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Home Affairs Committee

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Summary

The Covid-19 pandemic has created real and serious challenges for institutional accommodation, including in Government-contracted asylum accommodation and immigration detention centres. We have examined the provision of institutional accommodation by different private sector contractors during the pandemic as well as the policy decisions made by the Home Office.

During the lockdown period the Government has taken a series of sensible steps to safeguard those in institutional accommodation. Within the asylum system it has suspended evictions from Home Office accommodation while finding additional accommodation for new applicants for asylum; in June it provisionally increased the asylum support rate to £39.60 per week. We welcome these decisions.

However, significant concerns have been raised about the management and suitability of institutional accommodation in light of the Covid-19 pandemic, and there are a number of areas where we believe the Home Office could have gone further, and where it must extend its approach during the next phase of the national response to Covid-19.

It is deeply concerning that there was so little early access to testing for Covid-19 for asylum seekers housed in shared facilities, given the higher risk of spreading infection in accommodation where it is often difficult to self-isolate and where there are other residents who are shielding. The Government must urgently publish a clear policy on residential testing if there are outbreaks. This must be put in place immediately to ensure that accommodation providers are prepared for all potential scenarios in the next phase of the pandemic.

We are appalled at reports that service users in some accommodation centres were not universally provided either with laundry facilities, cleaning products, soap and sanitiser, or with financial support to enable them to access these essentials. It is difficult to conceive of any provision which is more fundamental to public health during the pandemic. The Home Office must immediately take steps to ensure these essentials are provided to all service users, and accommodation providers must urgently put in place measures to enable greater social distancing and effective hygiene practices in all shared facilities.

The risks posed to vulnerable individuals by Covid-19 make more urgent the necessity of a complete end to room sharing by unrelated adults. In 2018, our predecessor Committee recommended that room sharing should be phased out across the whole estate and we are extremely disappointed that the Home Office did not take the opportunity of contract replacement in 2019 to make this change in full. Providers must move people out of shared rooms now in advance of a possible second major national outbreak.

We are very concerned about the approach taken by Mears Group during and after lockdown to moving large numbers of asylum seekers between different kinds of accommodation without ensuring proper support was available for them and without informing or consulting the local authorities in which accommodation was located. It is essential that lessons are learned and that clear policies are put in place to ensure

effective communication between providers and local authorities in the event of further outbreaks in asylum accommodation, and in respect of the dispersal of service users from one area to another.

The substantial reduction in the number of individuals detained in IRCs since the beginning of the lockdown was a sensible response to Covid-19 and will have helped prevent infections. It is however troubling that nearly 40% of those remaining in immigration detention should have been categorised as meeting Levels 2 or 3 of the Adults at Risk policy indicating significant vulnerability and, potentially, that they are at high risk from Covid-19.

Some of the temporary measures introduced by the Government in response to Covid-19 hold open the prospect of future improvements in the operation of both the asylum and immigration removal processes. Among these, the decision to extend asylum support for refugees until their first welfare benefit payment is received was a simple and sensible as well as a compassionate measure and should be made permanent. Within the immigration removal process, the decision to remove from immigration detention people who did not need to be there, who were not a danger to the public, and who had no prospect of imminent removal was equally sensible.

As national lockdown restrictions are eased, the Government needs to work closely with stakeholders across both the asylum accommodation and immigration detention sectors to ensure a smooth transition out of lockdown. The Government and providers of both types of institutional accommodation must also be alert to new concerns about protecting people in the event of a second wave of Covid-19.

1 Introduction

1. We launched an inquiry into Home Office preparedness for Covid-19 (Coronavirus) on 12 March 2020. As part of this inquiry we held an oral evidence session on institutional accommodation and received more than 30 pieces of written evidence addressing this issue.[1]

2. In the wake of Covid-19 measures being introduced, concerns have been raised as to the impact of these government policies on migrants and asylum seekers. This short report examines the steps taken by the Home Office and institutional accommodation providers to uphold the safety and wellbeing of individuals housed in Government-contracted asylum accommodation and immigration detention both during and after the national Covid-19 lockdown period in the spring of 2020.

3. On 7 May we heard oral evidence on institutional accommodation from John Taylor, Chief Operating Officer, Mears Housing Management, Steve Lakey, Managing Director, Clearsprings Ready Homes, Sarah Burnett, Business Operations Director, Justice and Immigration, Serco and Colin Dobell, Managing Director, Mitie Care and Custody.[2]

4. On 26 June 6 people, including a police officer, were stabbed (non-fatally) at the Park Inn hotel in Glasgow by Badreddin Abadlla Adam. Mr Adam was shot and killed by specialist police officers responding to the incident. The hotel was being used by Mears as accommodation for asylum seekers during the pandemic. As a police investigation was under way as this report was finalised, the specific circumstances of the incident are not considered. We send our best wishes to those affected and our gratitude for the bravery and dedication of the emergency service workers who responded.

Structure of this report

5. Chapter one of this report deals with asylum accommodation. It examines the asylum accommodation providers' initial response to Covid-19 including the steps which were taken to accommodate their service users safely, whether in initial accommodation, hotels or other forms of emergency accommodation. We also consider the key concerns raised in evidence to us by non-governmental organisations (NGOs) and statutory bodies about the challenges posed by Covid-19. These include evidence of limited communication and Home Office guidance to key stakeholders, doubts about the suitability of asylum accommodation (e.g. bedroom sharing between unrelated adults), and shortcomings in the provision of appropriate support for vulnerable individuals including minors, people with disabilities, elderly or pregnant people, or those who have been subject to violence or abuse.

6. The Committee previously reported on asylum accommodation in January 2017 and in December 2018.[3]

1 All written evidence submitted to the inquiry on the Home Office's preparedness for Covid-19 (Coronavirus) can be found on the inquiry page on the Committee's website.

