

Written evidence from Refugee Women Connect [EAP0220]

Refugee Women Connect (RWC) is a registered charity (no. 1113574) working with service users, policy makers and the wider sector to support and facilitate refugee women's access to social justice. Based in Liverpool, RWC works with women and gender non-conforming people service users through educational projects, mental health support, wellbeing activities and advocacy and campaigning activities. RWC supports service users who are seeking protection in the UK at all stages of their claim, including providing direct services for those on the Afghan Citizens' Resettlement Scheme.

1. LGBTQ+ community

LGBTQ+ asylum seeking women and gender non-conforming people face a unique set of challenges in the asylum system, sustained by a culture of disbelief and a lack of protection from homophobia. LGBTQ+ asylum seekers are required to provide proof of their sexuality which is aggressively questioned and frequently contested and face homophobic and transphobic discrimination in multiple settings.

Our LGBTQ+ service users have reported that the shame they have been forced to feel about their sexuality in their country of origin persists when they are in the UK. This establishes barriers to their access to specialist services which provide crucial support, but also are important sources of evidence that can be used to 'prove' and support their asylum claims. The mental health consequences of this combination of factors are dire and the LGBTQ+ service users that we work with consistently report the dangerous impact a culture of disbelief and societal stigma has on their mental health.

Case study: Service user claimed asylum in the UK based on her sexuality and was placed in initial accommodation. She was unaware that support groups for the LGBTQ+ community existed in the UK and was unsure if she was able to live freely in the UK because of her experience of persecution in her home country. She therefore did not attend any support groups until she was invited to a meeting by a friend. Service user describes the feeling of attending her first support group meeting as feeling 'free' and realising that she could be herself in the UK.

We consistently observe the Home Office (HO) assuming cis-gender and heterosexuality as default, meaning LGBTQ+ women carry a burden of proof to demonstrate or explain their sexuality in a way heterosexual people do not.

Case study: Service user submitted further submissions of evidence to prove her sexuality after being initially refused. This evidence was also refused, in part, because of an 'inability to give a detailed account about how she felt about discovering her sexuality'. The Home Office applied a western lens to what can be a very complex and frightening discovery in the context of a country where homosexuality is illegal and violence against LGBTQ+ is culturally acceptable.

A culture of disbelief creates and exacerbates mental health issues and detrimentally impacts women and gender non-conforming people's wellbeing and safety.

Case study: Service user claimed asylum in the UK based on her sexuality as people are persecuted in her home country for being gay. Service user has submitted to multiple requests for evidence relating to her asylum claim since she claimed asylum in 2016 and has been made destitute, street homeless and consequently reliant on local charities,

including RWC, for a sustained period. The Home Office have repeatedly stated that they do not believe that she is gay, and that arrest warrants she submitted as evidence and her relationships have been fabricated to secure her status. In July 2019, service user had her further submissions for her asylum claim joined with her girlfriend's who was also submitting further submissions relating to her asylum claim. After a twelve month wait, her girlfriend was granted Refugee status. RWC was subsequently informed that a negative asylum decision was due to be served to the service user and that due to the safeguarding risk she presented, we should prepare and support her. No decision was ever served by the Home Office and in July 2021 the service user was granted Refugee status. Service user identifies that her resolved immigration status was due to the specialist, pro bono work of a local Law Clinic and not as the result of legal aid. She describes the years she spent seeking asylum as traumatic, was diagnosed with depression and had persistent suicidal thoughts because of her circumstances. Service user describes the Home Office's persistent assertion that she was lying about her sexuality as creating feelings of hopelessness, and it made her consider entering into relationships that she wouldn't have considered otherwise.

2. Race

Black or minority ethnic women often experience racism when engaging with the asylum system which disadvantages their ability to live safely and obtain a secure immigration status. Women regularly report racist abuse from housemates but this typically goes unactioned by local housing providers or the solution offered is for the women experiencing racism to move.

