Press release: Valproate banned without the pregnancy prevention programme

To protect public health, the Medicines and Healthcare products Regulatory Agency (MHRA) has changed the licence for valproate medicines (Epilim, Depakote and generic brands). Valproate must no longer be prescribed to women or girls of childbearing potential unless they are on the pregnancy prevention programme (PPP).

Valproate is a treatment for epilepsy and bipolar disorder. Children born to women who take valproate during pregnancy are at significant risk of birth defects and persistent developmental disorders. If valproate is taken during pregnancy, up to 4 in 10 babies are at risk of developmental disorders, and approximately 1 in 10 are at risk of birth defects.

Healthcare professionals who seek to prescribe valproate to their female patients must make sure they are enrolled in the PPP. This includes the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually.

All women and girls who are prescribed valproate should contact their GP and arrange to have their treatment reviewed. No woman or girl should stop taking valproate without medical advice.

These regulatory changes will be further supported in the upcoming months by:

- smaller pack sizes to encourage monthly prescribing
- a pictogram/warning image on valproate labelling

These new regulatory measures are being supported across the NHS with other authorities also making changes – such as new GP system computer alerts – to make sure changes in prescribing behaviour take place promptly. NHS Digital has worked with GP systems suppliers to provide a search and audit function to identify women and girls on valproate as well as updating valproate prescribing alerts. A letter will be sent to all relevant healthcare professionals in the coming weeks outlining the new requirements and providing updated educational materials.

In parallel, the National Institute for Health and Care Excellence (NICE) is amending its guidelines where valproate is mentioned, to reflect the new regulatory position. NICE has also begun work on a full update of its guideline on epilepsy. This will specifically focus on areas where valproate is currently regarded as the drug of choice and where this conflicts with the new position.

Working together, across the health sector, these measures will help reduce the number of pregnancies exposed to valproate medicines to an absolute minimum and will make sure all women and girls of childbearing potential are aware of the risks.

Since it was introduced in 1974, the information provided with valproate included a warning about the possible risk of birth defects. As with all medicines, the safety of valproate has been kept under constant review and as new data have become available, and the magnitude and the nature of the risks were better understood, warnings were updated – resulting in this most recent regulatory change.

Dr June Raine, director of MHRA’s Vigilance and Risk Management of Medicines Division said:

> Patient safety is our highest priority. We are committed to making sure women and girls are aware of the very real risks of taking valproate during pregnancy. However, we also know it is vitally important women don’t stop taking valproate without first discussing it with their doctor.
>
> This regulatory position has been developed through close collaboration with professional bodies, health system organisations, and patient and campaign groups.
>
> I would like to particularly thank the families involved in the Valproate Stakeholder Network who have shared their experiences and expertise with us. Their support will help keep future generations of children safe.

Health Minister Lord O’Shaughnessy said:

> Our priority is always patients’ safety, so I welcome this decision to take strong actions to protect women and children.
>
> The focus will now be on explaining these changes to GPs and clinicians so they in turn can advise patients.

Professor Mark Baker, director of the Centre for Guidelines at NICE, said:

> NICE welcomes restricting the use of valproate in women of childbearing potential.
>
> It’s important that everyone affected by these changes is made aware of them as soon as possible. We have therefore taken immediate steps to amend our guidelines on the diagnosis and management of epilepsies, the assessment and management of bipolar disorder, depression in adults, and antenatal and postnatal mental health to reflect this important change to the drug’s licence.
>
> We will use our communications networks to highlight the changes,

> both to healthcare professionals and to patients, to help ensure that the number of children exposed to valproate through their mother during pregnancy is kept to an absolute minimum.

