

## Appendix 7: Health of migrant, refugee and asylum seeking women (See Articles 9 and 12)

General health needs of particular groups of migrant women such as older women, lesbians, or women with disabilities, and of a wider range of prevention and treatment issues including sexual health and family planning and mental health, have been largely neglected.<sup>1</sup> These women can be vulnerable to high levels of depression and anxiety as a result of experiences of trauma, violence, lost social support, discrimination and racist abuse and harassment in the UK.

For some years mainstream research and policy has recognised ethnicity as a key element of social inequality, and there have been increasing (and welcome) interventions to address ethnic inequalities in most areas of social policy including health. However, changes in patterns of immigration and immigration policies have created many different types of migrants who have differing health needs and differing entitlements to access healthcare that are not simply reducible to their ethnicity.<sup>2</sup>

In particular, in England, refused asylum-seekers are not entitled to access any but the most basic emergency and maternity health services. 'Immediately necessary' and 'urgent' treatment should be provided without delay but the patient will be issued a bill.<sup>3</sup> There is also a common tendency for GP practices to refuse to register patients who are recent migrants whatever their immigration status and those with insecure accommodation face additional barriers.<sup>4</sup> Limiting legal access to care on grounds of immigration status disproportionately impacts upon women. Antenatal care and maternity services are chargeable in England and frontline administrators often demand proof of ability to pay bills before allowing access to care. Financial barriers, in addition to fear of the authorities, mean that many destitute migrant women are not seeking healthcare at all.<sup>5</sup>

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<sup>1</sup> Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London

<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservulnmigrantwomen2012.pdf>

<sup>2</sup> Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London

<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservulnmigrantwomen2012.pdf>

<sup>3</sup> See PICUM (2007) *Access to Healthcare for Undocumented Migrants in Europe*.

[http://picum.org/picum.org/uploads/publication/Access%20to%20Health%20Care%20for%20Undocumented%20Migrants%202007%20EN\\_1.pdf](http://picum.org/picum.org/uploads/publication/Access%20to%20Health%20Care%20for%20Undocumented%20Migrants%202007%20EN_1.pdf) and Medecins du Monde (2010) *HUMA Report: Are undocumented migrants and asylum seekers entitled to access to healthcare? A comparative overview in 16 countries*. <http://www.epim.info/wp-content/uploads/2011/02/HUMA-Publication-Comparative-Overview-16-Countries-2010.pdf>

<sup>4</sup> Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London

<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservulnmigrantwomen2012.pdf>

<sup>5</sup> Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London

<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservulnmigrantwomen2012.pdf>; Bragg, R. (2013) 'Vulnerable women and charging for maternity care in the UK – Advocating for change' in Thomas, F. and Gideon, J. (eds) *Migration health and inequality*. Zed Books: London

Until recently, English hospitals could sell debts to private debt collection agencies who then had the right to enter homes and repossess belongings to recuperate monies owed. New rules that came into effect in August 2011 indicate that debt collection agencies should no longer be used when it is clear the patient will be unable to pay i.e. is genuinely without funds.<sup>6</sup> However, the same rules place a duty on NHS staff to provide details of patients owing £1,000 or more to the UK Border Agency (UKBA) – pending applications with UKBA (new visas, extensions of stay, re-entry) can be refused until the debt has been paid.<sup>7</sup>

Research has shown that compared to white women born in the UK, BME women born outside the UK booked for antenatal care later, had poorer information provision and were less likely to be treated with respect by staff.<sup>8</sup> In 2011, the majority of pregnant women who attended the Project:London's<sup>9</sup> clinic in East London, established for migrants, the homeless, and female sex workers, were already in the second trimester of their pregnancy or beyond, without so far accessing antenatal care.<sup>10</sup> The UKBA policy of dispersal to cities across the UK on the basis of accommodation availability, along with the continued detention of pregnant women despite repeated calls for this practice to end,<sup>11</sup> also impacts on the health and healthcare of pregnant asylum seekers. It may increase health risks and undermines the NHS' strategic focus on improving health outcomes for women and babies<sup>12</sup> as maternity services are unable to provide care in accordance with the National Institute of Health and Clinical Excellence (NICE) guidance on maternity care for this group of women.<sup>13</sup>

