. But what is really disrupting education is being stuck in the asylum system rather than being in a secure situation. Again, I would say that clearing the asylum backlog would have an impact on this, and also going back to no choice dispersal, children's well-being and education, no matter what school year they are in should really be the priority and it should be paramount, so not moving children around in the middle of their education. Better support for local authorities and more choice in dispersal would be helpful, because it is also important to remember that this is not always just one move from initial accommodation to dispersal accommodation, there might be two or three moves and in each one a wait for school places again, so that is just months and months of disruption.

Q178 Bell Ribeiro-Addy: That they will be taken out and put back in?

Rivka Shaw: Yeah, so for example, it might be that if somebody is moved into dispersal accommodation in another area, and then that is unsuitable for another reason, or for healthcare reasons that they might be moved somewhere else. It is one of those situations where it is more complicated, but the reality of that for a young person is real disruption. Again, because of school places being an issue we have also seen families with several children being sent to different schools, which is obviously just incredibly difficult and especially impacts single parents, whose needs are not really taken into account in the no-choice dispersal policy.

Q179 Bell Ribeiro-Addy: Thank you very much, and what do you think the Government could do to better to support asylum-seeking children's transition from school to 18+ education?

Rivka Shaw: I am not super knowledgeable about this, but the main thing that I would say is just ensuring that those college places are more available and that the wait in the system is less. I know I keep repeating it, but education is one of the many aspects of life which is impacted by delays that are particularly impacting children at the moment. It completely destroys their mental health and well-being, and really stops children and young people from engaging with education which is completely understandable as they are undergoing so much anxiety as to whether they will be allowed to stay in the UK. What we see is that that stops young people being able to engage in education as they should be able to. Giving children and young people security and status much sooner rather than later will impact their ability to move on to 18+ education.

Q180 Bell Ribeiro-Addy: You touched on how not having ESOL classes earlier was affecting people being able to get on to certain courses. But I want to ask, how do you think having ESOL classes overall affects the social



integration of those seeking asylum?

Rivka Shaw: Yes, the sooner people get the ESOL education the better they will be able to move on and forwards. I believe it is provided through virtual school to accompanied and unaccompanied asylum-seeking children, but it is never going to be full-time education. The waits and delays in accessing education do have a knock-on effect, and ESOL is part of that, making the whole situation more complicated for young people.

Q181 Bell Ribeiro-Addy: Is there anything that could be done to improve how ESOL is accessed?

Rivka Shaw: I do not know very much about it, so I am unable to answer that.

Chair: Do any other Committee members have any follow-up questions for either Ros or Rivka that they have not asked? No, in which case can I thank you both for your evidence this afternoon. It has been hugely appreciated and helpful, and I will draw the meeting to a close.