




‘We don’t ask for a luxury life, just basic things’: the experiences of mothers with babies in the UK asylum system

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ABSTRACT

UK asylum accommodation has repeatedly been indicted as failing to meet the needs of pregnant individuals, those caring for babies, and all children. Charity-sector staff supporting new mothers in the asylum system expressed concern that ill-equipped and unsuitable accommodation, overt racism and a hostile environment all increased risk to safety for mothers and babies. Concerned particularly by a series of infant deaths in families in UK asylum accommodation, we sought to understand living conditions of mothers and babies seeking asylum in Glasgow. We explored mothers’ lived experience of UK dispersal accommodation, identifying how this may compromise safety and endanger babies. Working collaboratively with Glasgow-based birth-companion charity, Amma, we trained a participatory research team who have lived experience of the UK asylum system. Combining interviews with four mothers, focus group discussion with 12 mothers, and experiences of five participatory researchers, the team explored how dispersal accommodation affected infant care and mothers’ and infants’ safety and well-being. Thematic analysis of interview and focus group transcripts generated three themes discussed by mothers: fear, fear-mongering and unsafe situations; frustration, stress, hostility, and intimidation; and developing agency, asserting rights and being punished. We found that mothers with babies seeking asylum in Glasgow experience substandard accommodation that exposes infants and toddlers to multiple hazards. Hostility and indirect punishment from housing providers and their use of weaponised incompetence compounds this, denying mothers the opportunity to provide a safe living environment, negatively impacting infant safety, and increasing risk both directly and indirectly.

Introduction

People seeking asylum in the UK are housed in temporary accommodation until their asylum claims have been submitted. Then, under a compulsory dispersal system, they are relocated to ‘dispersal areas’ while awaiting the outcome of their claim. Individuals receive minimal financial support, and are not allowed to work during this period, which may last a year or more (UK Visas and Immigration, 2024). UK dispersal accommodation is provided via six regional contracts to housing providers including Serco, Mears, and ClearSprings (Home Office, 2019). They are responsible for ensuring housing meets minimum requirements, however this housing is widely reported to be substandard (Allsopp et al., 2014; Gower, 2023). Moreover, the requirements are

described and interpreted with reference to adults only; repeatedly the accommodation has been indicted as unsafe and unsuitable for pregnant people, those caring for babies, and all children (CYPCS, 2023; Home Office, 2020; Refugee Action, 2023). The impacts of poor-quality temporary asylum accommodation on the health and safety of pregnant individuals and babies have been explored in multiple reports (CYPCS 2022; Maternity Action 2022; Neal, 2024, 2021; Ball, 2023 unpublished; CYPCS 2023; Refugee Action 2023; Guma et al., 2024), but the impact of dispersal housing has not.

In addition to poor accommodation and financial hardship, people seeking asylum in the UK experience widespread suspicion, hostility, and racism, not only from members of the public, but from staff employed to provide them with services (Webber, 2019;

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Uthayakumar-Cumarasamy, 2020). Indeed, in 2012, the UK Government began an overt policy to create a hostile environment for illegal immigrants (Hill, 2017; Griffiths and Yeo, 2021) which spread to refugees and those awaiting the conferral of refugee status. Furthermore, institutional racism and structural violence characterised as weaponised hostility (Webber, 2019), corrosive control (Canning, 2020), and coercive control (Shobiye and Parker, 2023) are clearly present in the way UK services treat people seeking asylum, each exerting negative pressure, and contributing to an intentionally hostile environment. As Shobiye & Parker remark, "...the UK asylum system is predicated on making life as difficult as possible for those claiming asylum, with the aim of encouraging them to leave the UK" (2023:373).

