

The Helen Bamber Foundation's response to the Women & Equalities Committee's call for evidence: Unequal impact: Covid-19 pandemic and the impact upon people with protected characteristics

1. The Helen Bamber Foundation (HBF) is an expert clinical and human rights charity. Our multi-disciplinary and clinical team works with survivors of human trafficking/modern slavery, torture, and other forms of extreme human cruelty. We provide a bespoke Model of Integrated Care for survivors which includes medico-legal documentation of physical and psychological injuries, specialist programmes of therapeutic care, a medical advisory service, a counter-trafficking programme, housing and welfare advice, legal protection advice and community integration activities and services. Our work helps survivors to gain stability, to address and overcome their trauma and to integrate into the community, resulting in sustained recovery. Our training, research and medico-legal evidence is recognised globally and by the UK Government and courts. In 2019 we worked with 600 individuals directly and a further 200 through outreach with partners.
2. The individuals HBF works 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. The majority of our clients are disabled due to the substantial and long-term adverse effect caused to them by their mental health, and often physical health issues. This protected characteristic then is intersected with race, sex and sexual orientation amongst other factors to compound the disadvantages that our clients face. In 2019 90% of our new clients suffered from Complex Post-Traumatic Stress Disorder (PTSD).
3. During the Covid-19 public health crisis, the Helen Bamber Foundation is continuing to deliver its multi-disciplinary and clinical services for survivors of trafficking and torture but is now doing so remotely. We are providing our clients with medico-legal documentation, clinical and other professional evidence (including Counter-trafficking evidence) from our client records and where possible the use of remote appointments and assessments. Our (now virtual) reception remains open, and we are ensuring that our clients have access to appropriate healthcare advice, legal protection advice, and extensive casework support to access appropriate housing, welfare and the provision of food and other essentials. Our Counter-Trafficking programme team are conducting frequent contact calls to check our client's needs and to conduct remote risk assessments to safeguard against re-trafficking, exploitation or further harm. Our specialist therapy team are continuing to contact clients remotely to provide therapeutic support and to help them manage their trauma symptoms at this especially challenging time.
4. From decades of collective clinical experience and research, we are aware that survivors often have significant underlying physical and mental health conditions related to their history of trauma. These vulnerabilities may put them at risk of developing serious forms of Covid-19. Chronic medical conditions, such as cardiovascular disease, diabetes and respiratory disease, are often poorly controlled due to deprivation and difficulty accessing healthcare (either historically or at present).

Infectious diseases such as tuberculosis, HIV and hepatitis may also be more prevalent within vulnerable communities. Some survivors may have physical disabilities and learning difficulties which exacerbate barriers to accessing healthcare. The present public health crisis has worsened barriers to healthcare generally, especially for those with language barriers or limited access to the internet, and increased levels of deprivation. Poor health and increased difficulty in accessing medical care mean that health conditions such as Covid-19, are likely to be presented late to health services and become more severe. This increases the risks to the public as well as to individuals.

5. The overwhelming majority of survivors suffer from trauma symptoms and many have complex forms of PTSD. In any situation these mental health conditions are difficult and distressing to manage. Without appropriate support, survivors are likely to experience mental health deterioration. There is also evidence that Post-Traumatic Stress Disorder can suppress the immune system and render individuals more vulnerable to illness.¹ Connected to this issue, conditions such as depression, which can be closely linked to trauma symptoms, can impact negatively on self-care (for example by reducing motivation and even the will to live). This is a particular concern at this time in the Covid-19 crisis, when survivors have to self-isolate and will be without access to appropriate mental healthcare services and in-person professional support.
6. In response to the Committee's call for evidence on Covid-19 and the impact on people with protected characteristics, we have outlined our response below, focusing specifically on the Committee's first and second questions: ***How people have been affected by the illness or the response to it? If there have been specific impacts on people due to them having a protected characteristic?***
7. Exacerbations in mental health as a result of lockdown:
 - a. Many of our clients are experiencing worsening mental health as a result of the lockdown, which has prevented them from accessing almost all of their regular activities and sources of support which help them maintain stability in their mental health. For those without access to the internet, they are further isolated from activities now undertaken online, and accessing news and information.
 - b. Our clients have experienced multiple and severe forms of trauma, and many of them have pervasive trauma symptoms or a diagnosis of Post-Traumatic Stress Disorder (PTSD). For those who have experienced trafficking or imprisonment, several have stated that they are reminded of their time imprisoned by the lockdown.

