1. The Helen Bamber Foundation (‘HBF’) is a UK charity that provides expert care and support for refugees and asylum seekers who have suffered human cruelty. The individuals we work with have been subjected to atrocities including state-sponsored torture, human trafficking, religious / political persecution, forced labour, sexual exploitation, and gender-based, including ‘honour-based’ violence. Many of our clients have been repeatedly victimised and suffered multiple traumas. We offer survivors access to an individually tailored programme of specialist psychological care and physical rehabilitation activities alongside an advisory medical clinic, expert medico-legal assessment and documentation, welfare and housing support and a creative arts and employability skills programme. Last year we worked with 600 survivors of trafficking and torture to help gain stability, to address and overcome their trauma and to integrate into the community, resulting in sustained recovery.

2. This submission addresses the issue specifically of “institutional (asylum) accommodation”, focusing primarily on the experiences of our clients in initial / emergency Home Office accommodation, but also on those already living in dispersal accommodation. Our clients are housed across the Greater London area.

Problems in initial accommodation / hotels

3. The Helen Bamber Foundation’s clients who had been granted asylum support and were yet to move into accommodation under Sections 95 or 4(2) before the onset of the Covid-19 crisis have been housed in Brigstock and Barry House. These clients require a single occupancy room within London zones 1-6 (and some have had this granted explicitly by the Home Office) yet many remain in shared rooms in Initial Accommodation (IA), terrified of contracting the virus and unable to adequately isolate or distance themselves. Other clients who were already in IA before the lockdown remain in IA, some now for several months.

4. It has now been confirmed by the Home Office that moves to actual dispersal accommodation and relocations are suspended, save for extraordinary circumstances to be decided by UKVI senior management, and that more IA is being sought across the country via the use of vacant hotels. However we are deeply concerned about the length of time clients are required to spend in IA given the continued use of multi-occupancy rooms as a public health risk, the density of people living in IA, and that people do not receive an Aspen card at this point.

Any instances of room sharing

5. Several of our clients are sharing rooms with strangers in IA, some in rooms of up to three others, despite being granted single room accommodation by the Home Office. These clients are terrified of sharing rooms with strangers, exacerbating their pre-existing mental health issues, including most often complex post-traumatic stress disorder, major depressive disorder and anxiety. In the case of one client, a victim of trafficking with severe symptoms of
PTSD currently sharing a room with other women, we were informed directly by the IA that she would be moved to a single room later that week, and then later advised that she “is in a triple room but sharing with only one other person, leaving her with plenty of space [for] social distancing”. This is unacceptable and we are frequently having to refer our clients to Legal Aid public law solicitors to try and help them obtain the accommodation they require at this time.

Problems experienced in accommodation where social distancing is difficult / impossible

6. The majority of our clients are adhering strictly to government recommendations regarding social distancing and self-isolation. Indeed, many clients are so anxious and fearful about the situation that they are refusing to leave their accommodation entirely and are suffering from the mental health and practical consequences of extreme isolation. We only have a very small minority of clients who due to a lack of mental capacity and/or limited language skills do not understand the restrictions being imposed.

7. Some of our clients are in extremely inappropriate accommodation for people with their background experience of trauma. This includes individuals who are in accommodation (sometimes even sharing a room with many others) with people who they do not know, and potentially feel threatened by. They may also fear catching Covid-19 from roommates or housemates whose health status and adherence to guidelines they do not know. A number of our clients are in accommodation that is unclean, damp and has no natural light. Prior to the pandemic many of these clients were able to maintain some degree of mental and physical stability by staying outside their accommodation for long periods of time – often throughout the day and sometimes even during the night. Some of these clients may now be extending the time they are outside their accommodation beyond one hour in order to avoid conflicts in their accommodation and/or a further breakdown in their own mental health.

Difficulties in accessing food, cleaning products and phone data, and the consequences this may have had for people

8. We are receiving increasing requests from clients – often in distress – who have been unable to purchase the food they need with the amount of asylum support they receive. We have frequently issued food bank vouchers to clients, as well as helping them to obtain support from their local authority’s Covid-19 response team (if this exists) and local voluntary sector and mutual aid groups.

9. One client, a victim of trafficking in Section 4 support, asked to be referred anywhere they may have food, as she reported the supermarkets around her were empty and she has no money. We issued her with a food bank voucher (although many food banks now have limited stock also) and advised her to contact local mutual aid groups.

10. Other clients, who have not been able to receive practical support in order to reapply for a renewed HC2 certificate for free prescriptions, have had to choose between spending £9.15 of their weekly asylum support payment in order to continue to take their medication or attempting to purchase enough food for the week.

11. Asylum seekers are more isolated due to their increased lack of access to online services. We work with many clients who do not have access to the internet/Wi-Fi (they were reliant on
attending their local library in order to access the internet), and many more who do not have smart phones. This impedes their ability to attend video consultations with their GP and other healthcare professionals, including secondary mental health care. The current asylum support levels are insufficient to allow anyone to regularly purchase internet data in order to remain in connection with services which are now operating remotely online.

12. One of our clients is a mother of three; her third child is a few months old. She recently asked us for a referral to any place that could provide food, vouchers or cash (around £15-20). She explained that they are buying from their local co-op shop due to very long queues in the larger supermarkets (which they would need to take a bus to travel to), and that it is very difficult for her to buy enough food to feed her family of five. She said she is buying food for her children first to prioritise their wellbeing and nutrition above her own and has checked with food banks as to whether they are able to help her with anything.

Where people are accessing help and support from at this time.

13. Our clients are mostly relying on charities and local mutual aid groups in order to meet their basic needs, even when in receipt of statutory support. Whereas the huge increase of local networks and charities’ responses to support vulnerable clients practically yet remotely is laudable and acutely necessary, more needs to be done by the Government to ensure that people – including many families, people considered disabled under the Equality Act 2010, victims of modern slavery etc. – who are in receipt of statutory support do not experience such precarity and financial and other hardship during this public health crisis.

Recommendations:

➢ Increase asylum support levels in line with Universal Credit or at the very least increase immediately by £20 per month, in order to allow people in Home Office accommodation to better meet their essential needs at this unprecedented time.
➢ Allow Aspen cards to be used online and in cash for those on Section 4 support.
➢ Under normal circumstances, we would recommend that at the very least those with protected characteristics residing in Home Office accommodation (both emergency and dispersal) have access to single rooms so that their support needs can be met, and health conditions managed. In the context of Covid-19, and particularly when asylum seekers must now stay in emergency accommodation for an extended period of time, it is now essential that people have access to single rooms so that they can adequately social distance.
➢ As above, it is also essential that asylum seekers in accommodation provided by the Home Office are able to access the internet (not just in crowded communal areas), so that they are able to obtain vital news and information, and engage with their GP, other health services and legal representatives. Current asylum support rates do not allow people to purchase sufficient internet data, if they have access to a smart phone already, and Wi-Fi must be provided in Home Office accommodation.
➢ We see that there is an urgent need for the implementation of Section 4(2) in the form of financial support (as opposed to financial support provided only with accommodation), as exists for those applying for/receiving support under Section 95. This is in order to enable asylum seekers with protected characteristics to remain
safely in their current accommodation (if this can continue to safely be provided to them) and also meet their basic needs financially, in turn reducing demand for Home Office accommodation. The fact that many asylum seekers with protected characteristics will now stay in Home Office accommodation for much longer periods of time without financial support and sharing rooms with multiple strangers only exacerbates this need.