Women seeking asylum are one of the UK's most disadvantaged groups, experiencing multiple and intersecting inequalities linked to both poverty and discrimination, including miscarriage, premature birth, and sudden unexpected death in infancy (SUDI) (Equalities and Human Rights Commission, 2016). In fact, women seeking asylum in the UK are known to be "seven times more likely to develop complications during childbirth and three times more likely to die than the general population" (Bolt, 2018). Babies are the *most* vulnerable members of a society, completely dependent on others to ensure their safety. The UK has one of Europe's highest infant mortality rates, with strong associations between social inequality and infant mortality (The Marmot Review, 2010; Mahase, 2020; Odd et al. 2024; NCMD, 2022). Despite this, and the known hardship experienced by families seeking asylum, it is impossible to obtain official statistics on infant mortality rates among people seeking asylum as the UK government does not publish this data. However, eight babies born to people seeking asylum are known to have died between 2017–2022, two of which happened in Glasgow (Gidda and Purkis, 2022). At least one mother seeking asylum experienced an infant death in Glasgow whilst this project was ongoing (personal communication, Amma Birth Companions, 2023). It is clear from existing literature that pregnant mothers and their babies are at increased risk while seeking asylum in the UK, but it is unclear what underlies this increased risk and how post-neonatal infant deaths could be prevented.

In the UK generally, families living in poverty, and particularly those in temporary accommodation, experience more infant and child deaths than families in stable living conditions (APPG for Households in Temporary Accommodation, 2025). Observations made by staff of Amma Birth Companions regarding unsafe infant sleep environments due to lack of facilities and equipment in temporary and dispersal asylum accommodation initially motivated this collaborative project. Amma support pre- and post-partum women, who, without Amma's companionship, might give birth alone. Discussion with Amma staff revealed multiple concerns around the health, safety, and wellbeing of mothers and infants in dispersal accommodation.

The literature on infant and child safety for UK-born families experiencing poverty indicates that safe sleeping spaces and home safety equipment are low priorities for families who must allocate their limited resources to food and heating (Cooper and Mullen, 2023). Consideration of the COM-B model for fostering health-related behaviour change (Michie et al., 2011) indicates that in impoverished communities, although families may have the capability and motivation to implement strategies to ensure their babies' safety, poverty impedes the opportunity to make change; local services that provide free safety equipment to families remove the opportunity barriers (e.g. Durham County Council Start for Life Fund). Families living in asylum accommodation experience similar resource-related barriers to prioritising their child's safety yet appear to struggle to overcome opportunity barriers given the hostile environment, increasing their risk.

In this study, we sought to explore how mothers of infants and toddlers within the asylum system, encounter and negotiate barriers to adequate accommodation, equipment, and services that allow them opportunity to safeguard themselves and their children in dispersal accommodation. Working collaboratively, researchers from the Durham

Infancy & Sleep Centre and Amma Birth Companions' staff designed a participatory research project where we trained community researchers to collect data from local individuals currently in the UK asylum process. This study was conducted in compliance with relevant laws and institutional guidelines and was approved by Durham University's Ethics Committee [Ref: ANTH-2023-02-09T14.15.22-dan0h1b]. The research question addressed was: 'How do the experiences of dispersal asylum accommodation in Glasgow affect the health, safety, and well-being of mothers and babies?'.

Methods

To ensure participants' vulnerability was respected, participatory research values were central throughout the project (Cargo and Mercer, 2008; Breda et al., 1997; Baum et al., 2006). We worked to ensure participants had control over what was included in the project to protect them from harm (Liabo et al., 2018; Oliver, 1992; Bishop, 2014; Jackson, 2008) whilst valuing lived experience.

Community-based research team

The academic team worked with Amma staff to appoint a research co-ordinator who was already familiar with the charity and could recruit community researchers through Amma's network. Community researchers, in turn, recruited participants from Amma's community networks and conducted data collection. We anticipated that recruiting community researchers with lived experience of asylum accommodation would develop rapport with participants. Following applications and interviews, five community researchers were appointed who spoke languages prevalent within the Glaswegian asylum community including Kurdish, Swahili, Bajuni, Ishan, and Shona. DISC provided training in research methods, including recruitment, ethics, and data protection. Information sheets, consent forms, and voice recorders were provided. Community researchers, each paid for their time on the project, recruited mothers with infants living in dispersal accommodation in Glasgow.