¹ 'Suppression of cellular immunity in men with a past history of posttraumatic stress disorder', Kawamura, Kim and Asukai, *Am J Psychiatry*, 2001 Mar; 158(3):484-6.

- c. For those with anxiety disorders, including PTSD, many are experiencing an increase in health anxiety at this time. Our clients have reported feeling scared that they may die.
- d. Many of our clients are known to statutory and secondary mental health services, such as their local community mental health team, and have much reduced input from these services due to remote working and lockdown. One of our clients was suicidal but had not called her GP or her mental health team due to her belief that they would be too busy to assist her.
- e. Many of our clients with significant mental health difficulties are religious and find great support from their religious communities. The closure of religious spaces therefore has a substantially greater impact on them.

8. The impact of the response upon access to healthcare:

- a. GPs and other healthcare providers have had to rapidly adopt alternatives to face to face consultations. Most healthcare is now done via telephone consultations with an increasing number by video consultations. Much signposting of healthcare issues and services is via the internet. However, some of the population do not have smartphones, cannot use the internet, and have to ration their telephone use due to cost. This group includes some of the most vulnerable, medically and socially, in our society - such as migrants, the elderly, the homeless and those with learning difficulties or other disabilities.
- b. We have noted an increase in the number of clients expressing anxiety and frustration about their inability to access healthcare services due to a language barrier. Where remote consultations are taking place, many of our clients have reported practices being unwilling or unable to use interpreters for telephone consultations despite the technology to do this being simple and widely available in primary care settings. Not providing alternative or reasonably adjusted methods of communication for such patients risks widening health inequalities and jeopardising both individual and public health.
- a. Due to difficulties accessing GP appointments, some of our clients have not been able to renew prescriptions or request medication. One of our clients was recently started on an antidepressant tablet and was not able to return to the GP to request it again before the lockdown started. They have now run out of the medication and it has taken several weeks to contact the GP practice and ensure the prescription was sent to a local pharmacist. While their symptoms initially improved due to the medication, they are now experiencing worse symptoms as withdrawal of their medication is exacerbated by lockdown conditions.
- b. One of our clients is experiencing severe musculoskeletal pain and has chronic kidney disease. She is afraid to call her doctor in case she is sent to hospital, where she is afraid she will get Covid-19. She has also described her fear that her condition is slowly getting worse because of the lack of healthcare input and inability to check her kidney function via blood tests. She was due to receive a joint

injection for her chronic pain, but this has been put on hold by her local hospital. The combination of her anxiety, the pause in her treatment, and her enforced inactivity is causing a worsening of her pain which is preoccupying her thoughts for most of the day.

- c. For people with chronic pain, avoidance of exercise and staying in one room or home all day can lead to worsening symptoms. One of our clients has fibromyalgia and two young children at home. She is experiencing severe pain which impacts her ability to care for her children. She is finding it difficult to get an appointment with the GP and is unable to do many of the activities she would usually do to help her symptoms.
- d. One of our clients, who is a single mother, was forced to wait three days to attend hospital when she injured herself as there was no-one to care for the children and she was too frightened of Covid-19 to take them to the hospital
- e. For our clients who have mental health and cognitive difficulties, it may be even more difficult to access healthcare services due to the changes and the added layers of complexity in the systems, compounded by limitations in their ability to learn English.
- f. We remain aware that our clients are sometimes fearful of accessing healthcare as they are unsure of their entitlement to healthcare and they fear the charges that may accrue. They may also be fearful of their data being shared with the home office if they do accrue charges. It is our collective experience that clients do not know of, or understand, their specific entitlement to treatment for Covid-19 even if they do not have full healthcare entitlement and this may add a further barrier to accessing appropriate healthcare during this public health crisis.