Case study: Service user was the only Black woman in her house of multiple occupancy. She experienced repeated racism from her housemate which was reported to her housing provider and raised by RWC as a safeguarding concern with a request to relocate the perpetrator. The perpetrator refused to move meaning the solution offered to the service user was to be relocated. Due to a severe lack of housing, she would have had to be moved out of the area, away from her established health services and support networks. The service user explained that she felt like a victim two times; one due to the racist abuse and another because she would have to move which was viewed as a punishment.

Women also report discriminatory and/or racist decisions at the hands of decision makers, including the Home Office.

Case study: Service user is a Black woman whose asylum claim was refused with the Home Office stating they did not believe she was gay. She attended the immigration tribunal hearing with her now ex-girlfriend who had also been refused asylum and whose claim hers was joined with. The Home Office representative accused them of fabricating their relationship in order to secure their status. A year later, her ex-girlfriend attended her second immigration tribunal hearing with her new girlfriend who was white British. The ex-girlfriend was shortly granted full Refugee status.

3. Women and gendered harms

3.1 Violence against women and girls prior to entry into the UK

Gendered harm in the asylum system fundamentally disadvantages women and gender non-confirming people, giving them unique challenges not experienced by men. Women are more likely than men to be subject to sexual and gender-based violence (SGBV), which often causes long-term harm well beyond the immediate consequences of the trauma. There is widespread shame associated with being the victim of SGBV, more so in religiously conservative communities, and this is greater still when women have suffered SGBV over a period of time. This makes survivors more prone to mental health problems associated with trauma and may limit their ability to engage effectively in the asylum process. In order to give the evidence required of the asylum system, women must be given sufficient time and appropriate treatment to come to terms with their experiences. This is especially important given the proposed changes in the Nationality and Borders Bill which will demand less weight is given to evidence submitted later in the asylum claim, creating a disadvantage to those unable to recount traumatic experiences when they first claim asylum. The asylum system can be brutal for anyone living within it, but survivors of SGBV face a continuum of harm due to inappropriate or unsafe accommodation, lack of money and resources, isolation from traditional support networks and community and the pressure to repeatedly recount traumatic events without appropriate support.

3.2 Violence against women and girls in the UK

Isolation, poverty and stress compounded in the asylum system are all factors in increased risk of domestic abuse (DA), honour-based abuse (HBA) and exploitation. Cultural contexts dictate that some women may not understand the concept of DA or have the language to express experiences of it and are often unaware of their rights and entitlements as victims. Asylum seekers experiencing DA are excluded from mainstream services, including refuges, but Home Office protocols for dealing with DA are often poorly understood and executed. We are likely to see further erosion of protection for survivors with the introduction of the two-tier system proposed in the Nationality and Borders Bill which will see more women with the NRPF condition excluded from DA services.

Case study: Service user and her children requested an urgent relocation from their Home Office accommodation due to DA from her husband, and risk of honour-based abuse. Social services were engaged but were informed by the local authority housing service that she is ineligible for a refuge place due to her immigration status¹. Due to a severe lack of suitable asylum housing, the service user and children remained in the property for a further two weeks before being moved to more suitable accommodation. Once at the new accommodation, a target hardening request was made through the AIRE service provider in line with the safeguarding risk. The request was denied after a two-month delay with no communication from the housing provider or AIRE service provider. Written specialist advocacy was needed by the service user's independent domestic violence advocate (IDVA) before target hardening measures were agreed upon. The total period from requesting a move to housing being provided with appropriate target hardening measures was fourteen weeks, in spite of an open Child in Need case and consistent specialist advocacy and Police involvement.

¹ RWC staff have since learnt through direct relationship with named local authority staff, that the local authority has the power to underwrite refuge spaces for migrant women/ This information was not made public or accessible at the time of the above case study, and front-line local authority workers do not appear to implement this policy. To date, we have not supported any women where refuge spaces have been successfully underwritten, easily accessible or proactively offered to service users.