Data collection

Respondents were assigned to community researchers with whom they shared a language, who explained the project's purpose and participant's role. If no community researchers shared a language with a potential participant a telephone interpreter service was used. With the participant's consent an interview discussion was audio-recorded. Following discussions, participants were provided with shopping vouchers as a gratuity for participating. Discussions lasted between 10 and 30 min. Audio recordings in English were transcribed by the research team. Those in other languages were translated and transcribed by a professional translation and transcription service (ClearVoice).

Additionally, a focus group at Amma's office was organised for participants with experience living in dispersal accommodation with babies or toddlers during the previous three years. Information sheets, child-care, lunch, travel expenses, and a small gratuity (shopping voucher) were provided, and in-person translation support was available. This approach yielded 12 participants who enthusiastically engaged in a focus group lasting over 1.5 h. All participants had given birth in the UK whilst seeking asylum. Three community researchers, the research coordinator, and Amma staff attended.

The focus group was audio-recorded and transcribed by one of the academic team and checked for accuracy by two academic team members present during the discussion. The PI co-ordinated the meeting, managing discussion via prompts, questions, and invitations to speak, ensuring all voices were heard. Focus group data were combined with data from four interviews conducted by community researchers, two in English, and two in other languages.

Process of analysis and agreement of themes

The academic team extracted themes from the data via an iterative process of reading and re-reading transcripts, identifying topics and examples discussed by participants, coding these and compiling them into over-arching themes as per the systematic approach for Thematic Analysis proposed by Braun & Clarke (2006). Mothers' narratives were analysed using a theoretical framework of structural violence via which we identified issues affecting mothers' concerns about their children's safety and their ability to advocate for their children. We reached agreement when three key themes were identified, each containing multiple supporting examples. We shared a draft of the interview themes with the research co-ordinator and community researchers, seeking feedback on themes identified, and whether anything had been misinterpreted. Following their contributions, a draft report was produced, co-authored by all contributors who consented for their names to be included, to be shared with participants.

A feedback event was held with participants to share a summary of findings, ensure that there was consensus with the portrayal of experiences, and discuss next steps. Among the changes made was inclusion of 'intimidation' to one theme. At the end of this discussion, the extended project team (including participants, community researchers, and Amma team) all expressed agreement with emergent themes, and the outcomes suggested. Participants and community researchers were clear that they wanted local housing providers to receive the final report, and that the report should include recommendations for improving the situation for mothers and babies in asylum accommodation. Those who participated expressed gratitude that this feedback session had been organised and were keen to stay involved as the report was disseminated. As seen in other participatory research seeking to engage participants beyond data collection (Jackson, 2008), this feedback session was invaluable, allowing everyone to engage beyond data collection in the project report's content, and distribution.

Findings and discussion

Much has been written about the conditions in which people seeking asylum in the UK have been housed (e.g. Canning, 2017; Glorius et al., 2016; Dwyer and Brown, 2008), and the stresses experienced when negotiating new countries, neighbourhoods, and legal systems (Darling, 2022; Canning, 2017; Kissoon, 2010). However, experiences of women seeking asylum during pregnancy or with children have been largely absent from the literature (Smith, 2017). As Smith & Lockwood (2021) note, this invisibility arises from the dominant but problematic narrative of the stereotypical asylum-seeker being single, young, and male. Here, we focus primarily on the practicalities of day-to-day life with a baby or toddler, and how women tried to safeguard themselves and their babies, while acknowledging that storytelling about motherhood is influenced and constrained by expectations of good mothering and experiences of incapacitated mothering (Smith and Lockwood, 2021).

When asked about their living spaces and experiences of caring for babies and toddlers there, participants discussed multiple topics including unsafe, impractical locations, with cramped and poorly maintained flats containing flimsy furniture. All posed health and safety risks to mothers and infants. Participants discussed the effect that housing had on their physical and mental health including anxiety, stress, and depression. Sources of stress involved anti-social behaviour, hate speech, hostility, intimidation and racism from housing staff, inefficient systems for seeking help, obstructive or dismissive responses from staff, and lack of respect for privacy. Participants described how they gradually came to understand the asylum system, and how to secure help; with increased knowledge of their rights came increased agency and mutual support. Their gratitude at being provided with accommodation and financial support was tempered by the hostility and lack of support experienced from housing providers. The key themes that emerged from participants' discussions were fear, fearmongering,

and unsafe situations; frustration, stress, intimidation and hostility; developing agency, and the consequences of asserting their rights. Each demonstrated clear examples of where mothers' ability to safeguard their children, despite their desire and motivation to do so, was prevented due to denied opportunities because of the hostile nature of the asylum system itself.