9. Access to Food during the response

- a. Asylum seekers (and people recently granted leave to remain having claimed asylum, including newly recognised refugees) are particularly vulnerable to food poverty because of the extremely limited amount of financial support they receive from the Government (UK Visas and Immigration). Those in receipt of support under Section 95 of the Immigration and Asylum Act 1999 receive £37.75 per person per week (with an additional £3 if the applicant is pregnant, £5 for children under 1 and £3 for children under 3). The basic rate of support for those in receipt of support under Section 4(2) of the above Act is £35.39 per person per week, which cannot be spent in cash or at shops which do not accept VISA cards. In our experience working with clients who are predominantly in receipt of these types of support, this amount is insufficient to meet the applicant's basic needs, and this is particularly the case during this unprecedented time of high general need for food and other essentials.
- b. We are receiving increasing requests from clients – often in significant emotional distress – who have been unable to purchase the food they need with the amount of asylum support they receive. Survivors of trafficking and torture are saying sourcing the food they need is even more difficult than before because of rising food prices, the

reduced availability of the bargain 'basic' supermarket brands they usually buy, what they need is not available and because they cannot shop in all shops (and in cash for those in receipt of Section 4 support). We are regularly issuing food bank vouchers to clients (though we understand that the food banks own store and supply of food are likely to be depleted also), as well as helping them to obtain support from their local authority's Covid-19 response team (if this exists) and local mutual aid groups, even whilst they are in receipt of statutory support from the Home Office.

- c. One of our clients is a mother of three; her third child is a few months old. She has post-traumatic stress disorder and experienced post-natal depression. She recently asked us for a referral to any place that could provide food, vouchers or cash (she asked for 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.
- d. While there have been many measures put in place to support extremely vulnerable groups accessing food and deliveries, there are many disabled people who do not fall into the extremely vulnerable categories eligible for help, including many of those with physical disabilities and all those with mental health conditions, who are facing additional hardships in accessing food.
- e. For our clients who have chronic conditions like diabetes and chronic kidney disease and who require a specialised diet because of these health conditions, many are facing difficulties accessing the food they need to stay healthy.
- f. Clients report erratic eating patterns depending on when they can access shops and money.
- g. Asylum seekers in receipt of financial support from the Home Office are not eligible for [Healthy Start vouchers](#), which are free weekly vouchers to spend on milk, plain fresh and frozen fruit and vegetables, infant formula milk and vitamins. These vouchers are available to people who are pregnant or have children under the age of four and are on certain income-based benefits (Universal Credit, Income Support, income-based Jobseekers' Allowance and Employment and Support Allowance, Pension Credit and Child Tax Credit). Given that these are the same benefits which entitle people to receive free school meals from their children's education provider, we are concerned that asylum seekers who receive extremely limited financial support from the Government, are excluded from this support.

10. Impact of response on accessing accommodation and living in inappropriate accommodation:

- a. There have been significant delays in accessing Home Office accommodation as a result of the Covid-19 response. Many of our clients are currently in inappropriate or unsafe accommodation.