3.3 Women as dependents on asylum claims and asylum support claims

The HO system of having a singular lead asylum applicant in a family (usually the husband) with listed dependents (usually the wife, children, and elderly relatives) in both asylum claims and asylum support claims, has the effect of reducing the autonomy and ability of women to advocate in their own protection claims. RWC frequently supports women who are dependents on their husband's asylum claims despite having grounds for protection and evidence independent of their husbands. Such relationships often involve traditional gender roles where the husband takes responsibility for the legal claim and the wife is not privy to information relating to the family's claim; she cannot engage legal advice relating to the husband's claim, request updates or information from solicitors without the husband's consent and is typically not interviewed by the Home Office. We have supported countless women who have felt they had to stay in abusive or unhealthy relationships because they are powerless to advocate for their own claims or have been told by their partner that they will be deported or become 'illegal' if they leave the relationship. This places women in a state of precarity and dependence where the husband is in control of her immigration status.

Case study: Service user informed RWC staff that an immigration legal advisor recommended that she remain in a relationship with an abusive partner for the sake of her legal case.

Case study: Service user was identified as a potential victim of trafficking. She was in a relationship that had been raised by support providers with the Home Office as a safeguarding concern yet was placed on her partner's asylum support application as a dependent without her knowledge or consent. It took over a year for her asylum support payments to be rectified.

Case study: Service user lived in Home Office accommodation with her husband and children. She had worked closely with our organisation for two years prior to disclosing DA to a member of staff. She explained that she had not felt able to disclose the abuse sooner because of the way her husband used her immigration status to manipulate and control her. Service user explained that as a dependent on his asylum claim, he would make threats to 'return her' to her home country, would state that she had nowhere to go if she left him and that he would keep custody of the children and not grant her visitation if she left him. The service user explained that her insecure status and dependent asylum claim made her stay with her husband in spite of her recognising the DA and a strong wish to leave.

3.4 Physical safety

Women's physical safety is frequently threatened or put at risk in the asylum system. This normally comes from multiple sources including partners, family members, statutory services, housing providers and the Home Office. There is insufficient women-only asylum accommodation and expecting women to share with men overlooks the number of claimants likely to have experienced SGBV.

Case study: Service user had to be moved from her asylum housing because of a pest infestation but there was no women-only accommodation available in the city. There were only men-only or mixed accommodations available so the SU has had to be moved out of the city, disrupting her and her daughter's lives. She was relocated in a hotel out of area. The hotel accommodates men which she has found distressing and re-traumatising as she is a survivor of HBA. No alternative accommodation is immediately available.

Case study: Service user – a newly arrived asylum seeker – and her young daughter were placed in a contingency hotel. The hotel accommodated herself, one other woman resident, and approximately eighty other men. The second woman was dispersed, and the service user was left in this hotel as the only woman resident. The family had additional medical needs; she for asthma for which she takes medication, and her daughter has skin rashes. RWC staff visited her in her accommodation, and she told staff that she felt unsafe in a large hotel with no other women living there and men often congregating in communal areas. She reported that the men were so much of a dominating presence, that she did not leave her room unless she had to. Staff raised safeguarding concerns with the housing provider and requested her immediate dispersal. She was dispersed within a week.

4. Women and caring responsibilities

Asylum-seeking and refugee women are overwhelmingly likely to carry the burden of caring responsibilities in the home, often putting the needs of those in their care above their own. Life in the asylum system makes caring responsibilities especially difficult given the lack of agency faced by women in the system for extended periods. Combined with social isolation, poverty, trauma, limited access to specialist services and loss of community, many women with caring responsibilities struggle and are disadvantaged.

Case study: Service user is a single mum with two young children. She claimed asylum seven years ago and is currently waiting on the outcome of her recent further submissions for her asylum claim. Following discussions with members of RWC staff, Early Help referrals were made in June 2020 for her son who had suspected additional needs. Ten months later in April 2021, her son was diagnosed with Autism Spectrum Disorder. Since the diagnosis, the service user has applied for two paths of additional funding in order to provide the additional support resources, learning resources and ability to attend support groups that her son needs for his development and wellbeing. Her application for Disability Living Allowance was refused because of her immigration status, and her application for Asylum Support Section 96 was refused as the HO did not deem her 'in need' of additional funding. She remains on the standard Asylum Support Section 95 payments despite needing to provide additional services and activities for her son. Service user describes the stress of not being able to sufficiently meet her son's needs as equal to being in prison. The service user describes that sometimes the family runs out of money if she has not budgeted for the week correctly which causes significant distress.