Fear, fearmongering, and unsafe situations

Fear was expressed by participants in relation to many topics, and was experienced on multiple levels, including lack of safety felt about where participants were housed, threats received about their asylum cases from housing officers, risks from broken, unsafe fixtures and furniture, and lack of repairs to accommodation.

Several participants discussed being housed in unsafe areas, subjected to hate speech, threats, and anti-social behaviour. One lived in a neighbourhood where there were few other 'international people' where hate speech she received made her feel unable to go outside. She only went out fortnightly to buy groceries. One night, an incident outside her door left the internal stairs covered in blood and cordoned off by police—this eventually led to her family being rehomed. Others described repeated episodes of antisocial behaviour. One woman living on the ground floor was woken repeatedly in the night by individuals seeking access into the building. When her daughter was a baby, these activities did not affect her, but as a small child, the banging and shouting awoke and frightened her.

...the area wasn't safe, ... it was very, very rough, like it's quite a big, drugs area. I was on the ground floor so...every single weekend, without fail, I would have people outside knocking at my windows, because they're trying to buzz to get into the building and their friends are not opening for them so then, as long as my light is on, they are bashing on my windows and if I don't open the door, they'll start shouting.

The situation was also difficult when housing was provided on upper floors. Several women described being housed on 4th or 5th floors, in buildings without lifts and struggling to carry their baby/babies and pram (plus food shopping) upstairs. Participants generally lived alone with their child/ren and had no help. They felt unable to leave prams on the ground floor as they would be stolen. Consequently, women felt unable to go out unless unavoidable. These accounts reinforce the findings of Hynes (2011) who also highlighted how the location of dispersal accommodation impedes the socialisation of children, threatens women's safety, and prevents women and children from leaving their homes.

Participants discussed the poor condition of their flats, and the fixtures and furniture provided. The constant presence of damp and mould had a detrimental impact on the health of one participants' baby. Despite daily cleaning to inhibit the mould, her 4-month-old developed breathing problems; it took repeated complaints over six months from health professionals about the child's health before they were rehoused. Similar stories were repeated by other participants regarding unsafe and unsanitary conditions in which they were expected to live with infants. An unfinished cupboard allowed cockroaches to enter one home through the floor. This was never repaired (despite repeated requests): now the mother has cockroaches throughout their home and described them running over her face at night. Another described keeping her lights on all night to keep cockroaches away from her baby, while a third described exposed electrical wires in her kitchen, that her children could reach, left by workmen who created a hole in a wall when installing an appliance.

Participants described their living spaces as inadequate for multiple people, particularly with mobile infants or multiple children. Lack of storage was a common issue, alongside lack of space for toddlers and children to play or safely move. One participant with twins was allocated a two-bedroom flat with a living room and kitchen. The bedrooms were too small to accommodate her bed and her babies' cots, and she

knew from her health visitor it was dangerous for her babies to sleep in a room alone due to the increased risk of sudden infant death. She therefore moved her bed and babies' cots into the living room and used it as the bedroom to ensure their safety. Another participant described the gas boiler being located where she and her baby slept. This was noisy and woke the family frequently; she worried the boiler was causing headaches at night—a potentially lethal issue.

Participants often discovered their assigned flats contained broken fixtures and flimsy furniture, endangering toddlers and children. Pulling on furniture caused it to fall apart. Mothers identified this as particularly dangerous for small children, especially given that tall, unstable furniture was not anchored to walls. The participant with twins was eventually moved to a larger flat with three bedrooms—however, following an incident where one child had pulled on the chest of drawers, and it had hit them on the head, the mother used one bedroom for storage to keep all of the unsafe furniture away from her toddlers. Her requests for a baby gate to keep her children safe were repeatedly dismissed (see below).