- b. Those with severe and enduring mental health problems are very likely to experience exacerbations in symptoms while in inappropriate accommodation and while destitute. The increased delays in accessing stable accommodation has led to a worsening of symptoms in many of our clients.
- c. Sustained time in interim accommodation which means people are not being provided with financial support and rely solely on the meals provided in Home Office hostels.
- d. Our clients who are applying for asylum support for the first time are being moved to Home Office hostels, in which most people share rooms. Whilst this is clinically unsuitable for our clients at any time, it is of particular concern during this pandemic, and most of our clients sharing rooms report acute distress at being unable to distance or isolate themselves from the strangers with whom they share a bedroom. Clients who are disabled due to their mental and/or physical health conditions, and/or identify as LGBTQ are of particular risk whilst sharing rooms.
- e. Whereas normally people would be moved into more settled dispersal accommodation after spending perhaps a few days or weeks in hostel emergency accommodation, the Home Office have since stated that due to guidance from Public Health England, people will not be moved on from emergency accommodation for the time being. This means that vulnerable asylum seekers, including many people with protected characteristics, will spend months in emergency accommodation with no financial support, and likely sharing rooms with strangers, leading both to increased risk of Covid-19 due to being unable to socially distance or isolate themselves, and deteriorating mental health symptoms due to the distress of sharing a bedroom with strangers.
- f. Several of our clients are eligible for Section 4 support but are unable to leave their current accommodation because they have significant mental health care needs and live with family and friends who are able to support those needs, or who are afraid of living with strangers due to their mental needs. One of them has been declined section 4 support subsistence only. This client needs this subsistence money because their family is facing financial difficulties as a result of Covid-19.
- g. The inability of section 4 support to adapt to people with a disability who need to remain in their accommodation because of their care needs means that those with a disability who are eligible for section 4 are unable to access the statutory support they are entitled to and that would prevent destitution.

11. Access to benefits/sufficient welfare support:

- a. We have several clients who are attempting to apply for disability benefits during this period and have been waiting weeks and sometimes months for correspondence from the DWP about their cases. This includes waiting for questionnaires and forms to be delivered and waiting for decisions on cases. Many of these clients have severe mental and physical health issues and have applied for Personal Independence Payment and the Limited Capability for Work and

Work-Related Activity element of Universal Credit, however there are delays in these claims being progressed, and thus our clients will wait longer for the additional money they need.

- b. Many of our clients have experienced increased costs of living due to Covid-19. For those facing increased costs and waiting on decisions regarding disability benefits, there is an even greater financial impact.
- c. While there has been a £20 increase in Universal Credit payments, there has not been a concurrent rise in either Asylum Support or Employment and Support Allowance, a benefit which is still received by many of our clients with disabilities.

12. The impact of school closures:

- a. Parents with a disability are experiencing greater difficulty with home schooling than those without a disability. The majority of the mothers we work with are lone parents and are facing additional difficulties because of this.
- b. Without access to, and an understanding of, the internet and relevant equipment and data many of our clients are unable to support their children with schoolwork. One of our clients, a single parent in a one bedroomed flat with 2 young children, had completed the written work with her six-year-old in the first two weeks of lockdown. She approached the school to ask for more written work but was told that this was now only available online. She has no laptop, tablet, smartphone nor money for data packages.
- c. Many of our clients with enduring mental illness are unable to navigate different systems for setting and completing schoolwork, and many of our clients have not completed formal schooling and are therefore unable to help their children with schoolwork.
- d. The additional stresses placed by having children at home all day means that parents with a disability are not able to self-care as they would previously, which has led to a worsening in mental health symptoms for many of our clients.
- e. The additional financial burden of having children at home during the day and the substantial delays in issuing free school meal vouchers has a disproportionate impact on our female clients who are single mothers. Asylum seekers in receipt of financial support from the Home Office are eligible for free school meals (very recently families in receipt of Section 4(2) support became eligible). Though it is unclear how eligible families may be able to receive the supermarket vouchers offered by the Department for Education (particularly for families without access to the internet, as Wi-Fi is rarely provided in Home Office accommodation), this is a welcome development. However, several of our clients and their families who are eligible for Free School Meals have reported not having received any support so far from their children's school (across different parts of London), in terms of actual provision of food or supermarket vouchers. It is unclear why these issues have occurred; however, it appears that there is a delay in applying for and receiving the vouchers via Edenred,

and other clients have not known that they are eligible and have therefore not applied for Free School Meals previously. For those who have recently applied for Free School Meals it is anticipated that the local authority may take several weeks to process the application and until such time, vouchers cannot be provided. It is our view that the publicization of and practical support for the scheme needs to be more widely undertaken to all education providers and local authorities, the initial eligibility checker made quicker for schools and local authorities, and guidance to be provided for families not yet receiving support.