Nic Fox, director of Primary and Social Care Technology at NHS Digital said:

> This is a good example of how IT systems can support important issues affecting public health. We have been working closely with the MHRA and GP system suppliers to ensure clinicians in primary care are informed of the risks of prescribing sodium valproate to certain patients.
>
> All GP systems have alerts applied and we are continuing to work with some of the suppliers to ensure these high visibility alerts are consistent across primary care. These alerts ensure that GPs are prompted at the time of prescribing.
>
> We have also worked with community pharmacy dispensing system suppliers to ensure that the alerts are also shown when prescriptions are dispensed. This includes changes to prescription labels so that patients are made aware of the risks and the need for reliable contraceptive precautions. We will continue to work with supplier partners in evolving system to maximise safety and minimise burden on clinicians and patients as guidance evolves.

Matthew Jolly, National Clinical Director for maternity and women’s health at NHS England, said:

> Stronger regulation over the use of valproate is welcome and will help ensure women get the advice and care they need. It is important pregnant women discuss their medication with their doctor and crucially do not stop taking it before seeking advice.

Mr Edward Morris, vice president for clinical quality at the Royal College of Obstetricians and Gynaecologists, said:

> We welcome this action to reduce the risk of physical and developmental problems in children born to mothers who have taken valproate during pregnancy. Our clinical guideline on the management of epilepsy in pregnancy recommends that exposure to sodium valproate and other anti-epileptic drugs should be minimised by changing the medication prior to conception, as recommended by an epilepsy specialist after a careful evaluation of the potential risks and benefits.
>
> It’s important to note that stopping medication for long-term conditions completely or altering the dose can pose a serious risk

> to both mother and baby. Women are advised to seek advice from their GP and/or specialist team before conception or as soon as they are aware that they are pregnant. For women with epilepsy, the lowest effective dose of the most appropriate anti-epileptic drug should be prescribed and they should be looked after by a specialist team throughout pregnancy.

Professor Helen Stokes-Lampard, chair of the Royal College of GPs, said:

> GPs are acutely aware of the risks associated with prescribing sodium valproate to women of childbearing age and we welcome this change in legislation as a logical way forward to help ensure our patients’ safety. However, any patients currently taking sodium valproate should not stop doing so without seeking expert medical advice.
>
> As a general rule, it is important that patients read and take heed of warnings on the packets of any medication they are taking – and that any woman on long-term medication speaks to their GP if they are planning to have a baby.

Carol Long, chief executive of Young Epilepsy, said:

> Young Epilepsy welcomes the MHRA’s strengthened regulatory position for women of childbearing potential, who are diagnosed with epilepsy and prescribed sodium valproate. In ensuring such women receiving a Pregnancy Protection Plan (PPP), they will have greater knowledge in realising the potential risks taking the drug has to the unborn child.
>
> It is vital that women who may be planning to have a family receive the right advice at the right time; to prevent their unborn babies being put at risk.
>
> Sodium valproate can provide life-changing support for many young people with epilepsy. It is the third most-prescribed anti-epilepsy medication, however, the percentage of women who do not know the risks of taking the drug during pregnancy is far too high. That information must be made clearer, and medical professionals must be given more support to understand and be proactive in flagging the risks. Women must feel more empowered to discuss the issue with their epilepsy specialist, so that they can make a more informed decision about their future.

Simon Wigglesworth, deputy chief executive of Epilepsy Action, said:

> We welcome the revised measures which reflect the seriousness of

> the risks to the unborn children of women with epilepsy during pregnancy. Despite previous interventions, we know there are still far too many women who haven’t been made aware of the potential risks of taking sodium valproate in pregnancy.
>
> It is vitally important that healthcare professionals ensure that all women with epilepsy taking sodium valproate are reviewed in line with the new guidelines. We are working closely with the MHRA on the implementation of these new guidelines and will be looking to see if meaningful progress will be made in avoiding life-changing harm to children born to women with epilepsy.