Another mother described her flat being unsafe once her child started walking; he had pulled himself up on the curtains and pulled down the curtain rail which was not securely attached. It had been two winters since this incident, yet despite repeated requests, the curtain rail remained broken. Another interview participant shared photos of exposed gripper strips that had once secured a fitted carpet. These were nailed down, and she could not remove them, but the rows of sharp spikes were dangerous for her toddler to step on or grab. Her requests for removal were ignored.

Raw sewage flowing into their bathroom from the flat above was an urgent concern for one family. When this mother requested emergency help, she was advised by the housing provider that if she could not 'manage' she would have to move back to a hotel or relocate to another city. Similar threats of relocation to elsewhere in the UK were described by multiple participants as a strategy employed by housing officers to dissuade them from making or escalating complaints about unsafe or unacceptable accommodation. Participants were also threatened by housing officers who claimed they would report them to the Home Office or police, should they make complaints, or seek external assistance with the housing provider.

Yeah one more thing about what she said is the issue of fearmongering, some housing officers, they will threaten you, to think that if you complain that it will affect your case with the Home Office.

Participants explained that this was an effective tactic with new arrivals who were not well-informed about the UK asylum system, a finding reinforced in other studies where threats of deportation were weaponised by accommodation provider staff to ensure individuals' compliance (Guma et al., 2022). Here, staff were accused of regularly intimidating mothers when they made requests, or complaints, or asserted their rights, and as highlighted below, these were not empty threats. Furthermore our participants' accounts corroborate previous reports that asylum accommodation frequently exposes mothers and their babies to filthy and dangerous living conditions (Grayson, 2017). As we had suspected, although mothers seeking asylum had the capability and motivation to keep their children safe, the asylum system impeded their opportunity to do so. The fearmongering and hostility of housing officers is an example of how the structural violence of the UK asylum system denies mothers seeking asylum the opportunity to safeguard their children.

Frustration, stress, hostility and intimidation

It appeared from the experiences of participants we spoke to that everything in their flats that could break, did break. We heard about furniture, showers, taps, washing machines, fridges, boilers, walls, floors, and curtains all making life difficult to a greater or lesser degree. Participants were completely dependent on housing providers as they

had no discretionary income to make repairs themselves. When women sought assistance from housing providers with problems, they recounted their concerns being dismissed. All participants had experienced being told it would take '21 days' for problems to be addressed. Many waited the 21-days only to be told their issue had not been reported previously, and that they had to wait another 21-days. Several had been told to repair broken items themselves (one mother was told to fix her vacuum cleaner with Sellotape). Another recounted how, during the pandemic lockdown, she had no fridge for 8 months, despite having a young baby.

A community researcher who had lived in dispersal accommodation with her three children, shared her experiences of faulty gas and electricity meters that could not be topped up with credit. Consequently, she and her three children (the youngest being 1-year old) found themselves in the dark and cold during winter. The situation was reported to the housing provider, but no action was taken to repair the meters or provide the family with temporary accommodation for several days—a similar narrative to those reported by Smith & Lockwood (2021).

For our participants, relationships with Housing Officers were universally difficult and stressful. For some, Housing Officers were reported to have been directly hostile. Participants recounted incidents of bullying, fearmongering, and lying. When housed in an unsafe area, one participant repeatedly requested to be moved without success. Eventually she contacted Migrant Help and asked to speak with a consultant due to the urgency of her situation, who promised to contact the Home Office on her behalf.

Within 2 hours [staff from the housing provider] came to my flat and they told me "you should have told us this, not raise it with the Home Office". I told them that I had told them, too many times, about this, about the area, I have talked about the hate speech that I was given, they did nothing.

Difficulties with accommodation and lack of (timely or any) response from housing providers to requests to improve intolerable circumstances added to existing anxiety, stress, and depression, particularly when situations beyond parental control were negatively impacting children, characterized by Smith & Lockwood (2021) as 'incapacitated mothering'. This was exemplified by a participant who described being housed in a two-bedroom flat with her toddler and two teenagers and desperately needing more space.

