

Welfare, Maternity and Asylum Support Hotels

March 2021

Thousands of people seeking asylum are currently accommodated in initial accommodation. This includes pregnant women and women and men with young children. The Helen Bamber Foundation has prepared this briefing paper to raise concerns about a specific welfare issue that has been reported to us.

The Helen Bamber Foundation

This paper has been prepared by Jennifer Blair, barrister and Co-Head of Legal Protection, and Zoe Dexter, Welfare and Housing Manager, of the Helen Bamber Foundation ('HBF'), and Miranda Butler, Barrister at Garden Court Chambers, with input from HBF's multi-disciplinary team. HBF is an expert clinical and human rights charity. Our multidisciplinary 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.

Published policy

The Home Office has a published 'Healthcare Needs and Pregnancy Dispersal Policy'¹. This policy deals in some detail with the importance of ensuring consistency in healthcare access during pregnancy; without which serious welfare issues could arise for both mother and baby. This policy recognises that children may have particular nutritional needs (para 3.7).

¹ V.3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496911/new_Healthcare_Needs_and_Pregnancy_Dispersal_Policy_EXTERNAL_v3_0.pdf

The Home Office also has a published collection of 'Asylum Support: Policy Bulletins Instruction'². This policy notes that in order to buy 'healthy foods' pregnant women, young children and babies

will receive an extra weekly payment (para 24.5). This is in addition to a one-off maternity payment. The 'standard' asylum support payment for one person is £39.60 per week with an additional £3/week for children aged 1-3 and pregnant women and £5/week for babies under 1 year old.

Financial support in the hotels

However, people accommodated in asylum support accommodation do not receive this financial support, as where there are not self-catering facilities food is provided on site.

Instead, those who receive section 95 support are supposed to receive £8/week towards the cost of clothing, medicine, transport, hygiene and sanitary products and communications. In the hotels some toilet roll, generic shampoo, conditioner and room cleaning is usually provided on site. Those accommodated under section 98 do not even receive the £8/week³.

Standard of Food Provided in the Hotels

HBF has received multiple credible reports, throughout 2020, that the quality of food provided in the hotels can fall below what is acceptable.

The Asylum Accommodation and Support Contract (Schedule 2, Statement of Requirements) states that asylum seekers in full board accommodation are to be

Terminology

- **Asylum support accommodation** is accommodation and subsistence provided under the Immigration and Asylum Act 1999 to people with a pending asylum claim and their dependents, who would otherwise be destitute.
- **Section 98 support** is 'temporary' support provided while a person is assessed for section 95 support.
- **Section 95 support** must be adequate to meet a destitute person's essential living needs.
- **Section 96(2)** allows exceptional additional payments to be made.
- **'Initial accommodation'** is the UK Home Office's term for accommodation intended to be used for short term placements only, until more suitable longer term accommodation becomes available. It is often in hotels.
- **'Contingency accommodation'** is the UK Home Office's term for additional initial accommodation used to accommodate people seeking asylum (mostly procured during 2020)

² V.7 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817696/asylum-support-policy-bulletins-v8.0.pdf

³ Confirmed to the Refugee Council <https://www.refugeecouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/>

given three meals a day and that the lunch and evening meals should include “a choice of at least one hot and one cold selection. At least one vegetarian option shall be provided at each meal”. It further specifies that there should be “a food service for babies and small children with the appropriate foodstuffs” and that there will be “options which cater for special dietary, cultural or religious requirements (including, without limitation, gluten free and diabetic options where necessary)”. They also provide that “the food service shall meet appropriate nutritional standard for each varied menu and satisfy cultural, religious, health or other specific requirements [...] the Provider shall ensure that each varied menu is validated by a suitably qualified nutritionist or health professional as being appropriate to the dietary needs of Service Users.”

HBF has received credible reports that this requirement is not reliably complied with (see for example the case studies below).