Clare Pelham, chief executive of Epilepsy Society, said:

> The most important change today is that every woman and girl of childbearing age who has been prescribed sodium valproate will be able to see her doctor every year to discuss the risks of this drug to an unborn baby. She will leave the discussion with an important written reminder of the risks if sodium valproate is taken during pregnancy. This means that she will be able to make informed choices about whether to plan a pregnancy and her future medical treatment.
>
> It has taken many years to achieve these simple, straightforward and inexpensive healthcare improvements that will prevent babies being born with avoidable disabilities. All credit to the brave women who have campaigned for decades. And to Jeremy Hunt for acting on that campaign and insisting the NHS must now learn from its failure to listen and act sooner in response to the concerns raised over many years and during many governments. At Epilepsy Society we shall be diligently monitoring the implementation on the ground in order to confirm that it is robust and effective.

Stephen Buckley, head of Information at Mind, the mental health charity, said:

> We welcome the new rules around prescribing valproate to women of childbearing age. It is essential the information about the changes reaches both the public and professionals, and that any women taking valproate are properly supported to come off the medication safely. Mind’s website has updated information about what these changes mean – visit mind.org.uk for details.

Emma Friedmann, campaign director of #FACSaware, said:

> FACSaware are absolutely delighted with the new measures as this will enable women to have an informed choice.

> We look forward to continuing our work with the MHRA to promote the importance of the Central Alerting System and the Yellow Card ADR reporting scheme.
>
> We are confident that fewer children will be born with this avoidable syndrome. By working with stakeholders we are definitely achieving our objectives.

Carol Lapidge & Susan Cole, OACS (Organisation for Anti-Convulsant Syndrome) Charity, said:

> OACS Charity welcomes the prevention measures agreed by MHRA who have consulted with us alongside other campaign groups over the past two years. Since January 2016 OACS Charity has attended every meeting of the Valproate Stakeholder's Network and we are appreciative that the MHRA has developed this progressive forum for discussion.
>
> Next year OACS will be celebrating 20 years supporting and representing families affected by fetal valproate syndrome and we are pleased that the MHRA has developed this progressive forum for discussion.
>
> Their work with stakeholders has resulted in inclusive and constructive engagement with groups across the UK health, science and digital sectors alongside patient groups. This has been a difficult but hugely constructive journey.
>
> We believe that this process, led by June Raine, will pave the way for other groups who have been adversely affected by medicines in the past.
>
> If you have been affected by sodium valproate please see our website oacscharity.org.

Janet Williams & Emma Murphy, INFACT, said:

> INFACT welcome the changes made to the licence for Valproate and are pleased and very proud to have instigated and helped drive this forward following 6 years campaigning at Parliament for those changes.
>
> It is important that all women prescribed Valproate are made aware of the risks when taken in pregnancy in order to safeguard their future children from disabilities, and INFACT applaud the decision made by the MHRA to ensure that risk is minimal.

Karen Keely, chairperson of OACS Ireland, said:

> OACS Ireland welcomes the new regulatory measures by MHRA Epilim (Valproate) UK Toolkit. Women and men were prescribed this drug as far back as 1973 in the UK with many children harmed worldwide.
>
> OACS Ireland welcomes the MHRA efforts to make changes to the way valproate is prescribed to prevent further harm. They brought their concerns to the attention of the EMA and therefore to all EU Nations including Ireland. By ensuring that the Epilim (Valproate) toolkit is securely put in place alongside Pregnancy Prevention Program (PPP) we hope to ensure this is followed by all.
>
> We have been working with MHRA for many years now and hope to assist them with their work as much as possible by ensuring the valproate toolkit is followed. We hope that the new guidance will be followed by all. As part of the stakeholder’s network group run by the MHRA which has resulted in inclusive and constructive engagement with groups across the UK and Ireland’s health, science and digital sectors alongside patient groups. Although this process has been a difficult it has been hugely constructive.
>
> Without the UK MHRA contributions to the EMA many mothers would not have known the risks of this drug.

On behalf of the Association of British Neurologists (ABN) by Professor Mary M Reilly, President, and Professor Sanjay Sisodiya, Chair of the ABN Epilepsy Advisory Group, said:

> The ABN welcomes these important new measures. It is vital that all neurologists are aware of the changes to the licensing of valproate. We will disseminate information around the new measures to our membership through our publications, website and bulletins. We will also include links to a variety of resources and organisations, including support groups, and remind our membership about the Epilepsy and Pregnancy Register.
>
> It cannot be stressed enough that no women should stop taking this medication without medical advice.

