

COVID-19 RESPONSE:

The Helen Bamber Foundation's view on whether self-isolation is proving especially difficult for asylum seekers and refugees in comparison with the UK population as a whole.

The Helen Bamber Foundation is a multidisciplinary organisation with input from experienced GPs, psychiatrists, clinical psychologists, psychotherapists and lawyers as well as counter-trafficking and housing and welfare expertise. We work with nearly 800 survivors of trafficking and torture a year. In the past three weeks we have supported 275 of our clients through our range of services. In particular, we have set up client welfare checks and engagement with those of our clients whom we believe are particularly vulnerable during the Covid-19 crisis.

It is our view that our clients are responding in the same range of ways as the UK population as a whole. Their responses differ according to their situation and their level of understanding:

- 1) 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.
- 2) We have a very few clients who due, to a lack of mental capacity and/or limited language skills do not understand the restrictions being imposed. Within our client group, this is a very small minority.
- 3) Some of 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. Some 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 a further breakdown in their own mental health.

It is our view that the above categories broadly reflect the range of responses to the Covid-19 crisis seen in the UK population as a whole. It may however be that when the Metropolitan Police come across some individual asylum seekers or refugees that they have problems with communication leading to a view that this population is behaving in a different way. Our evidence does not support this view. We are concerned that if this view (which represents a degree of racial stereotyping) becomes embedded in police strategy it may well make matters worse.

It is also worth perhaps mentioning the type of accommodation our clients find themselves in. The first is initial accommodation with over 100 people held in a single building. People in this type of accommodation are not able to social distance effectively let alone self-isolate if needed, and therefore may not see the logic of self-isolating when they go outside together. Secondly, some NASS accommodation is in buildings with up to 20/30 individuals and the above considerations may also apply. Many of our clients are speaking of their distress at not being able to social distance or self-isolate satisfactorily. Even if they have their own bedroom, they are likely to be sharing bathrooms and kitchens with others that they don't know. People forced to share bedrooms with strangers are completely unable to follow social distancing or self-isolation guidelines effectively. Some of our clients are having to make the best decisions they can about where they are safest from being infected with or spreading COVID-19.

Asylum seekers who are provided with accommodation and/or financial support by the Home Office do not have the ability to shop online via their Aspen card, which can either be taken out in cash or spent only in shops, and therefore cannot buy food and other essentials online as many others are able to. The financial support they receive is either £35.39 or £37.75 depending on the stage of their asylum claim, and therefore they are also not able to buy in bulk in order to limit journeys outside their accommodation in order to buy essentials.

In our experience, few clients in accommodation provided by the Home Office have access to the internet (due to lack of Wi-Fi in the accommodation and an inability to afford to purchase mobile data within their very limited amount of financial support) and thus are further isolated by their lack of access to the internet and services now operating remotely online.

Finally, we think it worth noting that in our opinion survivors of traumatic events are more vulnerable to the health impacts of COVID-19 than the general population. The precarious living situations of adults and children who are without secure immigration status include transient, poor quality housing and overcrowded living situations which make it impossible for them to isolate/socially distance effectively. Because they lack access to the right to work, they live in financial hardship on extremely low subsistence funds which means it is difficult for them to purchase essential supplies. Furthermore, survivors of human rights violations often have underlying health conditions and vulnerabilities that put them specifically at risk of developing serious forms of Covid-19. The overwhelming majority of our clients suffer from trauma symptoms and many have a diagnosis of Post-Traumatic Stress Disorder (PTSD). There is 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 on self-care. Furthermore, the changes in the way healthcare is accessed at present (telephone, video consultations, internet based services) have increased our clients' difficulty in accessing medical care meaning that our clients are struggling to access their normal services such as repeat prescriptions or mental health care. They are also likely to present late to health services if they develop Covid-19 related symptoms. Early presentation to healthcare can result in better outcomes for those developing serious Covid-19-related illness. This increases the risks to the public as well as individuals.

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.

THE HELEN BAMBER FOUNDATION

The Helen Bamber Foundation (HBF) is a specialist clinical charity, which works with survivors of torture, human trafficking and extreme human cruelty. We provide support to individuals through our Model of Integrated Care, which includes trauma-focussed therapy and a specialist Counter-Trafficking team, as well as medical, therapeutic, housing, anti-destitution and legal protection advice and community integration input. We run a Medico-Legal Report Service and undertake research and external training work to promote a trauma-informed methods of working with our client base. We have produced a *Trauma Informed Code of Conduct for all professionals working with survivors of human trafficking and slavery*² and have contributed to guidance on *Modern Slavery for Primary Care Doctors*³, *Quality Standards for Healthcare Professionals Working with Victims of Torture in Detention*⁴ and both editions of the *Slavery and Trafficking Survivor Care Standards*.⁵ HBF's Model of Integrated Care provides multi-disciplinary support for survivors, including those with insecure immigration status, and has done so for fifteen years. The expertise of HBF is recognised globally and by the UK Home Office and the courts.⁶

² <http://www.helenbamber.org/wp-content/uploads/2019/01/Trauma-Informed-Code-of-Conduct.pdf>

³ <http://www.helenbamber.org/wp-content/uploads/2019/08/Quick-Guide-to-Modern-Slavery-Final.pdf>

⁴ https://fflm.ac.uk/wp-content/uploads/2019/07/HWVT_QualityStandards_May19-ONLINE-FINAL.pdf

⁵ <https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf>

⁶ For example in the Home Office *API: Medico Legal Reports from the Helen Bamber Foundation and the Medical Foundation Medico Legal Report Service* at 3.1 and *KV (Sri Lanka)* [2019] UKSC 10 at [6].