The above case study demonstrates how the asylum system unfairly disadvantages women with caring responsibilities, and the children who are the victim of the system. The above service user does not have the right to work so cannot independently provide for her family, cannot access mainstream benefits due to her immigration status, was denied her request for additional Asylum Support payments and cannot resolve her severely delayed immigration status decision.

5. Women and healthcare

5.1 Access to healthcare

Asylum-seeking and refugee women typically experience significant barriers to accessing healthcare which creates an unfair disadvantage in the asylum system. Women often describe the distress caused by care only being offered by male medical professionals and a lack of awareness that they can request to be cared for by women.

Case study: Service user was told in a third country on her journey to the UK that she required an operation for lumps in her breasts. She was housed in initial accommodation where medical services at her appointments were provided only by men medical professionals. The service user didn't feel comfortable speaking to or being treated by a man, therefore she didn't disclose her health needs. This meant that there was a severe delay in her receiving treatment for the urgent health issue till she was dispersed into dispersal accommodation many weeks later.

5.2 Maternity Care

The challenges facing pregnant asylum seekers are often rooted in ignorance; pregnant women in the asylum system do not have an adequate understanding of maternity care in the UK or how to navigate it, maternity caregivers don't have an adequate knowledge of the lived experiences of asylum seekers and are not able to adapt services accordingly and there is also evidence of Home Office and Home Office contractors not understanding their own processes and policies. Women are frequently dispersed outside of the 'protected period' of pregnancy (34 weeks to six weeks postnatal) disrupting their care and putting the health of mother and baby at risk. Irregular immigration status continues to be a factor in maternal deaths and adverse pregnancy outcomes and some women who do not have a secure immigration status do not approach maternity services till they are in labour in an attempt to avoid maternity charges or alerting their presence to the Home Office.

Case study: Service user reported that she was pregnant to the AIRE contract provider and made a request for the additional £3 per week Asylum Support payment to buy fresh, healthy food to support her pregnancy. She was repeatedly and incorrectly informed by helpline staff that she couldn't apply for the additional payment until she was 32-weeks pregnant. It wasn't until RWC staff escalated the issue and highlighted the distinction between the additional payment and the Maternity Grant that the application was accepted. Whilst the despite was being resolved, the service user lost out on payments to which she entitled that are designed to support a healthy pregnancy.

RWC often works with women who are treated by medical professionals who do not understand the complex needs of asylum-seeking and refugee women and therefore offer care that is not suitable or makes women uncomfortable or reluctant to seek further care. This was exacerbated during the COVID-19 pandemic when contingency accommodation was established in areas that had no legacy of asylum accommodation.

Case study: Service user had complex medical issues which needed to be addressed and acted on as a priority due to her medical history. The service user was diabetic, had high blood pressure and was pregnant. She had lost her first pregnancy due to her condition and therefore was classed as a high-risk pregnancy. The service user informed RWC staff that she did not have access to any of the medication she needed, and that she felt that hotel accommodation was unsuitable for her due to her medical needs and a fear that she would miscarry again. Food provision at the hotel did not cater for her dietary requirements relating to her diabetes, when RWC staff raised this as a

Safeguarding concern her case was prioritised for dispersal, but no food alternatives were offered. RWC staff provided food packages for the service user instead. Her midwife was contacted by RWC staff who asked for a letter of support so that her request to be relocated could be supported with medical evidence. The midwife dismissed the concerns the service user had expressed stating that the service user was in full board accommodation, it was a 'lovely hotel', she used to go there as a child when it was once nice, and that the area was lovely too. The midwife further stated she did not really 'deal' with asylum seekers and was unsure as to why there was a request for evidence. RWC staff made the request again in writing, the midwife did not respond to the email and medical evidence had to be sourced elsewhere.

