

# POLICY BULLETIN 61

## **PREGNANCY**

### **1. SCOPE AND PURPOSE**

This document provides instructions for dealing with queries relating to pregnancy from persons supported by the UK Border Agency. The UK Border Agency will consider sympathetically whether, when, and where to disperse pregnant women.

Bulletin 31 contains the case working instructions on dispersal generally any decision relating to dispersal should be made with reference to this.

UK Border Agency's aim is to encourage a woman even in the late stages of pregnancy to leave the Emergency Accommodation and establish herself in her new home before the birth of the baby.

### **2. APPLICATION OF THIS INSTRUCTION IN RESPECT OF CHILDREN AND THOSE WITH CHILDREN**

Section 55 of the Borders, Citizenship and Immigration Act 2009 requires the UK Border Agency to carry out its existing functions in a way that takes into account the need to safeguard and promote the welfare of children in the UK. It does not impose any new functions, or override existing functions.

Officers must not apply the actions set out in this instruction either to children or to those with children without having due regard to Section 55. The UK Border Agency instruction 'Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom Border Agency' sets out the key principles to take into account in all Agency activities.

Our statutory duty to children includes the need to demonstrate:

- Fair treatment which meets the same standard a British child would receive;
- The child's interests being made a primary, although not the only consideration;
- No discrimination of any kind;
- Asylum applications are dealt with in a timely fashion;
- Identification of those that might be at risk from harm.

### 3. SUMMARY

The UK Border Agency gives due consideration to whether a supported person is fit to travel and will take into account any advice received from the applicant's General Practitioner (GP), Midwife and or Obstetrician (referred to hereafter as "those providing medical care") as to the applicant's fitness for travel. The onus is on the applicant to submit this information to the UK Border Agency, and caseworkers will not usually have direct contact with those providing medical care.

In many cases women, even in the late stages of pregnancy, are perfectly capable and willing to travel.

Nevertheless staff must consider each situation on its merits and where advice received from those providing medical care is that it would be inappropriate to expect a pregnant woman to travel, UK Border Agency will continue to house them in Emergency Accommodation until after their child is born.

Caseworkers are responsible for recording their decision, and the consideration supporting it, on file and ASYS (the Asylum Support System).

The nine-month period from conception to birth may be roughly divided into three-month periods called 'trimesters'.

- **FIRST TRIMESTER months 1-3** - Many women are still unsure during this period whether they are pregnant the changes are not noticeable and normal activities may continue. During this period in particular, there may be a possibility of miscarriage. Any advice from those providing medical care must be considered and a decision to act contrary to this must be taken at Senior Executive Officer (SEO) level.
- **SECOND TRIMESTER months 4-6** - Pregnancy is generally noticeable and concerns for the unborn child or mother may be raised at this point.
- **THIRD TRIMESTER months 7-9** - This is a period of weight gain, increasing discomfort and walking is likely to be awkward. Urination will be frequent.

These symptoms may be equally relevant to all of the trimesters.

For the purpose of this bulletin we look specifically at the third trimester i.e. pregnancy in the last three months.

### 4. PROCESS

Women who request dispersal outside of the normal policy (please refer to bulletin 31) must provide evidence in writing of their pregnancy and reasons

for exceptional treatment, from those providing medical care. This information should be provided on the Asylum Support application form or as a supplementary note, indicating the applicant's particular needs and how these must be met.

If the applicant's pregnancy is noted on the Asylum Support application form, the Validation Team should note this on ASYS. Any correspondence submitted with the Asylum Support application form should be sent to the Assessment Team for consideration, regardless of where the file is.

The Assessment Team should make a recommendation as to suitable accommodation, taking into consideration all post for the applicant/family. **The assessment regarding accommodation for the unborn child should only be made for applicants who are in the third trimester.** The recommendation should initially go to the Dispersal Co-ordination Team (DCT) who in line with assessments proposal will make a decision as to whether the applicant will be dispersed on an individual process (self write) or by group dispersal. If the applicant is to be dispersed by group the case will be forwarded to the Accommodation Booking Team who should follow the proposal of the Assessment Team.