Dr Angelika Wieck, Royal College of Psychiatrists Perinatal Faculty and Consultant Psychiatrist, Central Manchester University Hospital, said:

> Valproate can cause harm to unborn children so banning its use in women with mental disorder who are pregnant, or could get pregnant, is welcome. It cannot be stressed enough that no women should stop taking this medication without medical advice.
>
> Managing mental health is particularly important for women who are pregnant or plan to get pregnant. It is essential that all women are better informed about the risks of Valproate to unborn children

> and that any use of this drug in pregnancy will be monitored.
>
> RCPsych will work with the MHRA and other Government bodies, the Royal Colleges of General Practitioners, Physicians, Obstetricians and Gynaecologists and the Royal Pharmaceutical Society to implement changes in clinical practice and support affected women.

Rachel Scanlan, professional advisor at the Royal College of Midwives, said:

> These are very welcome measures that will enable midwives to advise and support women about this issue. We are actively putting this information out to our members including on social media and via the RCM’s website so that our members are informed about this important update. We have also updated our online learning package on epilepsy and pregnancy to reflect these changes.

Professor Ash Soni, president of the Royal Pharmaceutical Society, said:

> The Royal Pharmaceutical Society fully supports these new measures to ensure women understand the risks of taking sodium valproate during pregnancy. They must get the right information from health professionals in order to make informed choices about their health and parenting options. Valproate is an effective medicine and women should never suddenly stop taking it without talking to a health professional. Pharmacists are ideally placed to give information and support when providing sodium valproate and are committed to reducing harm from medicines, enabling women to make the choices that are right for them.

Dr Asha Kasliwal, president of the Faculty of Sexual and Reproductive Healthcare (FSRH), said:

> FSRH welcomes the new regulatory measures on sodium valproate medicines introduced by the MHRA. Evidence is clear that children born to women who take valproate during pregnancy are at a significant risk of birth defects and developmental disorders.
>
> Some of these drugs can affect how well some contraceptive methods work. However, women and girls who need these life-changing medications do not have to be left at risk for unplanned pregnancies. Our 2017 clinical guidance on drug interactions with hormonal contraception recommends that women and girls taking sodium valproate use highly-effective methods of contraception to avoid an unplanned pregnancy, both during treatment and for the recommended timeframe after discontinuation.
>
> Methods of contraception which are considered highly effective in

this context include long-acting reversible contraceptives (LARCs) such as the copper IUD, levonorgestrel intrauterine system (LNG-IUS), the progestogen-only implant (IMP) and sterilisation. Women should seek advice from a specialist, who will carry out a pregnancy risk assessment and provide evidence-based advice on the most suitable method for them.

In February this year, FSRH issued a clinical statement on contraception for women using known teratogenic drugs such as valproate, which is intended to support clinicians in providing high quality and consistent contraceptive advice. FSRH will keep working with its members to ensure they are aware of the MHRA decision and can advise women accordingly.

Ends

Notes to Editor

1. Medicines and Healthcare products Regulatory Agency is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. All our work is underpinned by robust and fact-based judgements to ensure that the benefits justify any risks. MHRA is a centre of the Medicines and Healthcare products Regulatory Agency which also includes the National Institute for Biological Standards and Control (NIBSC) and the Clinical Practice Research Datalink (CPRD). MHRA is an executive agency of the Department of Health and Social Care.

2. MHRA actively encourages patients and healthcare professionals to report suspected side effects through the Yellow Card Scheme

3. As part of the pregnancy prevention programme (PPP) the prescriber must:

- ensure the patient understands the risks to the unborn child of using valproate during pregnancy and provide patient guide
- ensure the patient understands the need to comply with contraception throughout treatment and undergo pregnancy testing when required e.g. if there is any reason to suggest lack of compliance or effectiveness of contraception
- complete and sign the acknowledgement of risk form (at every annual visit), give a copy to the patient and send one to the GP
- refer for contraception services as needed

News story: Government welcomes Year of Engineering partnership with Apple

One of the world’s biggest brands has joined a government campaign to inspire the next generation of engineers in the UK. Apple has today (23 April 2018) announced that it will join forces with the Year of Engineering 2018 to help transform perceptions of the profession, offering unique access to the engineers behind its ground-breaking innovations.