5.3 Mental health services

RWC has received numerous reports of local primary mental health services not providing asylum sensitive mental health treatment. Women have consistently reported services lacking basic understanding of the asylum process, lacking culture and/or race sensitive care, asking intrusive comments about a person's immigration status and discharging asylum-seeking or refugee women from care who were not prepared or mentally able to discuss their past trauma. In instances such as the last point, mental health care providers have stated that an inability to discuss past trauma makes some service users inappropriate for mental health support so they have been discharged from care with no alternative given. This leaves women feeling more isolated than they did prior to accessing care, increases vulnerabilities as issues go unaddressed, and makes women reluctant to approach mental health or wider health services in the future despite the high need.

6. Disability

The asylum system disadvantages women and children living with disabilities by often not having sufficient or appropriate accommodation to meet their needs meaning women are living in accommodation that is unsafe or inaccessible. We have consistently worked with women who have independently raised issues with their accommodation to the housing provider or AIRE contractor but have been offered no resolution till RWC staff intervene and offer advocacy or casework services. We attribute this pattern to poorly managed AIRE and AASC contracts which lack Home Office oversight, an organisational culture of disbelief when service users self-advocate, and systemic disinterest in maintaining appropriate living standards for service users.

Case study: Service user was left in Home Office initial accommodation for over a year despite having severe physical disability and being reliant on her elderly parents for physical care and meeting her basic needs. The service user and her family had consistently raised the issue for a year with the AIRE contractor but no solution was offered and they were insufficiently communicated with regarding her needs and the unsuitability of housing. RWC staff made a referral to a solicitor who took legal action against the housing provider. Within one a week the service user and family were moved to appropriate accommodation.

Case study: Service user contacted RWC to complain that the food she was served in contingency asylum accommodation during the COVID-19 pandemic did not cater to her needs as she was diabetic. RWC staff contacted Serco's Safeguarding team who liaised with the service user. Serco informed RWC that the service user did not like the way the food was cooked, but that there were no issues with the food relating to her diabetes.

The service user again contacted RWC staff and explained that no resolution had been offered, the food remained unsuitable and her health was at risk. RWC provided food packages that met her dietary requirements.

Case study: The Home Office safeguarding team initially provided an Asylum Support Section 95 grant letter to help service user access services, following safeguarding concerns raised by RWC staff relating to her ability and capacity to self-advocate. Such letters are typically accepted by educational providers and the Legal Aid Agency if they are within six months of issue, meaning they have to be re-requesting periodically. The service user required an updated letter was required to continue accessing services so RWC staff again contacted the Home Office safeguarding team. The team advised that a request would have to be put into the AIRE provider and declined to provide the letter.

8. How is the government addressing discrimination or specific dangers

Some protections are in place for people with protected characteristics but we would class these as minimal and in urgent need of improvement. As demonstrated through this document, protections or policies that are in place are often ignored to the detriment of asylum seekers or refugees and their children. For instance, it is possible to request a women interviewer or interpreter but this is an inaccessible policy and often not implemented even when requests are made. Child care is recorded as available to parents during substantive interviews but we are unaware of this being routinely and proactively implemented or offered without significant administrative work on behalf of staff or solicitors. This means that these services are not utilised and, in our experience, single mothers are disproportionately impacted. Clear guidance and adherence to protocols is needed to ensure asylum seekers and refugees in general, but especially those with protected characteristics, who have experienced SGBV or persecution-related trauma have the support and the correct conditions to give evidence and advocate in their asylum claim.

RWC used to offer to support to women and children who were housed in a mother and baby property in our area. Unfortunately, due to a severe lack of onboarding appropriate asylum accommodation this property was converted into dispersals accommodation and no mother and baby property now exists in our region. Secure accommodation is needed for vulnerable women, both single women and women with children which feature secure doors, space for children to play, sanitary towels available and on-site staff who have received appropriate and sufficient gender-based training. Accommodation adaptations for older women and those with physical disabilities should be made in line with what would be expected in wider society (ground floor where needed, handrails, peep holes & chains on front doors etc) so in order to not disadvantage those groups.

