Submission to the Inquiry into Asylum Support for Children and Young People

December 2012
The Royal College of Midwives
15 Mansfield Street, London, W1G 9NH

The Royal College of Midwives’ submission to the Inquiry into Asylum Support for Children and Young People.

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to submit evidence to the inquiry.

Summary
The RCM has serious concerns about the asylum system and its impact on the health of newborn children. The process of dispersal within the system can be particularly risky for women and their children around the time of pregnancy and in the immediate postnatal period. We also know that poverty and income are linked to worse health outcomes for children in the short-term and as they become adults in the longer-term. We have discussed these issues in more depth below.

The RCM is particularly concerned about the level of support given to women who give birth after their claim to asylum is refused. Many of these women remain in the country for extended periods of time and rely on much lower levels of support than do other asylum seekers. The consequences for the health of these women and their children are therefore even worse than for those receiving support as asylum seekers.

Poverty and Income
Poverty is linked to a range of adverse health outcomes during and shortly after pregnancy. In particular, poverty is often associated with higher stillbirth rates, more pre-term births, lower birth weights, and higher infant mortality rates. Furthermore, the early years of a child’s life have far reaching consequences for their future
wellbeing. Poverty and deprivation can have serious adverse impacts on a child’s development. It is difficult to unpick the precise causal mechanisms, but there is some evidence that income specifically has an impact on child health more generally. For example, research from the London School of Economics\(^1\) has shown that low income is correlated with poor child health, even when controlling for childbirth weight and the mother’s education level. This same research also found that low-income around the time of birth is more harmful to health than low-income later in a child’s life. On this basis, the RCM would strongly encourage additional income support during pregnancy as well as post-birth.

Poverty is also linked to low breastfeeding rates and inadequate nutrition for child development. Research\(^2\) which has been used to inform the National Institute for Health and Clinical Excellence’s guidelines has shown that low income families tend to spend less on food than is needed to eat healthily. The Healthy Start scheme, available to those claiming income support and the child tax credit (but not to asylum seekers), is one approach to supplement income for the purposes of improving child nutrition. The scheme provides food vouchers to families that can be used to purchase, milk, fruit and vegetables.

For similar reasons, the Marmot Review in 2010 made its principal policy recommendation that every child should receive the best start in life. The RCM believes that this should also apply to asylum seekers, even if they are only temporarily in the United Kingdom. The levels of support available to asylum seekers should be more appropriately matched to the health and wellbeing needs of them and their children.

**Dispersal**

The RCM has previously expressed concern about pregnant asylum seekers and women who have recently given birth are being dispersed at very critical points during pregnancy or post birth. Many have significant or complex health problems and are in need of close monitoring by a midwife or an obstetrician, or referral to the appropriate agency. The Confidential Enquiry into Maternal and Child Health highlighted the increased morbidity and mortality rate among these women, who often have complicated pregnancies due to serious underlying health problems, are generally in poorer health and often do not access antenatal care early if at all.

This results in poor pregnancy and neonatal outcomes which require intensive and expensive treatment. We also know that many of these women do not seek or attend antenatal care regularly nor do they attend their postnatal assessments for a variety of reasons. Many asylum seekers (and especially those whose claim has been refused) can be highly averse to using health services for fear of detainment and/or cost. As a consequence women who are pregnant may not receive any care or even be known to health services until they are in labour or have already given birth. Some

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\(^1\) [http://sticerd.lse.ac.uk/dps/case/cp/CASEpaper85.pdf](http://sticerd.lse.ac.uk/dps/case/cp/CASEpaper85.pdf)

are also admitted to accident and emergency departments having become extremely ill from pregnancy related conditions.

The dispersal system therefore can do significant harm if it fails to adequately take into account the needs of pregnant women and new mothers. The RCM does not support dispersal during pregnancy or the postnatal period unless the woman herself has expressed a wish to go to another town/city near friends where there is likely to be a support network provided by family or friends.

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