Apple is launching a UK-wide programme of activities for primary and secondary school pupils, including AI robot coding workshops in 38 Apple stores. It is a rare opportunity for children to meet the engineers at the forefront of Apple technology. The partnership will play a vital role in showing young people that engineering could be their passport to a career in the tech sector – lifting the lid on the role that engineers play in the technology that shapes our everyday lives.

The Year of Engineering is a landmark campaign to give young people a million inspiring experiences of engineering in 2018 – from behind the scenes tours and career networking to interactive workshops. More than 1,300 partners are already supporting the campaign, including Siemens, BBC Teach, Ford and Usborne, to help tackle the engineering skills gap.

Nusrat Ghani, Year of Engineering Minister, said:

> The Year of Engineering is all about showing young people that engineering careers are exciting, creative and offer an opportunity to shape the future. That’s why we’re delighted to be joining forces with Apple – one of the world’s most iconic and innovative brands – to show young people what they could achieve as an engineer.
>
> We want children from all backgrounds to realise that whether they’re interested in technology, design, communication or problem-solving, engineering can open up a world of opportunities.
>
> This unique chance to go behind the scenes with Apple engineers is a real golden ticket for a generation of young people who have grown up at the cutting edge of new technology. We hope it will inspire the next generation of engineers to play their part in the innovations of the future.

Speech: Youth, Peace and Security

Thank you very much indeed Mr President, and thank you for calling this debate today. I think it's clear that there's a lot of interest in the room. I think it's clear that a lot of us are all wrestling with common challenges, but we all have very similar hopes and aspirations for what might be done in this area. So while I take Dimitri's point about different bits of the UN should remain in their own lane, so to speak, I think as a number of speakers have said, if we don't factor in as a long-term trend of growing numbers of youth, particularly unemployed youth, in certain parts of the world then we will find ourselves facing many more peace and security challenges. So as I say, thank you for raising that today.

Thank you very much to the briefers. It is very good to see again the Youth Envoy who I had the pleasure of meeting recently. I think from our perspective, it is good to do this in the Security Council because it touches, as I say, on a very important angle: the future of peace and security.

Speaking for myself, I would be very interested to have the youth and economic development discussion in ECOSOC or the General Assembly as a complement to what we're talking about today. And if anyone else's is interested in that, I'd be very keen to have a discussion.

It's very good to be able to evaluate the impact of Resolution 2250 and as I said it is fantastic that we can hear directly from youth and civil society. Through our part, for the UK, we really welcome the independent progress study and we congratulate its authors on its participatory and consultative methodology. It's striking that it has brought together more than 4,000 youth voices from all over the globe. Now I think this isn't just important in itself; I think it sets an important model, a high standard for future UN reports and if there's any way of embedding that consultative approach more widely, we for one would definitely welcome that.

As a number of speakers have noted, more than half of the world's population is below the age of 30. So this means that young people are not just key stakeholders in every sphere of life, from driving political change to defending and promoting human rights to peacebuilding and contributing to economic development. It also means, as I said at the beginning, they represent a key risk factor. If we don't get the development and encouragement and aspirations of young people right, then it's very difficult to keep countries on an upwards trajectory. So I think we should all reflect about that.

And as we have also heard today, the failure to include youth can often actually exacerbate a conflict. Too often conflicts emerge when people don't feel represented by their political leaders, and I think we've seen that in Syria, but not just in Syria. At the same time, in countries like Afghanistan, maybe even Iran, what youth think can often be an important indication of the potential for reform in those societies.