My toddler is autistic, so he is very sensitive to noises, so I share a bedroom with the toddler, and then the two teenagers, different sexes, are sharing one room, one bedroom. ... the house is small. If I'm going to the bathroom, if I get up and I'm going to the bathroom, he wakes up. Yeah, I can't sleep, he can't sleep. And I'm stressed. I'm struggling to look after him. But things like that are just ignored.

As one participant articulated, pregnancy and post-partum are already difficult periods and can lead to low mood. Additionally, the asylum process induces stress, anxiety, and depression. Poor accommodation and constant struggles with antisocial behaviour, broken furniture, appliances, lack of repairs, and housing officers' hostility adds a third layer of depression and stress: "So we [already] have a double hit, the accommodation makes us [have] more, more depression". Mothers' and babies' safety and health are compromised by direct factors arising from poor location and accommodation, and by indirect factors such as maternal stress and depression that were exacerbated by difficult living conditions compromising mothers' ability to care for children.

The concept that the UK Asylum system prevents mothers from adequately caring for children was explored by Smith & Lockwood (2021) who interviewed mothers in the north of England about how the asylum system threatened mothering practices. In Glasgow it was clear that the UK Asylum system more than threatened mothering practices, it actively impeded mothers' attempts to safeguard their children. Systemic violence was overt through intimidation mothers faced when raising issues of unsafe accommodation but was also experienced less visibly. Structural violence is often invisible to those who benefit from it, yet clear to those who it harms (Farmer, 2004; Benson, 2008).

Structural violence inflicted by the UK asylum system has also been explored previously: Canning described it as “deliberately decided” (2017: 48), while Mayblin, Wake, & Kazemi (2020) discuss the “slow violence” perpetuated by the system, a concept defined by Nixon (2011) as, “an attritional violence that is typically not seen as violence at all.” Our participants’ experiences contributed evidence for both concepts: the location of accommodation, the lack of safety equipment, and decisions to house women with infants on upper floors of buildings without lifts, are all examples of choices “deliberately decided” (Canning, 2017:48). Decisions made by housing staff regarding accommodation for mothers and children detailed above furthers Canning’s argument that the system is one of corrosive control, “the banal, everyday stripping of autonomy and humanity that occurs throughout the process of seeking asylum in the UK” Canning (2020:262). The violence our participants experienced was largely “attritional”, compounding to cause harm (Nixon, 2011). Some expressed mental harm caused in the form of stress, depression, and frustration, but for others, like the baby who developed health problems because of mould exposure, the family experiencing headaches due to boiler emissions, and the child injured by flimsy furniture, this harm was physical. The lack of remediation by housing providers, and the gate-keeping role of housing officers in preventing mothers from providing their child with a safe living space, evidences the fact that in the UK’s hostile immigration environment “some human lives are worth less than others” (Mayblin et al., 2020). Contrary to the babies of other financially constrained families in the UK, the safety of babies seeking asylum was not a priority for those working in the system.

Developing agency, asserting rights and being punished

After sufficient time in the UK, participants reported beginning to develop networks, understand the system, and learn about their rights. They credited organisations like Amma with empowering them to complain about unsafe accommodation and unsatisfactory responses by teaching them about their rights. Learning that others were experiencing similar difficulties made participants feel less vulnerable as they shared stories and strategies for managing issues. Learning that submitting complaints against housing staff could not prejudice asylum cases was a significant step in developing agency, accessing opportunities to improve their situations, and demanding respect. This highlights knowledge-sharing as a critical resource, and underscores how isolating dispersal accommodation can be, perpetuating stress and loneliness, and leaving many unable to build crucial connections.

When seeking support for simple issues participants experienced gaslighting from housing officers. One mother needing a baby gate approached her Housing Officer multiple times. She was told to contact Migrant Help (which does not provide household equipment). Every time she requested a baby gate, she was told it would take 21 days. This, she said, was repeated several times: “21 days, 21 days, 21 days”. Finally, she texted Migrant Help and asked how many times she should have to wait ‘21-days’? The respondent asked whether she wanted to raise a complaint, which she confirmed: “Yes please, do whatever, I need a baby gate.”