The people HBF works with, along with a great many asylum seekers living in initial asylum accommodation, have histories involving torture, human trafficking and others forms of serious abuse. These forms of deliberate cruelty deprive people of autonomy and interfere with personal and bodily integrity. Many of the people we work with have also experienced periods of starvation, torture that involves deliberate food shortages and food insecurity. Many of our clients are referred into our Model of Integrated Care, because they have complex support needs linked with disability and mental health linked to and sometimes because of trauma. It is extremely important to our clients’ emotional and mental welfare that they know they have reliable access to suitable food. It is also important that people who have been deprived of dignity and choice during persecution have the chance to rebuild their independence and autonomy.

Unfortunately, many of our clients report feelings of distress regarding the standard of food in the hotels, feeling that the food is unhealthy, does not meet cultural or dietary requirements and at times is inedible. As a result, our clients can end up going without food. HBF clinicians have documented regular complaints of dyspepsia/indigestion from food high in fat/oil content, causing nausea, where patients have to use medication to control their dyspepsia, because there is no access to food that will not cause it, and constipation due to lack of fresh fruit and vegetables where laxatives have had to be prescribed. Asylum seekers may already have experienced inadequate nutrition due to the situation in their home country, conditions on their journey to the UK, periods of destitution or captivity. Without adequate nutrition now the health impact of previous poor nutrition will be exacerbated. While food shortages are alarming for anyone, the risks, both psychological and physical, are particularly critical in the case of young children, pregnant women, women who have recently given birth and those who may be breast-feeding, where adequate nutrition is of particular importance.

North London Case Study

A volunteer from Haringey Migrant Support Centre and St Ann's Fresh Food Hub in North London contacted HBF to report that she received a referral from a Senior Safeguarding Midwife at the Whittington Hospital regarding a pregnant woman housed at the National Hotel Muswell Hill in North London. The woman had been seen at her clinic and was poorly nourished. She was being given only one piece of fruit per week and her young son lacked a warm coat and suitable shoes. The volunteer now delivers a box of fruit and vegetables to the family weekly and has been contacted by a second family with young children in the same hotel. The families are only allowed in the kitchen to heat up baby milk, so food bank food (which usually has to be cooked) is unsuitable. The volunteer is therefore specifically sourcing food that can be eaten raw or fed to a baby by hand. The families have been largely confined to their rooms due to a COVID outbreak, but the volunteer was recently approached in the car park by two young girls who asked if they could also provide fruit to their family. There are 37 rooms in the hotel, but this volunteer and her small foodbank cannot afford to support that many people with fresh fruit, vegetables and clothing. The families that this volunteer supports report that they have complained to the hotel, but nothing has changed.

Other London Case Studies

HBF has worked with clients in several instances where people, who were housed long-term in contingency accommodation since early 2020, were not provided with adequate food and nutrition whilst in this type of full-board accommodation:

One client, whilst heavily pregnant with severe anaemia had strict instructions from her doctors about her dietary requirements, which were not met via the hotel. Evidence was provided by a GP requesting that she be moved to accommodation in which she could prepare food and cook for herself.

Another client, housed in a hotel with his wife and three children, advised that the food provided was limited. He had told the hotel that his children could not eat the egg sandwiches they were regularly provided with, but he was told by the hotel that there was no alternative meal to this. Due to the conditions and racist abuse from far-right protesters our client suffered a severe deterioration in his mental health. The family was eventually moved into dispersal accommodation following a court order.

Another client reported to us that the food was too hot (spicy) and caused him abdominal pain. He also had problems with accessing fresh water in the hotels: he was told not to drink the water from

the taps in his bathroom, which smelled bad and did not seem fit for human consumption, but this meant that he often went without enough water.