For the United Kingdom, we believe that enabling young people to speak for themselves in political processes can be the first step to taking real action. We have British Youth Council. It has 600 democratically elected members. It sits annually in the House of Commons and it debates a subject chosen by a youth ballot ,and last year, almost a million people participated. I think many of our countries are familiar with Model United Nations that does something very similar here and also in Geneva. Last week Mr. President, London hosted the Commonwealth Heads of Government Meeting and the 11th Commonwealth Youth Forum met. They pledged their ongoing commitment to countries’ efforts to build a more prosperous, secure and sustainable future.

A number of speakers have mentioned preventing violent extremism. It’s very important that strategies for this, sometimes called countering violent extremism, should include youth. Young people often understand much more than my generation the dynamics and the impacts of terrorist narratives on radicalization and recruitment and they can be involved in promoting an alternative narrative of tolerance and inclusion. If anyone doubts that Mr President, I invite them to get hold of the ISIS equivalent of Vogue, which is targeted at a very particular section of young women. And in its propaganda it is incredibly skilful about getting out certain messages and countering that, dealing with that, putting out a positive narrative is something we all need to give attention to.

Supporting youth advocates goes beyond just giving them a platform. It’s about building capacity and that’s about providing education to ensure that all young people have that chance. There’s a clear case for education, particularly girls’ education. We know this contributes to a safer more prosperous world. We know it reduces conflict, and we know it increases stability. Today, 131 million girls across the world are deprived of an education. Of the world’s 774 million illiterate adults, two thirds of those are women and this is why girls’ education is one of the United Kingdom’s priorities, one of the Foreign Secretary’s priorities, and we will be working with other partners to try to deliver a minimum of 12 years of quality schooling for every girl. This commitment to education is also why the United Kingdom endorsed the Safe Schools Declaration on Thursday last week. It’s vital that our schools remain places of safety and that they’re protected from conflict. Resolution 2250 outlined the need the young people’s voices to be heard in government, civil society and industry, and this open debate is a key opportunity to reflect on the implementation of the strategy it set out and we look forward to sharing experiences with others.

And thank you again Mr. President for calling this debate.

News story: Free citizenship for the Windrush generation

The offer, which will be available to people from all Commonwealth countries, not just Caribbean nationals, will extend to individuals who have no current documentation, those who already have leave to remain and want to advance their status, and children of the Windrush generation.

In addition, the Home Secretary confirmed that a compensation scheme will be set up for individuals who have suffered loss or damage because of their inability to evidence their right to be in the UK and to access services. The Home Office will be engaging with stakeholders on the scope of the compensation on offer and appointing an independent adviser to oversee the scheme.

A new customer contact centre will be set up to make sure that anyone struggling to navigate the many different immigration routes can speak to a person and get appropriate advice. The centre will be staffed by experienced caseworkers who will offer expert advice and identify a systemic problem much more quickly in the future.

Home Secretary Amber Rudd said:

> The contribution of the Windrush generation and their right to be in the UK is in no doubt and I deeply regret the situation that has arisen.
>
> It is only right that the significant contribution the Windrush generation have made to the UK is recognised. That is why I want to ensure they can acquire the status they deserve – British citizenship – quickly, at no cost and with proactive assistance through the process. It is also why I want to make sure we set up a compensation scheme that works in the best interests of those affected.
>
> I hope that the measures I announced today will begin to reassure people as to their position and their valued status in this country.

As well as not having to pay the fees associated with a citizenship application, people in these circumstances will not be required to pass the normal Knowledge of Language and Life in the UK test.

People who arrived in the country between 1973 and 1988 will also be supported to access the most suitable route to regularise their status. In order to establish which route is most suitable, people in this group will be able to take advantage of the new dedicated team which has been set up to help people confirm their status and will be given a decision on their application within 2 weeks of the necessary evidence being collected.

The new team has already successfully resolved 9 cases and made 84 appointments to issue documents to individuals who have been in touch with the team through the freephone helpline.