The antenatal and prenatal care for undocumented women or those with 'no recourse to public funds' is also extremely substandard. In some parts of the UK, volunteer Doulas have taken on the burden of supporting asylum seeking and undocumented women through the birth process, however in ensuring more holistic support for women, they

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<sup>6</sup> Department of Health (2011) *Implementing the Overseas Visitors Hospital Charging Regulations* <https://www.gov.uk/government/publications/implementing-the-overseas-visitors-hospital-charging-regulations-2011> para 4.39

<sup>7</sup> Department of Health (2011) *Implementing the Overseas Visitors Hospital Charging Regulations* para 4.39. <https://www.gov.uk/government/publications/implementing-the-overseas-visitors-hospital-charging-regulations-2011> para 5.55.

<sup>8</sup> Redshaw, M. and Heikilla, K. (2010) *Delivered with care: A national survey of women's experiences of maternity care in 2010*. National Perinatal Epidemiology Unit <https://www.npeu.ox.ac.uk/files/downloads/reports/Maternity-Survey-Report-2010.pdf>

<sup>9</sup> Doctors of the World, London clinic <http://doctorsoftheworld.org.uk/pages/london-clinic> Accessed 10/05/2013

<sup>10</sup> Ramaswami, R. (2012) 'Why migrants mothers die in childbirth in the UK', *Open Democracy*, 12<sup>th</sup> January 2012 <http://www.opendemocracy.net/5050/ramya-ramaswami/why-migrant-mothers-die-in-childbirth-in-uk>

<sup>11</sup> See for example Her Majesty's Inspectorate of Prisons (2011) *Report on an announced inspection of Yarl's Wood Immigration Removal Centre 4-8 July 2011* <http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmipris/immigration-removal-centre-inspections/yarls-wood/yarls-wood-2011.pdf> p16

<sup>12</sup> Department of Health (2010) *NHS Outcomes Framework for 2011/12*. <http://healthandcare.dh.gov.uk/files/2011/01/outcomesglance.pdf> and Maternity Action and Refugee Council (2013) *When Maternity Doesn't Matter: Dispersing pregnant women seeking asylum* [http://www.refugeecouncil.org.uk/assets/0002/6402/When\\_Maternity\\_Doesn\\_t\\_Matter\\_-\\_Ref\\_Council\\_Maternity\\_Action\\_report\\_Feb2013.pdf](http://www.refugeecouncil.org.uk/assets/0002/6402/When_Maternity_Doesn_t_Matter_-_Ref_Council_Maternity_Action_report_Feb2013.pdf)

<sup>13</sup> Maternity Action and Refugee Council (2013) *When Maternity Doesn't Matter: Dispersing pregnant women seeking asylum* [http://www.refugeecouncil.org.uk/assets/0002/6402/When\\_Maternity\\_Doesn\\_t\\_Matter\\_-\\_Ref\\_Council\\_Maternity\\_Action\\_report\\_Feb2013.pdf](http://www.refugeecouncil.org.uk/assets/0002/6402/When_Maternity_Doesn_t_Matter_-_Ref_Council_Maternity_Action_report_Feb2013.pdf)

face significant resistance from state agencies.<sup>14</sup> Many frontline administrators and public service providers presume that asylum seeking or undocumented women are giving birth in the UK to improve their chances of receiving leave to remain in the country. This discrimination results in unfavourable and sometimes hostile treatment of migrant women who are pregnant.<sup>15</sup>

**Recommendation:**

**As a matter of urgency, asylum seeking women, including women whose claims have been refused and pregnant undocumented women should be exempt from charges for NHS maternity treatment across all UK health administrations in accordance with the recommendations of the Joint Committee on Human Rights inquiry into the treatment of asylum seekers**

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<sup>14</sup> Example from telephone interview conducted by PICUM on 12 April 2011 with Bethel Doula project in Birmingham <http://picum.org/en>

<sup>15</sup> Geddie, E. and LeVoy, M. (2012) *Strategies to End Double Violence Against Undocumented Women: Protecting Rights and Ensuring Justice*. PICUM: Brussels  
<http://picum.org/picum.org/uploads/publication/Double%20Violence%20Against%20Undocumented%20Women%20-%20Protecting%20Rights%20and%20Ensuring%20Justice.pdf>