There is also an increased need to take into account the incredible strain long waits in the asylum system have on those with protected characteristics. Screening interviews are used to gather information on the potential for claims to be deemed invalid and they are processed quickly, but they should also be used to determine those who are acutely vulnerable and likely to suffer significant harm if forced to endure years waiting to give evidence and secure their status.

9. COVID-19 and protected characteristics

Refugee Women Connect published a report on gendered challenges in the asylum system during COVID 19 which can be accessed [here](#). It includes caring responsibilities, mental health and the impact on LGBTQ+ populations.

10. Afghan Citizens' Resettlement Scheme (ACRS)

RWC has been working with women and children who have been resettled through the Afghan Citizens' Resettlement Scheme since September 2021 through 1:1 and group work. Invitation to maintain a space at the temporary accommodation was made by Liverpool City Council. We have had no direct contact with the Home Office as to the support we can provide and the need for specialist services.

Our experiences working with women under the ACRS lead us to believe that gender considerations must be built into this Scheme, and future ones, in order to protect women and ensure that they have fair access to the asylum system including health, housing, money and access to education. Our interactions lead us to believe that gender considerations are not sufficiently integrated into the current Scheme, and immediate improvement is needed.

Case study: RWC staff hosted a closed, women-only educational group for Afghan women who are accessing the ACRS. A woman Home Office member of staff and man, uniformed Police Officer requested to speak to attendees during the group session. RWC staff declined to grant access due to the nature of the group and the uniformed officer's presence which could have been triggering. The Home Office staff member insisted on entering the group, accompanied by the Police Officer. Discussions on domestic abuse in a non-sensitive manner took place. Attendees raised concerns that some husbands were lead claimants for Universal Credit. Payments were being made to husbands and no money was given to the attendees. Attendees sought advice from the Home Office member of staff. Their concerns were dismissed and they were advised to seek employment to resolve financial issues. No discussion around financial abuse or wider conversations around healthy relationships were initiated or taken forward as future talking points by the member of staff.

Women housed in the temporary accommodation RWC works within have demonstrated the need for gender specific support services delivered in a proactive manner, in order to create fairness and equality in the asylum system.

Case study: Prior to meeting women at the accommodation for the first time, we were told by the local authority that whilst there were a substantial number of women in the accommodation, no gender specific needs had been identified. Women had generally been spoken to in family settings with husbands present or leading conversation. After offering closed, women-only group sessions with women in the accommodation a number of gender specific issues arose including issues relating to maternal health and their family's finances.

The above case study demonstrates the need for gender specialist services who can take a proactive approach to ascertaining the needs of women in the asylum system in order to ensure they have fair access to services and their needs are being met. It also reflects how well-meaning, well-organised organisations can miss the opportunity for specialist interventions if a proactive approach is not taken. A one size fits all to supporting people who are seeking asylum in the UK does not facilitate the creation of a fair and equal asylum system.

The ACRS is substantially different to other routes to claiming asylum with regard to their engagement with the asylum system and support offered by statutory organisations. For instance, people resettled under the ACRS are granted indefinite leave to remain or enter the UK with the option of applying for

British Citizenship after 5 years in the UK. The number of women we support who are granted ILR who are not on the ACRS or other resettlement routes is minute in comparison to the hundreds of women we work with each year. This disadvantage is further demonstrated when we consider the culture of disbelief, near-poverty and inability to access services that women seeking asylum through non-resettlement routes typically experience. The vast majority of our service users are seeking asylum through non-resettlement routes; their asylum experiences in the UK can generally be characterised by Home Office hostility and consistent queries as to their credibility, extreme financial stress meaning women and children often go without essential living items, and high barriers to accessing services including health and education. Though women on the ACRS will undeniably experience challenges in the UK, the sustained presence of the Job Centre and health professionals at temporary accommodation sites, access to specialist resettlement workers offering 1:1 casework, and the grant of ILR means their challenges, and therefore vulnerabilities, are not the same as those on non-resettlement routes. RWC would argue that the support and services provided to those on resettlement routes should be expanded to all people seeking asylum in the UK in order to create a fair system.

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