Another client, who is HIV+, has Post Traumatic Stress Disorder and seizures regularly reported concerns about the food. He reported that the food was at times inedible and did not observe his religious reasons to abstain from pork. He reported numerous times that he was served food repeatedly and was told that it was chicken, when in fact it was chicken with pork or just pork. He reported high levels of disinterest among staff, even when he complained. At times he ate very little or nothing and he had to rely on third parties or food vouchers provided by HBF.

Nottingham case study

HBF was contacted about a further report of a case in Nottingham a person in asylum support suffers from gastro-intestinal problems which result in severe pain and constipation if he fails to follow a strictly-controlled diet. During his time in initial accommodation he repeatedly requested that the hotel provide appropriate food to meet his dietary needs, which were refused. As a result of this refusal, his condition deteriorated and he was hospitalised. Even after this took place the hotel continued to refuse to adjust their meals to meet his needs and the Home Office refused to move him to self-catered accommodation. It was claimed that his essential living needs were being met in the hotels. As a result, he was obliged to spend the NRM trafficking support payments on appropriate food, when these are intended to cover additional recovery expenses. He was finally moved from his initial accommodation after he was threatened with harm and forcibly removed from his room after he left to attend a necessary dental appointment, when he had done so during the lockdown.

Charities, including HBF, have felt that we have to arrange emergency destitution support for clients who are struggling to eat in asylum hotel accommodation, which is supposed to be catered⁴. Not all people can access support reliably from the charity sector⁵, which itself has very limited resources. A survey undertaken by Sisters Not Strangers (a coalition of eight women's asylum charities) of 115 refugee and asylum-seeking women found that three quarters went hungry during the pandemic, including mothers who struggled to feed their children⁶.

Other problems

Other essentials: in addition to food insecurity, those accommodated in the hotels are often not supplied with the basic hygiene essentials they require, such as sanitary towels and tampons, despite accommodation providers in full-board accommodation being obliged to supply these.

Overcrowding: initial accommodation in hotels can see families housed in rooms designed for short term holiday visits or in a single room. The authors of this paper are aware of numerous cases in which families and individuals have been housed in accommodation which fails to meet the space standards provided for in the Asylum Accommodation Support Contracts and which are 'overcrowded' within the meaning of the Housing Act 1985.

Refugee Action has reported problems with incorrect refusals of emergency support, poor application of the destitution test, extended periods spent in initial accommodation ("despite being inappropriate for long periods of stay"), delays in receiving section 95 support and onerous requests for further information⁷.

Delays in support: in HBF's recent experience working with clients of our Model of Integrated Care and the wider survivor population through our Medico-Legal Report Service, we have witnessed first-hand the very severe delays in financial support starting. Even though people in hotels only

⁴ See for example the case of 'Hannah' who was 8 months pregnant in an asylum support hotel and despite COVID had to go to a friend's home to cook the food she was receiving from a foodbank – 'Hel the hungry' The Independent 18 August 2020 <https://www.independent.co.uk/news/uk/home-news/refugees-asylums-seekers-food-poverty-coronavirus-help-hungry-a9675606.html>.

⁵ 'People are losing weight: Asylum seekers reveal shocking meals in lockdown', the Big Issue, 8 February 2021, <https://www.bigissue.com/latest/people-are-losing-weight-asylum-seekers-reveal-shocking-meals-in-lockdown/>; 'Asylum seekers go on hunger strike over poor food that caused some to end up in hospital', Sky News, 14 February 2021, <https://news.sky.com/story/asylum-seekers-go-on-hunger-strike-over-poor-food-that-caused-some-to-end-up-in-hospital-12217586?dcmp=snt-sf-twitter>; 'Coronavirus: Asylum seeker 'went without food' in lockdown', BBC News, 28 July 2020: <https://www.bbc.co.uk/news/uk-wales-53568465>. West London Refugee Welcome reported on this issue online and noted that the resultant press coverage caused improved food conditions in their local area, but not elsewhere: <https://twitter.com/wlondonwelcome>. Similarly, the charity Care4Calais, which works in 40 different hotels used as initial accommodation, has reported repeated requests for healthy food that does not make clients sick, see for example the letter written by residents of the Crowne Plaza Hotel in London, reported on 10 February 2021, <https://twitter.com/Care4Calais/status/1359617152559546373/photo/1>.