2 A written transcript of this evidence session can be viewed here.

3 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017; Home Affairs Committee, Thirteenth Report of Session 2017–19, *Asylum accommodation: replacing COMPASS*, HC 1758, 17 December 2018

7. Chapter two focuses on immigration removal centres (IRCs). It examines how Home Office contracted IRC managers, namely Serco and Mitie Care & Custody, have responded to the challenges brought by Covid-19. We consider to what extent adequate protection from Covid-19 is being provided by IRC managers for both vulnerable detainees and frontline IRC staff through access to testing, enabling of appropriate social distancing, and the cleanliness of IRCs.

8. The Committee previously reported on immigration detention in 2019.[4]

4 Home Affairs Committee, Fourteenth Report of Session 2017–19, *Immigration detention*, HC 913, 21 March 2019

2 Asylum accommodation

Introduction

9. The Immigration and Asylum Act 1999 places a statutory responsibility upon the Government to support asylum seekers at different stages of the asylum process.

10. Section 95 of the Immigration and Asylum Act 1999 provides that an individual who is seeking asylum in the UK and who is, or is likely to become, destitute is eligible, along with their dependents, for support while their claim for asylum is considered.[5] Support can be financial—asylum seekers are entitled to receive £39.60 a week for essential living expenses, on a payment card (known as an ASPEN card)—and in the form of accommodation.[6]

11. The Home Office can also offer 'Section 98 support' in the form of temporary full board or self-catering short term accommodation, if an asylum seeker is likely to become destitute, while a Section 95 application for longer term support is being considered.[7] Those whose asylum claim has been refused, who appear to be destitute and who are taking all reasonable steps to leave or cannot leave the UK or who meet other criteria receive £39.60 on a payment card, but only if they accept Government accommodation.[8] Provision for failed asylum seekers is made under section 4 of the Immigration and Asylum Act 1999 and the Asylum (Provision of Accommodation to Failed Asylum Seekers) Regulations 2005.

12. Between 2012 and 2019 asylum support was managed in the UK through a series of regional contracts known by the acronym COMPASS.[9] In January 2019, the Government replaced the COMPASS contracts with seven new regional Asylum Accommodation and Support Services Contracts (AASC) which took effect in September 2019.[10] Three providers—Mears, Serco and Clearsprings—were awarded the contracts to procure and manage asylum accommodation across the UK. A new national Advice, Issue Reporting and Eligibility (AIRE) contract, which was awarded to Migrant Help, began to operate at the same time.[11] The contracts are worth an estimated £4 billion over the next ten years.[12]

5 *Immigration and Asylum Act 1999*, Section 95

6 Gov.uk, 'Asylum support: What you'll get'; On 8 June 2020, the Minister for Immigration Compliance and the Courts, Chris Philp MP, announced that from 15 June the asylum support rate would be increased by 5% from £37.75 to £39.60 per week. The Refugee Council has noted that this uplift remains provisional, pending a full review; House of Commons Hansard, 'Covid-19: Support for People in the Asylum System', 8 June 2020; Refugee Council, 'Changes to Asylum & Resettlement policy and practice in response to Covid-19', 14 July 2020

7 UK Visas & Immigration, *Asylum Support: Policy Bulletins Instruction*, Version 7.0, 21 December 2015; Accommodation provided under s98 of the Immigration and Asylum Act 1999 may constitute full board in former and operating hotels, or accommodation in houses in multiple occupation, hostels or self–contained self–catering properties.

8 Gov.uk, 'Asylum support: What you'll get'

9 National Audit Office, *COMPASS contracts for the provision of accommodation for asylum seekers*, HC 880, 10 January 2014

10 Gov.uk, 'New asylum accommodation contracts awarded', 8 January 2019. The following providers were awarded the new contracts for each region: Midlands and East of England: Serco; North East, Yorkshire and Humberside: Mears Group; North West: Serco; Northern Ireland: Mears Group; Scotland: Mears Group; South: Clearsprings Ready Homes; Wales: Clearsprings Ready Homes.

11 Advice, Issue Reporting and Eligibility Support, *Schedule 2: Statement of requirements*

12 National Audit Office Asylum accommodation and support para 4.12, 3 July 2020

13. The Asylum Accommodation and Support Services Contracts govern the relationship between the Home Office and the three companies contracted to provide asylum accommodation. Detailed specifications on the services which have to be provided are set out in the Statement of Requirements for the contracts.[13]

The asylum accommodation journey

14. The Home Office first places eligible asylum seekers in hostel-style accommodation (known as 'initial accommodation') on a short-term basis while they make an application for financial assistance to the Home Office. The Home Office guide to living in asylum accommodation states that a stay of three to four weeks in initial accommodation is "normal".[14] However, people can remain in initial accommodation (IA) much longer than this if there is a lack of available dispersal accommodation to move them to or if there are delays in the Home Office making an initial assessment of the application.[15]

Dispersal of asylum seekers

15. The policy of dispersing those seeking asylum accommodation in the UK was introduced by the Immigration and Asylum Act 1999.[16] The legislative intention was that distribution across the country would prevent any one area providing support to considerably more asylum seekers than other areas. Under the scheme, local authorities reach voluntary agreements with the Home Office to accept asylum seekers.[17]

16. The Home Office's dispersal policy has been for many years not to provide asylum accommodation in London or the South East unless there are exceptional circumstances, for example, medical requirements.[18] The Home Office allocates asylum seekers on a 'no choice basis' to one of the AASC regions and the relevant housing provider transports the asylum seekers to initial accommodation within that region.[19] Following the Home Office's assessment and confirmation of Section 95 support, the relevant provider arranges to move asylum seekers to more permanent dispersal accommodation.[20]

The impact of Covid-19

17. During the initial lockdown period, the Government introduced a number of measures to support those in the asylum system: it suspended evictions from Home Office asylum accommodation until the end of June, and some processes shifted from