The relevant Refugee Agency is tasked by Operations with identifying and listing for dispersal those asylum seekers in Initial (Emergency) Accommodation who are deemed suitable for travel via the group dispersal process. The provisional travel list is sent to the DCT for routine checks against the information stored on ASYS. The DCT should follow the Assessment Team proposal when considering applicant's suitability for scheduled group dispersal. The Agencies should place women who are pregnant on dispersal lists unless they have been provided with documentary evidence that indicates this should not be done. UK Border Agency should be advised immediately when an applicant or dependant cannot travel, so that the mother, child and any other family members can be prepared for dispersal which will not take place for at least two weeks after the child is born. If the mother is a dependant and can't travel the whole family, including the principal applicant, will stay in Initial (Emergency) Accommodation.

The Accommodation Booking Team should follow the proposal of the Assessment Team. They should make appropriate arrangements for the applicant to arrive at the dispersal address.

If the applicant is unable to travel by group dispersal, they must be placed into the self-write scheme as a priority for travel. Under this scheme, they should be provided with a ticket for travel for their journey to the authorised address.

Those allocating accommodation will need to take into account that applicants in their third trimester may express difficulties with having to undertake long journeys. Unless the UK Border Agency has written documents from those

providing medical care confirming these difficulties, applicants will usually be expected to travel to their authorised address.

In considering whether an applicant is fit to travel:

If an applicant fails to travel the Dispersal Facilitation Group (DFG) should be notified. If DFG have written correspondence from those providing medical care confirming the reason for failing to travel it should not be treated as a failure to travel.

If the UK Border Agency is advised, by those providing medical care that dispersal should be delayed until after the birth of the child this must be adhered to. Unless we intend to have the applicant examined we will have to take the GP's word of inability to travel. The Relevant Refugee Agency should then be asked to place the applicant on the list for Group Dispersal/Self Write but not before two weeks after the birth of the child and later only if confirmed in writing by those providing medical care. This must be agreed at Higher Executive Officer (HEO) level.

## **5. SPECIAL NEEDS**

Caseworkers should assess whether it is reasonable to disperse applicants to an area if specialist medical treatment is required. They will need to ensure with Accommodation Providers that specialist care is available for the applicant in the dispersal area. If specialist medical care is available in the dispersal area, then in the absence of other exceptional circumstances, dispersal will be appropriate. If treatment is not available at the initial dispersal, an alternative address must be found where treatment is available. The applicant may also make specific requests but those providing medical care must support these in writing, for example, a pregnant woman in the third trimester may require assistance from a relative to attend an asylum interview and may not be able to walk long distances and may require ground floor accommodation.

Caseworkers should be alert to the exceptional circumstances of individual cases, which might make it appropriate to depart from the general guidelines contained in this policy bulletin. Such cases should be referred by the caseworker to HEO level with a written proposal by the caseworker of how to deal with the case.

## **6. PROVIDERS**

Accommodation providers are obliged to assist with accommodating a new baby.

The asylum seeker should notify the UK border Agency of changing needs in reasonable time. In return, the accommodation provider, with regard to the age of the child, is obliged under their contract agreement to ensure that:

- adequate cot and highchair facilities are made available;

- child safety gates are installed on stairs and / or other child proof restraint devices are installed on windows; and
- appropriate sterilisation equipment is available.

Providers are given lists for group dispersal for those travelling at least three clear working days in advance. They can inform the UK Border Agency if they can receive applicants that are pregnant and should brief applicants on what facilities are available to them on their arrival at the dispersal location.

## **7. TRAVEL DURING PREGNANCY**

On fitness to travel caseworkers need to consider the following:

- decide whether the applicant is fit to travel in the particular circumstances of the case, and
- if so, whether there are any restrictions on the distance.