In addition, extra measures will be introduced to help those who arrived before 1973, spent their life in the UK and are now having difficulty returning either for a visit or to reside. The Home Office will help to facilitate their return on the most suitable route and waive any associated fees.

Statement to Parliament: Home Secretary statement on the Windrush generation

From the late 1940s to the early 1970s, many people came to this country from around the Commonwealth to make their lives here and help rebuild Britain after the war.

All members of this House will have seen the recent heartbreaking stories of individuals who have been in this country for decades struggling to navigate an immigration system in a way they never, ever should have been.

These people worked here for decades. In many cases they helped establish the National Health Service. They paid their taxes, enriched our culture. They feel British in all but legal status and this should never have been allowed to happen.

Both the Prime Minister and I have apologised to those affected and I am personally committed to resolving this situation with urgency and purpose.

Of course an apology is just the first step we need to take to put right the wrong these people have suffered, but before I get on to the steps we will be taking I want to explain how this situation has arisen.

The Immigration Act 1971 provided that those here before it came into force should be treated as having been given indefinite leave to enter or remain in the UK, as well as retaining a right of abode for certain Commonwealth citizens.

Although HMS Windrush docked in the Port of Tilbury in 1948, it is therefore everyone that arrived in the UK before 1973 who were given settlement rights and not required to get any specific documentation to prove these rights.

Since 1973 many of this Windrush generation would have obtained documentation confirming their status or would have applied for citizenship and then a British passport.

From the 1980s successive governments have introduced measures to combat illegal immigration. The first NHS treatment charges for overseas visitors and illegal migrants were introduced in 1982. Checks by employers on someone’s right to work were first introduced in 1997, measures on access to benefits in 1999, civil penalties for employing illegal migrants in 2008, and the most recent measures in the Immigration Acts of 2014 and 2016 introduced checks by landlords before property is rented and checks by banks on account holders.

The public expects us to enforce the immigration rules approved by Parliament as a matter of fairness for those who abide by the rules.

And I’m personally committed to tackling illegal migration because I have seen in this job the terrible impact has on some of the most vulnerable in our society.

But these steps intended to combat illegal migration have had an unintended, and sometimes devastating, impact on people from the Windrush generation, who are here legally, but have struggled to get the documentation to prove their status.

This is a failure by successive governments to ensure these individuals have the documentation they need and this is why we must urgently put it right.

Because it’s abundantly clear that everyone considers people who came in the Windrush generation to be British. But under the current rules this is not the case. Some people will just have indefinite leave to remain, which means they cannot leave the UK for more than 2 years and are not eligible for a British passport.

This is the main reason we’ve seen the distressing stories of people leaving the UK over a decade ago and not being able to re-enter.

So I want to enable the Windrush generation to acquire the status that they deserve – British citizenship – quickly, at no cost and with proactive assistance through the process.

First, I will waive the citizenship fee for anyone in the Windrush generation who wishes to apply for citizenship. This applies to those who have no current documentation, and also to those who have it.

Second, I will waive the requirement to carry out a Knowledge of Language and Life in the UK test.

Third, the children of the Windrush generation who are in the UK will in most cases are British citizens. However, where that is not the case and they need to apply for naturalisation, I shall waive the fee.

Fourth, I will ensure that those who made their lives here but have now retired to their country of origin, are able to come back to the UK. Again, I will waive the cost of any fees associated with this process and will work with our embassies and High Commissions to make sure people can easily access this offer.

In effect this means anyone from the Windrush generation who now wants to become a British citizen will be able to do so.

And this builds on the steps that I have already taken.

On 16 April, I established a taskforce in my Department to make immediate arrangements to help those who needed it. This included setting up a helpline to get in touch with the Home Office. And let me be quite clear, this helpline and the information shared will not be used to remove people from the country. Its purpose is to help and support.

We have successfully resolved 9 cases so far and made 84 appointments to issue documents.

My officials are helping those concerned to prove their residence and they are taking a proactive and generous approach so they can easily establish their rights.