13 Advice, Issue Reporting and Eligibility Support, *Schedule 2: Statement of requirements*
14 Asylum Information Database, 'Country Report: United Kingdom', 19 March 2020; UK Visas & Immigration, *A Home Office Guide to Living in Asylum Accommodation*, p6
15 Asylum Information Database, 'Country Report: United Kingdom', 19 March 2020
16 Home Office, *Allocation of accommodation policy*, Version 5.0, 7 March 2017
17 House of Commons Library, 'Policy on the dispersal of asylum seekers', 29 April 2016
18 National Audit Office, *COMPASS contracts for the provision of accommodation for asylum seekers*, HC 880, 10 January 2014, p10; Home Office, *Allocation of accommodation policy*, Version 5.0, 7 March 2017
19 National Audit Office, *COMPASS contracts for the provision of accommodation for asylum seekers*, HC 880, 10 January 2014, p10; Home Office, *Allocation of accommodation policy*, Version 5.0, 7 March 2017
20 National Audit Office, *COMPASS contracts for the provision of accommodation for asylum seekers*, HC 880, 10 January 2014, p10

face-to-face to online. The Government also announced that asylum support payments to refugees, which are normally terminated 28 days after they are granted refugee status, would be continued until the individual receives their first mainstream welfare benefit.[21]

18. However, concerns were voiced about support for asylum seekers and those in asylum accommodation, who often have to share facilities and live in close quarters with other residents, making it impossible to observe social distancing guidelines. We have also heard concerns over the amount of available accommodation, and the limited capability for self-isolation as well as social distancing within accommodation, given that the asylum population is increasing while evictions and removals are postponed.

19. **We welcome the Home Office decision to suspend evictions from asylum accommodation, move some processes online, and extend payments for those granted refugee status until their first welfare benefits payment arrives. These were eminently sensible responses to Covid-19. As we set out later in this report, however, there are areas where we believe the Home Office could have gone further, and where the Home Office should extend its approach during the next phase of the national response to Covid-19.**

Concerns and challenges posed by Covid-19

20. Within the context of the current pandemic, the following concerns and challenges were highlighted in evidence to the Committee about asylum accommodation.

Self-isolation in asylum accommodation

21. During oral evidence on 7 May we asked asylum accommodation providers Mears, Clearsprings and Serco about the number of people in their accommodation who were self-isolating or shielding and how many of them had accessed testing for Covid-19.

22. John Taylor from Mears said that at that time, within the 7,374 properties it manages, two of its service users had confirmed cases of Covid-19.[22] He reported that 442 of its service users had self-isolated since the outbreak of the virus with 188 service users self-isolating at that time.[23]

23. Steven Lakey from Clearsprings recounted similarly high numbers of service users who were self-isolating, with a total of 360 cases reporting as symptomatic.[24] He reported that one of its service users was confirmed as positive with Covid-19 in IA and there were five users with suspected Covid-19 in its dispersal accommodation.[25] Mr Lakey subsequently provided updated figures, indicating that as of 18 May Clearsprings had 1 confirmed case of Covid-19 in Wales and 15 in the South of England, with 150 people

21 The Guardian, 'Home Office to hold on evicting asylum seekers from state accommodation', 28 March 2020; Refugee Council, 'Home Office confirms newly recognised refugees will continue to receive asylum support payments until their first Universal Credit payment arrives', 21 April 2020

22 Qq381–2

23 Qq381–2

24 Q392

25 Q387

"currently vulnerable and self-isolating" in Wales and 152 in the South.[26] Additionally he told us that Clearsprings had a "running total" of 325 symptomatic service users in Wales and 350 in the South.[27]

24. Sarah Burnett from Serco also reported two confirmed cases in its dispersal accommodation and no suspected cases of Covid-19.[28] Along with the other providers she reported high numbers of service users (819) who were self-isolating, 214 of whom were classified within Public Health England's vulnerable shielding group.[29]

25. We have no information on the total number of cases in asylum accommodation since the start of the pandemic. However, there have continued to be outbreaks. On 10 July, for example, Wakefield Council confirmed that an outbreak had occurred at Urban House, an initial accommodation centre run by the Mears Group.[30]

Testing for Covid-19

26. In May, all of the providers told us that they had experienced difficulty in accessing testing for their service users, with no clear testing policy available. Steve Lakey told us that Clearsprings was advised by Public Health England that if any of its service users were symptomatic, they should self-isolate and that testing would only be required if they were admitted to hospital.[31] Conversely he said that, in Wales, Public Health Wales (PHW) took a different approach, offering tests to any individuals housed in HMOs.[32] However, Clearsprings had not requested tests for any of its symptomatic service users in Wales because it was not aware that it could do so.[33] He said that PHW had advised Clearsprings to inform its service users to request testing directly from PHW if needed, rather than going through the accommodation provider.[34] Mr Lakey also confirmed that Clearsprings had not requested testing from PHW for any of its frontline staff as none of them had asked for tests at that time.[35]

27. Similarly, John Taylor told us that testing had not been "readily available" for service users and consequently Mears had followed government advice on social distancing, ensuring that its service users were aware of the guidelines for whichever type of accommodation they were housed in.[36] He added that testing for service users was an evolving policy but he hoped to see more service users accessing testing soon given the establishment of some local testing centres.[37] Sarah Burnett told us that it was a "similar picture" for Serco with regard to testing for service users.[38]

26 Clearsprings Ready Homes (COR0172)
27 Clearsprings Ready Homes (COR0172)
28 Qq388–9
29 Q389
30 Wakefield Council, 'Council act to manage coronavirus outbreak at Urban House, Wakefield', 10 July 2020; Wakefield Express, 'Covid-19 outbreak at Wakefield accommodation centre', 10 July 2020
31 Q412
32 Q414
33 Q418
34 Q418
35 Q418
36 Q437
37 Q439
38 Q442

28. Following the outbreak in Mears' initial accommodation centre in Wakefield which was confirmed on 10 July, Wakefield Council supported testing of residents through a mobile testing unit.[39]