The next day, my housing manager came, I was waiting at the bus stop for bus, there was people there, she came ... and she says, “Do you want a baby gate?” and I say, “Yes” “then you should ask me first, why have you complained?” and she raised her voice, and [was] very rude, and I ... say, “no I ask you, you said ask Migrant Help” “No you didn’t,” she says. [But] I have messages and everything. And she said erm, erm, “Okay I got a complaint, I tell them you didn’t ask me, I tell them, they will give you a baby gate.” The next day, another man came, and he is a manager, he said. He ask, “Do you want a baby gate?” I say, “yes.” “How many baby gates you want” “Two” and he recorded, and the next day I got a baby gate.

The scenario of being passed between housing providers and Migrant

Help was a universal experience. When issues were raised with Housing Officers, participants were repeatedly directed to Migrant Help (which is widely reported to have minimum hour-long queues for calls to be answered as the charity is overwhelmed), but the first question asked upon contacting Migrant Help was: “did you tell your Housing Officer?”. Participants described being passed in circles between organisations as difficult: “if we raise a complaint, they are shouting at us, if we [do] not raise a complaint, the problem is still there.” Other participants concurred, describing how problems were recorded as having been addressed despite remaining unresolved. While the mothers in our study clearly had the capability and motivation to keep their babies safe, they were actively denied the opportunity to do so by gatekeepers of the hostile system in which they were enmeshed.

I had the same issue with the washing machine...where they would record it was fixed, when it wasn’t. They just don’t turn up, and then they log it off as it has been done.

Although some participants knew their rights and stood their ground with hostile Housing Officers, they nevertheless found themselves in difficult situations; one participant recounted how her Housing Officer reported her to police. This mother was aware that Housing Officers must inform her by text if they were coming to her house, but they never did, thus the mother did not answer the door. The participant subsequently received a call from the police. A Housing Officer had reported that she was not contactable and possibly dead. Even when participants knew their rights and insisted Housing Officers treat them respectfully, hostile staff escalated situations as punishment and retribution.

I asked her “Why would I get a call from the police?” so she said, “I’ve been coming to your house, I came twice, I’ve not seen you in the house,” I said, “No it’s because you’ve not text me, you’ve not called me,” so she called the Home Office and tell them that I’m not living in my accommodation. The Home Office even had to stop my support, I was struggling with two kids. ... It was so stressful for me, ... so I had to text her, I still have the text on my phone, I said, “Why are you putting me through this kind of stress? What have I done to you? ... I left a lot of complaints about her, so they do some research, I call the Home Office and I explain them, I said, I have never left my accommodation ... she has been coming without texting me or calling me,” I said, ... “this is not fair” and she let her apologize to me, I said, “I want her to show me the proof that she had been texting me or calling me. How do you come to my house without texting me or calling me? Why? Is it fair?” I said, “I want that proof now,” She said, “Everything is deleted.” And so they realized that maybe she is the one that, that she is lying.

As noted in the introduction, the UK government weaponised hostility to deter people from seeking asylum in the UK (Weber, 2019). The experiences of our participants show that housing providers have also “weaponised” incompetence to limit the resources provided to those seeking asylum for repairs to assigned housing or safety equipment for their babies. Through deliberate decisions around austerity and immigration policies (Benwell, Hopkins and Finlay, 2023; Griffiths and Yeo, 2021), the political and public narrative about people seeking asylum is that there are ‘too many’ asking for ‘too much’ from an ‘overwhelmed system’; housing officers are the enforcers of the “hostile environment” and perpetrators of weaponised incompetence.

The toll on participants’ health and wellbeing as they were required to repeatedly insist on the opportunity to meet their basic needs, and ensure the safety of their children, cannot be understated; this was slow violence in action (Mayblin et al., 2020). To reinforce the serious impact of weaponised incompetence, and the subsequent pressure parents faced, one participant revealed that she had terminated a pregnancy as she felt she could not adequately care for another baby in her current living conditions.