We do not need to see definitive documentary proof of date of entry or of continuous residence. This is why the debate about registration slips and landing cards is misleading. Instead the caseworker will make a judgement based on all the circumstances of the case and on the balance of probabilities.

Previously the burden of proof on some of the Windrush generation to evidence their legal rights was too much on the individual. And now we are working with this group in a much more proactive and personable way in order to help them.

We were too slow to realise there was a group of people that needed to be treated differently. And the system was too bureaucratic when these people were in touch.

The Home Office is a great department of state. It works tirelessly to keep us safe and protect us. It takes millions of decisions each year that profoundly affects peoples’ lives. And for the most part it gets these right.

But recent events have shown that we need to give a human face to how we work and exercise greater discretion where and when it is justified.

That’s why going forward I will be establishing a new customer contact centre, so anyone who is struggling to navigate the many different immigration routes can speak to a person and get the appropriate advice.

This will be staffed by experienced caseworkers who will offer expert advice and identify a systemic problem much more quickly in the future.

I will also be putting in place 50 senior caseworkers across the country to ensure where more junior members of staff are unsure about a decision they can speak to someone with experience to ensure discretion is properly exercised.

There has also been much concern about whether the Home Office has wrongly deported anyone from the Windrush generation.

The 1971 Immigration Act provides protection for this group if they have lived here for more than five years if they arrived in the country before 1973.

And I am now checking all Home Office records going back to 2002 to verify that no one has been deported, in breach of this policy.

This is a complex piece of work that involves manually checking thousands of records.

So far, 4,200 records have been reviewed out of nearly 8000, which date back to 2002, and no cases have been identified which breach the protection granted under the 1971 Act.

This is an ongoing piece of work and I want to be absolutely certain of the facts before I draw any conclusions. I will ensure the House is informed of any updates and I intend to have this data independently audited once my department has completed its work to ensure transparency.

Mr Speaker, it was never the intention that the Windrush generation should be disadvantaged by measures put in place to tackle illegal migration.

I am putting additional safeguards in place to ensure this will no longer happen, regardless of whether they have documentation or not.

As well as ensuring the Home Office does not target action against someone who is part of the Windrush generation, I will also put in place greater protection for landlords, employers and others conducting checks in order to ensure we are not denying work, housing, benefits and services to this group.

These measures will be kept carefully under review and I don’t rule out further changes if they are needed.

Now I will turn to the issue of compensation.

As I said earlier, an apology is just the first step we need to take to put right these wrongs. The next and most important task is to get those affected the documents they need. But we also do need to address the issue of compensation.

Every individual case is painful to hear. But so much more painful, often harrowing for the people involved. These are not numbers but people with families, responsibilities, homes and I appreciate that.

The state has let these people down. Travel documents denied, exclusions from returning to the UK, benefits cut, even threats of removal. This, to a group of people who came to help build this country. People who should be thanked.

This has happened for some time. I will put this right and where people have suffered loss, they will be compensated.

The Home Office will be setting up a new scheme to deliver this which will be run by an independent person.

I will set out further details around its scope and how people will be able to access it in the coming weeks.

Mr Speaker, I am also aware that some of those individual cases that have come to light recently relate not to the Windrush generation, but to people who came to the UK after 1 January 1973.

These people should have documentation to confirm their right to be here.

But I recognise some have spent many years here and will face similar issues in documenting their rights after so many years in this country.

Given people who have been here for more than 20 years will usually go on a 10 year route to settlement, I am ensuring that people who arrived after 1973 but before 1988 can also access the Windrush taskforce so they can access the support and assistance needed to establish their claim to be here legally.

I will consider further, in the light of the cases that come forward, whether any policy changes are needed to deal fairly with these cases.

Mr Speaker I've set out urgent measures to help the Windrush generation documents their rights, how this Government intends to offer them greater rights than they currently enjoy, how we will compensate people for the hardship they have endured and the steps I will be taking to ensure that this never happens again.

None of this can undo the pain already endured, but I hope it demonstrates this Government's commitment to put these wrongs right going forward.