29. **We are deeply concerned that there was so little early access to testing for Covid-19 for asylum seekers housed in shared facilities, whether IA or dispersal, given the higher risk of spreading infection in accommodation where it is often difficult to self-isolate, and where there are other residents who are shielding. We heard from accommodation providers on 7 May that they had significant numbers of asylum seekers who were currently self-isolating but were not being tested. Testing and tracing should have been readily available and organised through accommodation providers from early on in the pandemic for anyone housed in institutional accommodation.**

30. **At this point in the response, testing is widely available: any symptomatic person can apply for a test, including a home test kit, and live translation services are now available in more than 200 languages including British Sign Language to support those wishing to access test and trace services.[40] These provisions are available to asylum seekers as they are to other members of the population, and this is very welcome. We are however concerned that there is no readily accessible guidance online to support local health managers in maintaining a clear and consistent approach to testing wider resident communities in asylum accommodation where a resident is symptomatic of Covid-19.**

31. ***The Government must urgently publish a clear policy on residential testing if there are outbreaks. This must be put in place immediately to ensure that accommodation providers are prepared for all potential scenarios in the next phase of the pandemic.***

32. ***Any service user who wants and needs a test must have easy access to that test. This also means that asylum seekers should be informed of the opportunity to request a test and of the associated translation support available to them through that process; they should be provided with any financial or transport assistance required to reach an appropriate testing facility. With a clear testing policy in place, it is essential that all accommodation providers proactively monitor and ensure that their service users are accessing the assistance they need.***

Social distancing

33. A joint submission from nine refugee and asylum support organisations told us that practices such as bedroom sharing between unrelated adults, communal eating facilities and crowded social spaces make social distancing and isolation difficult for people in asylum accommodation.[41] Other submissions also expressed concerns about room sharing among unrelated adults in asylum accommodation.[42] The new Accommodation

39 Wakefield Council, 'Work continues to manage outbreak at Urban House', 13 July 2020

40 Department of Health and Social Care, 'Coronavirus (COVID-19): getting tested', updated 20 July 2020; Department of Health and Social Care, 'In-person coronavirus testing continues to deliver results the next day', 16 July 2020

41 Joint submission from 9 refugee and asylum organisations, (COR0016). This submission was sent on behalf of Asylum Matters, Detention Action, Doctors of the World UK, Freedom From Torture, The No Accommodation Network, Refugee Action, Refuge Council, Scottish Refuge Council and UK Lesbian & Gay Immigration Group. Subsequently it is referred to as Asylum Matters et al (COR0016).

42 UNHCR (COR0015); Freed Voices (COR0051); Asylum Matters et al (COR0016); Asylum Matters (COR0122); Helen Bamber Foundation (COR0113)

and Asylum Support Services Contracts prohibit the sharing of rooms between "unrelated adults of the opposite sex in the same sleeping quarters" but permit bedroom sharing between unrelated same sex adults.[43]

34. Our predecessors reported on asylum accommodation in 2017 and expressed concern about the fact that the majority of people in the asylum system "will be required to share accommodation with people they do not know, often from different countries, ethnicities and religions", and that some vulnerable people (including pregnant women, and individuals with mental health conditions) were "by default" accommodated in shared bedrooms despite requests to the contrary.[44] The Committee recommended that "forced bedroom sharing be phased out across the asylum estate as a whole".[45]

Appropriate accommodation

35. Many of the submissions we received indicated that providers inadequately exercised their duty of care to some of their most vulnerable service users. Freedom from Torture told us that one of its "severely traumatised" clients was allocated "a box room where the bed touched the wall on 3 sides" which triggered memories of the torture he had experienced when held captive in a small space. It added that many of its clients were required to seek legal advice to remedy the problems relating to their inadequate accommodation.[46]

36. The Helen Bamber Foundation told us that many of its vulnerable clients who require a single occupancy room remain in shared rooms in Initial Accommodation (IA) including several individuals who are sharing with "strangers", in some cases with up to three others, despite being granted single room accommodation by the Home Office.[47] It reported that those clients who remain in shared rooms are "terrified of contracting the virus and unable to adequately distance or isolate themselves".[48] The Foundation expressed concern that these circumstances are exacerbating individuals' pre-existing mental health issues.[49]

37. ***Vulnerable people such as pregnant women, victims of abuse and people with PTSD should never be placed in accommodation in which they have to share a room with an unrelated adult, nor should they be required to use shared bathroom/toilet facilities which may have a detrimental impact on their mental and physical health.***

38. Asylum Matters wrote to us on 5 May stating that room sharing among unrelated adults was continuing to take place during the pandemic in Birmingham, Wales, London and Wakefield.[50]

43 Annex C to the Statement of Requirements of the Asylum Support and Accommodation Contract sets out detailed specifications on room sharing. Whilst it prohibits the sharing of rooms between "unrelated adults of the opposite sex, in the same sleeping quarters, without the prior consent of the Authority (the Home Office)", it makes no such prohibition on the sharing of rooms between unrelated same-sex adults; Advice, Issue Reporting and Eligibility Support, *Schedule 2: Statement of requirements*, Annex C

44 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017, paras 95–6

45 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017, para 97

46 Freedom from Torture submitted evidence via Asylum Matters; Asylum Matters (COR0122)

47 Helen Bamber Foundation (COR0113)

48 Helen Bamber Foundation (COR0113)

49 Helen Bamber Foundation (COR0113)

50 Asylum Matters (COR0122)

39. In oral evidence to the Committee all of the providers confirmed that, at 7 May 2020, single people newly arriving in the asylum accommodation system would be housed in single rooms.[51]

