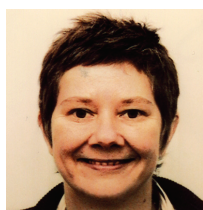


Florence...

the experience of becoming a mother in exile



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Immigration and asylum are controversial subjects, but awareness of them can be poor. [Anna Gaudion](#), [Claire Homeyard](#) and [Helen Murshali](#) discuss the process of making a film that addresses issues facing pregnant asylum-seekers in the UK and [Vicky Field](#) outlines the film's background and public launch.

The making of the film

The documentary, *Florence... the experience of becoming a mother in exile*, was made with the primary audience of practising midwives and policy advisors in mind. It was made by Anna Gaudion towards a Masters degree in refugee studies at the University of East London in collaboration with consultant midwife in public health and supervisor of midwives Claire Homeyard and the Refugee Council.

Central to the film are the accounts from women of why they sought asylum in the UK. Florence, a teenage mother of twin boys from the Democratic Republic of Congo discusses, through an interpreter, her experience of becoming a mother. The aim of the film is to give these women a voice and provide a forum where they can be heard. Parallel to these stories, Claire Homeyard liaises with a number of professionals to clarify issues around need and access to services. The film concludes with a short analysis of the possible consequences of the changing legislation and entitlement of failed asylum-seekers to health care and maternity services.

Background

The project was initiated after hearing one woman's personal story. Unfortunately, Florence's experience is not an isolated one, but reflective of findings in the Maternity Alliance report, *Mothers in exile* (McLeish, 2002a). Experiences recounted at the Refugee Council one-stop service in Brixton, London and those witnessed at local level echoed the issues and raised concern. Some pregnant asylum-seekers accessing maternity services receive good quality care and have positive experiences, however, for others the opposite is the case, being met with hostility and negative encounters with healthcare providers. In *Mothers in exile*, McLeish argued that training is required for NHS staff around the needs of this client group. Although advocacy work with the Refugee Council has been effective in addressing some concerns, it was felt that a film would allow the issues to be presented to a wider audience, thus raising awareness.

Ethics

The film proposal, although passed through the university ethics board, was made as a social policy document rather than a piece of original research. In order to satisfy the spheres of ethical approval and governance within the primary care Trust in which the film-maker worked, it was imperative that women were not approached through professional contact. The women who told their stories were

recruited under the umbrella of the Refugee Council. The project was presented to a women's group as well as to a number of individuals through Refugee Council health access advisor Anne Abeja Akaki. Four women were keen to participate in the film as they wished to contribute to an assignment that had the potential to inform practitioners.

One of the prerequisites for making a documentary film is that anyone who gives an interview or speaks on it needs to sign a release form. This lets the subject know what their involvement in the film entails. The aura of film equipment may coerce people, or signing may be problematic for those fleeing absolutist state power or political corruption (Pryluck, 1988). The requirement that consent was necessary recognised that there was an unequal power relationship between investigators and subject (Barbash and Taylor, 1977). In recognition of this, recruitment occurred over a number of weeks.

It can be viewed as coercive to pay people to be in a film, as it could be construed that they were paid to deliver a particular viewpoint (Barbash and Taylor, 1997). Maussian (1990) concepts of reciprocity mean that for the film-maker, part of the contractual relationship was ensuring the film was of good enough quality to be seen. In this way, the generosity of the women, as their voices are heard, has the potential to help other women in exile. Due to editorial technical difficulties, there was one stage in the making of the film when it was felt that it would not be possible to bring the project to fruition, however, the trust the women afforded became the impetus to continue. The film needed to be self-explanatory and self-contained as one of the issues raised in early discussions with the women's group was that the film-maker would not earn money from the finished product or sell it.

Consent was needed for the participants from the maternity service, the Maternity Alliance, the Medical Foundation for the Care of Victims of Torture, the Refugee Council and the RCM for them to be portrayed individually and as members of an organisation. Film footage was played back for their approval prior to the release form being signed.

Why a film?

In one study on integration, people were found to perceive refugees as different from themselves, but once contact was made they were found to be 'not unlike us' (Hollands, 2001: 304). Hollands suggests that perceptions and prejudices towards asylum-seekers can be challenged and altered over time. Film can be a medium that gives people an opportunity to speak for themselves. A documentary