13. Recommendations

Healthcare

- We recommend that all NHS healthcare charging and data sharing with immigration enforcement is suspended and that a public information campaign is launched that makes clear that healthcare services are available and safe for all migrants to use
- We recommend that healthcare professionals are provided with suitable information on the difficulties faced by some in our society in accessing healthcare during this public health crisis and that systems are put in place to enable healthcare providers to diminish these barriers; at the very least by ensuring that all appointments, over any medium, are interpreted where necessary and that alternatives to online services and information are available where possible.
- In terms of collecting prescriptions, where the person is in receipt of asylum support from the Home Office (and therefore unquestionably eligible for free prescriptions) but does not have a current HC2 certificate, provision of the person's asylum support reference number (and/or other confirmation of receipt of asylum support) should be sufficient to access free prescriptions. This is to ensure that asylum seekers who have not been able to apply for or renew a HC2 certificate do not have to choose between accessing their medication or purchasing food.

School closures and education:

- Provide public guidance accessible to families entitled to Free School Meals so that they (and those supporting them) are aware of how they can request and receive this support, particularly for vulnerable parents.
- Ensure that eligibility for Free School Meals can be verified quickly, via the parents National Insurance number, Asylum Support reference or other supporting evidence, to prevent delays in processing applications and then issuing vouchers.
- To ease the additional burden of having children at home during the day, extend the eligibility for Healthy Start Vouchers to include families in receipt of asylum support from the Home Office and families with no recourse to public funds who have recently been granted eligibility for Free School Meals support (including children whose parents are Zambrano Carers, families with leave to remain subject to the no recourse

to public funds condition, and families who receive support to Section 17 of the Children Act 1989 who have no recourse to public funds).

- Provide public guidance for teachers in how to assist parents with protected characteristics with home-schooling, particularly around issues accessing and using the internet. Further, ensure they are aware of local mutual aid and support organisations that can assist them during this time.

Access to food and benefits:

- Increase asylum support levels in line with Universal Credit or at the very least increase immediately by £20 per month.
- Increase out-of-work legacy benefits (including JSA, ESA and Income Support) by £20 per week, in line with the increase in Universal Credit payments. Many disabled people receive these legacy benefits and the decision not to also increase the amount of benefits they receive in line with UC claimants is discriminatory.
- Allow Aspen cards to be used online and in cash for those on Section 4 support. This will enable those with physical disabilities to use their closest possible food retailer.
- Provide Aspen cards to those facing a significant period of time in Section 98 support whilst awaiting dispersal to accommodation provided under Section 95 or 4(2), so that they are also able to purchase their own food during this crisis.
- Improve the DWP's communications with applicants on internal and external delays. Public guidance should be issued stating clearly that delays are taken into consideration and applicants will not be penalised.

Accommodation:

- Under normal circumstances, we would recommend that at least those with protected characteristics residing in Home Office accommodation (both emergency and dispersal) have access to single rooms and Wi-Fi so that their support needs can be met, and health conditions managed. In the context of Covid-19, 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.

- Ensure that survivors of domestic violence with no recourse to public funds have access to adequate and safe housing by creating an emergency fund for local authorities to use for this need. In addition, local authorities can also use this fund to produce accessible information to make survivors aware of this additional support.
- For survivors of modern slavery, the government must urgently support National Referral Mechanism victim care contract providers by exploring additional housing options which are appropriately managed and are safe for survivors.

Access to legal protection

We are concerned that at this time there is an urgent need for survivors of modern slavery, many of whom are disabled due to the mental health impact on their lives and have other protected characteristics under the equality Act 2010, to be safeguarded in terms of legal protection. Please see our urgent call for the UK Government to protect and safeguard survivors of modern slavery who have insecure immigration status [here](#).