Sharing in initial accommodation

40. John Taylor of Mears however told us that he expected sharing would continue to take place in its initial accommodation (IA) in future, including at Wakefield. In Wakefield's case, this was because of "the nature of the building, which has been in use for many years" and reflected the fact that IA was supposed to be short term housing for "two to three weeks at most".[52] He added that Mears was very "sensitive to the concerns" of residents and that a number of individuals had been moved to single rooms during the pandemic: he said that no one had to share a room at the Wakefield centre if they were unhappy.[53] In subsequent written evidence dated 4 June, Mears said that the Wakefield centre was the only place where room sharing of non-related service users occurred within its IA estate. Seventy-one 2-person rooms there were being used for sharing by 142 non-related service users.[54]

41. Sarah Burnett told us that the only unrelated people sharing rooms in Serco accommodation were those who had been doing so prior to the enforcement of lockdown restrictions.[55] In subsequent written evidence Serco clarified that the last date on which individuals had been moved into shared accommodation was 16 April. It also said that it expected to resume the use of shared rooms in its IA when it was safe to do so.[56]

42. In subsequent written evidence Steven Lakey of Clearsprings told us that the company stopped moving people into shared rooms within its IA provision on 15 April.[57] He confirmed that 149 people remained in shared rooms in its IA provision in Wales while in London and the South of England 187 people—approximately 12% of those remaining in shared rooms across the asylum accommodation estate—were sharing rooms in IA.[58] Clearsprings was then developing plans with the Home Office for the exit from pandemic restrictions and could not confirm if it would resume room sharing post lockdown.[59]

Sharing in dispersed accommodation

43. John Taylor of Mears told us that it was phasing out bedroom sharing in its dispersal accommodation. Serco wrote to us in early June to confirm that it was not company policy to use shared rooms in its dispersal accommodation.[60] Clearsprings said in writing that the company had stopped moving people into shared rooms in its dispersed accommodation on 23 March.[61] In Wales Clearsprings had only 12 unrelated adults still sharing rooms in dispersed accommodation; however, in London and the South of England 1,316 people

51 Q463
52 Q451
53 Q452
54 Mears Group (COR0181)
55 Q458
56 Serco (COR0162)
57 Clearsprings Ready Homes (COR0172)
58 Clearsprings Ready Homes (COR0172)
59 Clearsprings Ready Homes (COR0172)
60 Serco (COR0162)
61 Clearsprings Ready Homes (COR0172)

remained in shared rooms in hotels or dispersal accommodation.[62] While sharing in dispersed accommodation in Wales had almost been eliminated Clearsprings told us that its asylum accommodation contract in London had been tendered "on the basis of unrelated adults sharing rooms".[63]

44. When we asked the providers if they should be accelerating the moves of asylum seekers from shared bedrooms to single bedrooms to allow adequate social distancing, Serco and Clearsprings told us that they had been advised not to do so with the exception of vulnerable individuals.[64] John Taylor explained that the Home Office had agreed such moves should be avoided where provision of a single bedroom would require the service user to move from institutional accommodation to other provision such as a House in Multiple Occupation (HMO), and in doing so come into contact with new people.[65] Public Health England and UK Visas and Immigration advised providers to consider those people already sharing as one household, in "a similar way to an HMO or student accommodation […] so they practise social distancing as shared accommodation".[66]

45. **We recognise that once the lockdown started in March it was more difficult to move people into alternative accommodation, both because of public health requirements and because of the increased demand overall for accommodation. However, that only makes resolution of this issue more pressing as scientists warn of the possibility of a second national outbreak peaking in January–February 2021.**[67]

46. **Our predecessor Committee recommended that shared accommodation should be phased out across the estate as a whole. While we welcome the progress towards ending this practice, we are extremely disappointed that the Home Office did not take the opportunity of contract replacement in 2019 to make this change in full. It is deeply concerning that the contract for dispersed accommodation in London and the South East until 2029 was tendered on the basis of non-related adults sharing rooms. Further, the argument that room sharing is more acceptable in short term initial accommodation is unsustainable, given the increasing duration of service users' stays in these facilities.**

47. **The risks posed to vulnerable individuals by Covid-19 make more urgent the necessity of a complete end to room sharing by unrelated adults. While the first peak of infection has passed in some parts of the UK, there continues to be a real and substantial threat of further outbreaks. Providers must move people out of shared rooms now in advance of a possible second major national outbreak**.

48. ***The Home Office must take appropriate action, including contract variation if necessary, to ensure room sharing across the whole estate is phased out. The Department must also ensure that additional accommodation obtained to meet this requirement is of a high quality and fit for purpose. Fulfilment of this recommendation will provide an opportunity for the Home Office to pursue its commitment to a more equitable and sustainable system by expanding the areas participating in dispersal.***

62 Clearsprings Ready Homes (COR0172)
63 Clearsprings Ready Homes (COR0172)
64 Qq459–60
65 Q454
66 Q454
67 BBC News, 'Winter wave of coronavirus 'could be worse than the first'', 14 July 2020; The Academy of Medical Sciences, *Preparing for a challenging winter 2020/21*, 14 July 2020

Cleanliness

49. The UNHCR told us about some of the challenges that those living in asylum support accommodation may face in complying with current public health advice and guidance. These included: inadequate provision of sanitation and cleaning supplies (including lack of laundry provision), and the operation of communal spaces such as kitchens, bathrooms and dining halls, which make it difficult to clean and practise social distancing and/or self-isolation.[68] We heard similar concerns from other organisations including the Birth Partner Project, which supports pregnant and post-natal asylum seeking women in Cardiff.[69] It reported that cleaning supplies were not provided in some dispersal accommodation where their female clients were housed. Consequently, the project said it had had to support clients to purchase cleaning supplies.[70] Asylum Matters reported that Refugee Action had told them of one asylum seeker living in a hostel in London who has no access to soap: he is provided with hostel accommodation and food but receives no money for other necessities.[71]