Given our participants’ experiences during their asylum journey in Glasgow we are surprised that more babies and small children have not been victims of accidental and unexpected deaths and injuries. Babies

are extremely vulnerable, and we heard of multiple hazards related to the sub-standard living conditions. These included lack of heating, electricity and refrigeration, insect and black mould infestations, hazardous fixtures and furniture, and potential exposure to carbon monoxide, as well as neighbourhood violence and anti-social behaviour. Participants reported that they struggled to set up safe sleep spaces for infants near caregivers within the accommodation provided. In addition to direct threats, mothers were also exhausted, stressed, and depressed in the face of structural violence and weaponised incompetence, often living in fear, as well as carrying the responsibilities of child-care alone with no support and limited resources. This increases indirect risk to babies' safety as physical and mental depletion of mothers reduces their ability to ameliorate hazards in a system not only unsupportive and uncaring but actively hostile.

Conclusion

The experiences outlined above underscore the widely accepted vulnerability and precariousness of living in dispersal accommodation, where necessities are compromised due to structural violence (Shobiye and Parker, 2023; Webber, 2019; Canning, 2020) and inadequate support. The overall picture presented by our participants is that not only were individuals with babies navigating the UK asylum process placed in substandard, unsafe accommodation where they and their babies were at increased risk, but that housing officers were hostile and dismissive, actively denying their clients the opportunity to ensure infant safety even despite mothers' capability and motivation to do so (Michie et al., 2011). Staff used fearmongering and weaponized incompetence as tactics to suppress individuals' attempts to make complaints or assert their rights. Some staff sought retribution when people did assert their right to be treated with respect, and have basic needs met.

To alleviate the issues above, housing providers should anticipate the needs of mothers with babies and children during allocation of dispersal housing. Doing so should be a government requirement for contracts supplying asylum housing, enforced by independent inspection of accommodation. Particular attention should be paid to the physical safety of babies. This must include: providing safe sleep spaces where infants can sleep in the presence of a carer at all times; adequately safety proofing accommodation prior to allocation including safety gates, cupboard and window locks, safety tethers for all unstable furniture, replacement of unsafe flooring, furniture and fixtures; and ensuring properties have working heating systems, electricity, refrigeration, hygiene facilities, and are pest and mould-free. Attention should also be paid to alleviating physical and mental burdens on new mothers allocated to dispersal accommodation, such as: providing accommodation no higher than 1st floor in buildings with no lifts; ensuring mothers and children are not housed in dangerous areas; implementing a priority system to expedite urgent repairs; and training Housing Officers in appropriate communication skills and respect for residents' privacy.

Having a new baby and caring for infants or small children is physically and emotionally exhausting. Applying for asylum is an anxiety-provoking process after escaping from trauma or abuse. The asylum housing system and personnel who should be ensuring the safety of their vulnerable clients are an additional burden to the already precarious lives of women and children seeking asylum with much room for improvement that has the potential to alleviate the unnecessarily high rates of infant mortality in the UK asylum system.

Ethics statement

This study was conducted in compliance with relevant laws and institutional guidelines and was approved on 23.3.23 by Durham University's Ethics Committee [Ref: ANTH-2023-02-09T14_15_22-dan0h1b].

CRedit authorship contribution statement

Sophie Lovell-Kennedy: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation. **Laura M. Grieve:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation. **Sarah Shemery:** Writing – review & editing, Supervision, Project administration, Investigation. **Vongayi Mufara:** Writing – review & editing, Investigation. **Tamima Lerkins:** Writing – review & editing, Investigation. **Benedicta Umanhonlen:** Writing – review & editing, Investigation. **Serveh Tamami:** Writing – review & editing, Investigation. **Fatma Abdilahi:** Writing – review & editing, Investigation. **Amanda Purdie:** Writing – review & editing, Supervision, Conceptualization. **Helen L. Ball:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Funding acquisition, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Helen L. Ball reports financial support was provided by Durham University. Helen L. Ball reports a relationship with Scotland's Commissioner for Children and Young People that includes: consulting or advisory. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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