⁶ 'Hear us: The experiences of refugee and asylum-seeking women during the pandemic', 2020, <https://www.sistersnotstrangers.com/hearus>.

⁷ 'Slipping through the cracks: how Britain's asylum support system fails the most vulnerable', July 2017, <https://www.refugee-action.org.uk/wp-content/uploads/2017/07/Slipping-through-the-cracks-final4-A4.pdf>.

currently receive £8/week the timing for when or if this payment will start appears arbitrary and there are people in initial accommodation with no financial support at all. Even when support begins, back-payments are often not made. Victims of trafficking are generally given £25.40 per week although victims of trafficking in catered accommodation should receive at least £35 per week according to the Home Office's statutory guidance under s. 49 of the Modern Slavery Act 2015.

For pregnant women this means they may be going without essentials including travel to medical appointments, without dietary supplements and without decent and warm maternity clothing.

Delays in decision-making: the Joseph Rowntree Foundation has recorded increasing numbers of people who are destitute while waiting for a Home Office decision⁸, which in our experience is in line with the increasing decision-making backlogs. The result of the increasing waiting time for a decision on a pending asylum claim is that people will be in asylum support accommodation for longer. Interim accommodation is not designed for long-term living: it may be set away from community support structures, specialist services, increase isolation and reduce access to socio-cultural and education activities and it may involve provision of only the most rudimentary support, which would become harmful in the longer term. However now HBF is seeing people waiting years for a decision on their asylum claim and so their asylum support accommodation needs to be a proper home: somewhere you may be living for three years, for example, is not just a stop-gap. The cumulative effect of the hardships people face in asylum support accommodation is combined with uncertainty over their protection status and future in a way which hinders recovery, causes stress and can have long term welfare implications. This situation is compounded for particularly vulnerable groups such as children and pregnant women⁹.

Risk of exploitation and re-trafficking: the 'Hear us' report from the Sisters Not Strangers coalition (as above) noted that all eight organisations had recorded asylum seeking women being stuck in abuse or exploitation during the pandemic. Destitution and food insecurity will force vulnerable people to seek support elsewhere, leaving them at high risk from unscrupulous people and of grooming and exploitation.

Access to healthcare: stable accommodation is imperative for pregnant women to be able to access consistent healthcare and other support services.

⁸ 'Destitution in the UK 2020', JRF, December 2020, <https://www.jrf.org.uk/report/destitution-uk-2020>.

⁹ The adverse impact of delay is well documented by the courts, see Mostyn J's findings in *EOG v Secretary of state for the Home Department* [2020] EWHC 3310 (Admin) and Murray J's findings in *JP v Secretary of State for*

Conclusion

The conditions in initial accommodation and ineffective standards monitoring mean that initial accommodation is unsuitable for pregnant and nursing mothers and for parents with young children. The placement of these groups in initial accommodation is harmful to welfare and is causing widespread alarm amongst charities and healthcare professionals.

It is one thing placing pregnant women and families in a hotel for a few nights until a dispersal address is found, but the intent and purpose of the Home Office's pregnancy dispersal policy is undermined by long-term placement in initial accommodation. The Home Office should urgently set a strict time-limit for placement in initial accommodation for pregnant women and young children.

Pregnancy and maternity are protected characteristics under section 4 of the Equality Act 2010. The Public Sector Equality Duty at section 149 of the Equality Act 2010 requires measures to be put in place to eliminate discrimination and advance equality of opportunity between persons who share a relevant protected characteristic and person who do not. The lack of adequate nutrition and essential support in initial accommodation has a disproportionate adverse impact on pregnant women and women with young children.

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