50. ***Accommodation providers must urgently put in place measures to enable greater social distancing and effective hygiene practices. We are appalled at reports that service users have not been universally provided either with laundry facilities, a generous supply of cleaning products, soap and sanitiser, or with financial support to enable them to access these essentials. It is difficult to conceive of any provision which is more fundamental to public health during the pandemic. The Home Office must immediately take steps to ensure these essentials are provided to all service users, whether in initial, contingency or dispersed accommodation. It must write to us confirming the steps taken, and how it will monitor the ongoing provision of these supplies, within 4 weeks of receiving this report.***

Access to facilities and support

51. The Helen Bamber Foundation also reported that its clients are frequently relying on local networks and charities to meet their basic needs, despite being in receipt of statutory support.[72] Refugee Women Connect reported that many of its service users live in HMOs with shared cooking facilities and bathrooms which limit their ability to self-isolate.[73] It said that one such woman, who is recognised by the Home Office as 'vulnerable' because she is pregnant, has raised concerns to her provider about large families sleeping in the same room and "unsanitary" shared facilities but with no solution provided.[74] The charity also reported that access to food and other essential living items (including nappies and powdered milk) were the most cited concerns of their clients due to the costs of bus fares to access shops which sold these items and the heightened risk of contracting the virus when using public transport.

52. Sarah Burnett told us that Serco provides an additional level of outreach support for its more vulnerable service users in dispersal accommodation including phone calls from

68 UNHCR (COR0015)
69 The Birth Partner Project submitted evidence via Asylum Matters; Asylum Matters (COR0122)
70 The Birth Partner Project submitted evidence via Asylum Matters; Asylum Matters (COR0122)
71 Asylum Matters (COR0122)
72 Helen Bamber Foundation (COR0113)
73 Refugee Women Connect (COR0014)
74 Refugee Women Connect (COR0014)

its housing officers and care packages for people who are reporting as shielding.[75] She added that Serco has a vulnerability tracker which it uses in collaboration with Migrant Help and the Home Office to ensure that all its service users are receiving the support they require.[76]

53. In a parliamentary question on the National Asylum Support Service in May Baroness Williams of Trafford, Minister of State for the Home Office, said that the Home Office was working with accommodation providers and NGOs to ensure "that they are providing services to vulnerable asylum seekers".[77] She added that the Home Office's providers had identified vulnerable adults and were providing them with additional support including food parcels where required. She confirmed that the Home Office had procured "4,000 single hotel rooms to assist with initial asylum seekers" during the pandemic.[78]

54. ***All Home Office contracted housing providers must ensure that any vulnerable adults are accommodated appropriately. Where the Home Office has explicitly authorised an individual to have a single room, this must be implemented without question or delay. To ensure that this is enforced in practice, the Home Office must write to us within 4 weeks of receiving this report outlining how it will require providers to account for their response to such individual cases both during the pandemic and for the long-term.***

55. ***We welcome the additional support that providers have told us that they are giving to their service users, specifically those who need to self-isolate, during this time. Nonetheless we have heard evidence that not all service users are receiving the support they require from providers, with some particularly vulnerable individuals reporting that they are unable to self-isolate as a result. We urge all accommodation providers to ensure that no individual in their accommodation is placed in the precarious position of being unable to self-isolate or shield due to difficulties accessing basic necessities such as nappies for their children, food, toiletries and cleaning equipment.***

Access to information and communications technology

56. Written evidence submitted to the Committee by a group of nine refugee and asylum support groups also highlighted a number of concerns including an absence of communication support for those in the asylum system: some asylum seekers have no access to the internet, Wi-Fi or television in their accommodation, and asylum seekers have also lost access to face to face support and outreach services as a consequence of the pandemic.[79] The group reported that "people in the asylum system are at greater risk of social isolation and mental health issues than any other group". Not only does this lack of access to communication facilities make it difficult for asylum seekers to keep up to date with the Covid-19 pandemic and to access information about their asylum cases, but it also prevents asylum seekers accessing valuable support networks in the UK and abroad.[80] The Helen Bamber Foundation told us that it works with many vulnerable clients who do not have access to the internet/Wi-Fi and "many more" who do not have access to smart

75 Q392
76 Q392
77 House of Lords Hansard, 'National Asylum Support Service', 6 May 2020, col 440
78 House of Lords Hansard, 'National Asylum Support Service', 6 May 2020, col 440
79 Asylum Matters et al (COR0016)
80 Asylum Matters et al (COR0016)

phones. As a consequence, it reported that some asylum seekers are unable to attend video consultations with their GP and other healthcare professionals including secondary specialist mental health services.[81]

57. Coventry City Council reported to us in May that asylum seekers housed in a local hotel operating as Serco-run contingency IA were being asked to pay £7 per day if they wished to have internet access in their rooms.[82] This is more than the daily sum provided to asylum seekers for their essential expenditure including food and toiletries.[83] Conversely, Asylum Matters reported that in the North East and Yorkshire and Humberside regions Mears was providing phones to service users who had no access to one and discussions were ongoing between Mears and the Home Office about solutions for "a lack of phone credit" among some asylum seekers.[84] We note that the Home Office has increased a phone allowance payable to residents in immigration removal centres to £10 a week, to ensure that residents "can keep in contact with friends, family and legal representation" since the start of the lockdown.[85]

58. The Refugee Council reported that on 23 June the Home Office announced that it would provide internet access for asylum seekers in some types of accommodation, as a result of PHE recommendations during the pandemic. Service users accommodated "within the larger Initial Accommodation facilities where there is no Wi-Fi provision" would be provided with data-only SIM cards to enable internet access while they remained in that accommodation. The Home Office was not providing SIM cards to service users in hotels as "Free Wi-Fi is currently available to the asylum seekers accommodated within hotels as part of the general offer to residents" and did not intend to provide free access to service users in other types of asylum accommodation. Information provided to the Refugee Council by the Home Office further stated:

> There is no Public Health advice to suggest that and that is not our intention. The Home Office is however working with partners to gather details of where free Wi-Fi is provided in the towns and cities where asylum seekers live within Dispersed Accommodation to include this within Induction Packs. The Home Office will also work with partners to ensure where there are schemes for the general UK population to gain access to free Wi-Fi, asylum seekers will be included where possible. The Home Office did not plan to provide mobile telephones to service users who did not have their own devices, as other measures were in place to enable service users to contact services such as Migrant Help.[86]

59. ***We are appalled that the Home Office response to the communication support requirements of service users who are not accommodated in hotels or large IA facilities was simply to gather information about where free Wi-Fi might be provided locally—thus encouraging vulnerable people to go to public places—especially at a time when many such places might be closed or restricting public access. If there is a second major national outbreak and lockdown, the Home Office must not repeat this advice.***

81 Helen Bamber Foundation (COR0113)
82 Coventry City Council (COR0118)
83 House of Commons Hansard, 'Covid-19: Support for People in the Asylum System', 8 June 2020
84 Asylum Matters (COR0122)
85 Serco (COR0032); GEOGroup (COR0033)
86 Refugee Council, 'Changes to Asylum & Resettlement policy and practice in response to Covid-19', 14 July 2020

60. **Users of asylum accommodation are often very vulnerable people, including torture survivors, individuals suffering PTSD, pregnant women and mothers with small children. Smart phones, access to the internet and television can be a lifeline to a range of external information and support services. Prior to the lockdown many asylum seekers will have relied on local libraries and voluntary support groups, which are now impossible to access physically, to obtain such support. Without access to phones, internet and television, asylum seekers may be unable to access essential Covid-19 updates and crucial support networks in the UK and abroad. Asylum seekers' ability to attend video consultations with their GP and other healthcare professionals, including secondary mental health care, may also be impeded by this lack of communication provision.**

61. **The Home Office's recent provision of SIM cards to asylum seekers in larger IA facilities is welcome. However, we are concerned that the denial of provision to individuals who do not have personal phones, or who are currently being asked to leave their accommodation in order to access free Wi-Fi in their local area, increases their vulnerability.**

62. ***While asylum support payments were provisionally increased in June 2020 from £37.75 to £39.60 per week, people with ongoing asylum claims may still struggle to meet their essential needs on this weekly amount, particularly during the pandemic. It is imperative that all asylum seekers have access to essential support services and Covid-19 information through television, phones and the internet at this time. The Government must urgently assess, and work with its contract holders to secure, asylum seekers' access to these facilities; we also urge the Home Office and its providers to ensure all asylum seekers receive £10 a week to top up their phone credit.***

Length of stay in initial accommodation

63. Individuals are only expected to remain in initial accommodation briefly, while their eligibility for s95 support is assessed. Our predecessors in 2017 recorded that the Home Office's target for completing this assessment was 19 days; however, an individual's stay in initial accommodation could be significantly longer if there was no suitable dispersal accommodation available for them to move into, or if it took the Home Office longer to assess their claim.[87]

64. There are indications that Government expectations regarding the duration of the stay in IA have changed in the three years since that report. The Home Office Guide to living in asylum accommodation records that a stay in initial accommodation of "3–4 weeks is normal",[88] and the National Audit Office reported on 3 July 2020 that in the period September 2019–February 2020 (i.e. prior to the pandemic) the average length of stay was 26 days. This was a lesser duration than the Government's expectations for the length of stay: the NAO recorded that the Home Office now expects people to move to dispersal accommodation "within 35 days of their arrival in initial accommodation". However, it also stated that

87 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017, Chapter 3

88 UK Visas & Immigration, *A Home Office Guide to Living in Asylum Accommodation*

> Some people have stayed much longer. For example, the Department's data showed that 981 people who had arrived by the end of December 2019 were still in initial accommodation on 24 March 2020 [the day after the lockdown began], a stay of at least 86 days.[89]

65. The National Audit Office noted that a "sharp increase" in the number of asylum seekers requiring accommodation during autumn 2019, and the requirement to upgrade some dispersal accommodation to higher standards imposed in the new AASC contracts, had contributed to the delays in moving people on during this period.[90]

66. In oral evidence to the Committee all of the providers (Mears, Serco and Clearsprings) confirmed that there had been a significant increase in the average length of stay in IA. Sarah Burnett of Serco told us that the length of stay in IA had increased because of lockdown restrictions with asylum seekers remaining in IA on average for 115 days, compared to 30–35 days prior to Covid-19.[91] Steve Lakey of Clearsprings said that the length of stay in its IA had "started out around 20 days on average" but that this was starting to increase, "particularly for single cases".[92] Similarly, John Taylor of Mears reported that 263 people who are accommodated in its IA building in Wakefield have been there for "a number of months".[93]

67. Asylum seekers in initial accommodation are given only limited access to support services because this provision is intended to be temporary, functioning as a gateway to longer-term support. Initial accommodation in hostels or hotels provides three meals a day, toiletries and bedding, and transport to medical and related appointments.[94] However, those in initial accommodation are unable to register with a GP, or enrol their children in school, and are not given any subsistence payments.[95] Individuals seeking s95 support do so because they are destitute. Our predecessors in 2017 noted that "Many asylum seekers will arrive in IAs with little more than the clothes they are wearing".[96] If official expectations of the length of stay in initial accommodation have increased, the nature of the support package available to them should be adjusted correspondingly.

68. Our predecessors reported on asylum accommodation in 2017 and found that stays in IA of over three weeks were common.[97] ***Following the National Audit Office's report that asylum seekers are now expected to remain in initial accommodation for up to five weeks, with many staying for nearly three months, the Home Office must urgently reconsider the provision of medical services, subsistence payments and children's educational support in initial accommodation. We appreciate the reasons for the current lengthy stays in IA as a result of lockdown and delays in being able to move people on. However, we are very concerned that so little progress had been made before***

89 National Audit Office, *Asylum accommodation and support*, HC 375, 3 July 2020, para 3.15
90 National Audit Office, *Asylum accommodation and support*, HC 375, 3 July 2020, paras 3.11, 3.14
91 Q396
92 Q393
93 Q397
94 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017, paras 20–4
95 National Audit Office, *Asylum accommodation and support*, HC 375, 3 July 2020, paras 3.11, 3.14
96 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017, paras 20–4
97 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017

lockdown in addressing the shortfall of dispersal accommodation, making it harder to respond to Covid-19. It is vital that swift progress is made now in advance of any second wave this winter.