A woman may be considered fit to travel journeys of a reasonable duration, such as those lasting up to 4 hours, and this may preclude dispersal to Glasgow from London, for example.

In general, women do not need to restrict travel during pregnancy, but during the last few weeks of the third trimester as the delivery day nears, dispersal journeys should be kept as short as possible and should not exceed four hours.

If on the day of travel an asylum seeker in the late stages of pregnancy is in distress about traveling, then this must be carefully considered.

## **8. SPECIFICATION FOR COACH TRAVEL**

When requested to do so by the UK Border Agency, the contractor will provide coaches and/or minibuses and drivers and care attendants, to transport asylum seekers and their dependants from embarkation and to destination points as designated by the UK Border Agency. After every four hour period of journey time the contractor will supply packed food and drinks to asylum seekers and dependants. Such provision will take account of any special dietary needs. Each coach will be provided with a mobile phone.

The contractor should have in place appropriate plans and procedures for dealing with emergencies and contingencies to cover illness of asylum seekers or dependants including arrangements for taking an asylum seeker or dependant to hospital.

## **9. BIRTH COMPLICATIONS**

After the birth of her child a woman should receive essential clinical care for 14 days and this should not be disrupted without good reason. In addition, women often feel unwell during this period, particularly if they have had a caesarean section. Women who have experienced birth complications, caesarean section or whose child is requiring specialist baby care, should not be expected to move within two weeks of the birth.

## **10. HIV PREGNANCY SUPPORT SERVICES**

From time to time caseworkers will be notified by pregnant applicants that they are HIV positive and require specialist treatment. Unless those providing medical care confirm this in writing, the applicant should be dispersed following the above guidelines.

There are HIV support services for asylum seekers in the following areas and this should be borne in mind when accommodation is being allocated:

- **Liverpool**

Sahir House PO Box 11 Liverpool L69 1SN 0151 708 9080

- **Glasgow**

Brownlee Centre Gartnavel General Hospital Great Western Road Glasgow  
G12 0YN  
0141 211 1092

- **Scotland**

Solas Information Centre 2/4 AbbeyMount Edinburgh EH8 8EJ 0131 661 0982

- **Manchester**

George House Trust 77 Ardwick Green North Manchester M12 6FX 0161 274 4499

## **11. MATERNITY PAYMENTS**

A single one-off payment of £300 may be provided to asylum seekers, supported under section 95 of the Immigration and Asylum Act 1999 (i.e. asylum seekers supported by UK Border Agency), to help with costs arising from the birth of a new baby. This is known as the maternity payment. Those mothers who give birth in Emergency Accommodation, while receiving support under Section 98 of the Act, may be provided with a maternity pack (in the form of in-kind support e.g. baby goods or appropriate retail vouchers) of a value not exceeding £50.

Policy Bulletin 37 gives the background for dealing with applications for “maternity payments”

## **12. BABY CLINICS**

The National Health Service (NHS) provides facilities in some areas for health checks and advice service for mothers called 'baby clinics', at which formula milk and vitamin drops may be purchased.

## **13. MISCARRIAGE**

The risk of Miscarriage is greatest in the first trimester but could be relevant at any stage during the pregnancy. Where there is evidence of a history of miscarriage or where those providing medical care indicate particular concern for mother or unborn child, caseworkers must pay particular attention to the recommendations made. Advice given by those providing medical care indicating that travel of any duration is not appropriate must be adhered to. If medical advice is that the applicant needs to have specialist treatment for a particular condition, caseworkers should ascertain whether the treatment is available in the dispersal vicinity. If treatment is available, the applicant's condition does not prohibit travel and the caseworker has no contrary advice dispersal will be deemed appropriate if the right of medical treatment is available in the dispersal area.

# Document Control

## Change Record

Version	Authors	Date	Change Reference
2.0	M.M	01/12/2008	Re-branding exercise
3.0	SM	02/10/09	Children's Duty paragraph added.