Access to health services in initial and contingency accommodation

69. Doctors of the World and Asylum Matters raised concerns to us about asylum seekers in initial accommodation who had "poor access to NHS services and little knowledge of their right to healthcare".[98]

70. Doctors of the World UK highlighted that health screening appointments on arrival in initial accommodation centres and emergency accommodation centres (such as hotels) were not mandatory with "no obligation on accommodation providers to register asylum seekers with a GP". Consequently, many asylum seekers are not linked into mainstream health services.[99] One of the reasons for this is the expected short length of stay in initial accommodation. However, as we have noted above, within the context of the current pandemic the length of stay in IA has been significantly longer for many, and the potential need for health support is greater. The Helen Bamber Foundation told us that lengthy stays in IA are exacerbating mental health conditions and preventing their clients registering with essential services such as GPs and mental health services.[100]

71. In a parliamentary question Baroness Williams of Trafford, Home Office Minister of State, said that all asylum accommodation providers provided translated public health guidance, in 12 languages and that "Nobody, whether an asylum seeker or not, need worry that healthcare will not be available to them".[101]

72. **Urgent Government action is needed to ensure that access to primary and secondary health services is in place for all service users, and that healthy, fresh food that is appropriate to individuals' dietary needs is available.**

73. **We know that asylum seekers with an active application or appeal are entitled to access NHS primary and secondary healthcare free of charge but there is no obligation on accommodation providers to register asylum seekers in IA with a GP.[102] The Home Office Minister of State recently gave assurances that healthcare would be available. However, evidence we have received makes plain that, while healthcare may technically be available, it is not accessible to many of those in initial accommodation. This is a deeply concerning situation.**

74. ***While service users remain in IA for more than three weeks, accommodation providers should ensure that all of their residents are linked up to primary and secondary health provision. We call on the Home Office to ensure that this change is made, if necessary by a variation to the Asylum Accommodation and Support Statement of Requirements. The Home Office should also ensure that the necessary funding is secured for affected statutory health services in any such provision.***

98 Doctors of the World UK (COR0017); Asylum Matters (COR0122)
99 Doctors of the World UK (COR0017)
100 Helen Bamber Foundation (COR0113)
101 House of Lords Hansard, 'National Asylum Support Service', 6 May 2020, col 442
102 Advice, Issue Reporting and Eligibility Support, *Schedule 2: Statement of requirements*, pp72–4

Communication and guidance

75. Evidence to us highlighted a lack of communication and guidance from the Home Office and its providers to key stakeholders about providers' contractual obligations to their service users during the pandemic. Asylum Matters told us that:[103]

> The Home Office […] has failed to issue timely or detailed guidance about the revised contractual obligations of accommodation providers in the context of the pandemic. Communication from Providers, both to people in asylum accommodation and to the voluntary and community sector has often been ad-hoc and inconsistent.

76. Asylum Matters told us that the only publicly available information from the Home Office relevant to asylum accommodation in the context of Coronavirus was a "Factsheet" on the Home Office media blog, which states that "a wide range of measures have been implemented to ensure that guidance on social distancing and self-isolation is properly applied".[104] At the time of writing it remains the case that this document is the only publicly available Home Office information on asylum accommodation during the pandemic.[105]

77. The British Red Cross is the Home Office's single point of contact for the NGO sector on asylum matters related to Covid-19.[106] Asylum Matters expressed concern that the Home Office had not circulated written guidance to key stakeholders via the British Red Cross, specifying "the revised contractual expectations of accommodation providers" during the pandemic "particularly in respect of dispersal accommodation". This was in spite of requests made by them and their partner organisations.[107]

78. **We are concerned to learn that key stakeholders have reported a lack of information from the Home Office and its providers about revisions in contractual expectations of accommodation providers during the pandemic. The pandemic has impacted hugely on asylum seekers housed in asylum accommodation who have experienced lengthy stays in IA, social distancing concerns and inconsistent access to healthcare in IA, as well as difficulties accessing phones, Wi-Fi, internet and television. *We urge the Home Office and its providers to send a memorandum to key stakeholders outlining any revisions to providers' contractual obligations since 1 March. This memorandum should be issued to the Home Office's single point of contact, all strategic migration partnerships and dispersal authorities by 15 September.***

Communication to service users

79. Doctors of the World UK and Asylum Matters reported concerns about the availability of information to individuals in asylum accommodation regarding what they should do to protect their health and what support is still available during the lockdown.[108] Doctors of the World UK told us that until 20 March the Government had not produced any advice or guidance on Covid-19 in languages other than English, and while by 24 March the guidance had been translated into 10 languages it included only two of the languages most

103 Asylum Matters (COR0122)
104 Asylum Matters (COR0122)
105 Home Office, 'Factsheet—Asylum Accommodation, Applications and Interviews', 3 July 2020
106 Letter from Chris Philp MP to the British Red Cross, 27 March 2020
107 Asylum Matters (COR0122)
108 Asylum Matters (COR0122); Doctors of the World UK (COR0017)

spoken by people seeking asylum in the UK. It added that the guidance was produced in plain text without any visuals, which meant that it was not suitable to display in asylum accommodation or to distribute among community groups.[109]

80. Asylum Matters told us that they were aware of Covid-19 guidance being sent by some providers to asylum seekers in dispersed accommodation in the top ten languages. This included some "basic details on service provision" and advice "that people should contact 111 if they were symptomatic". However, it was not clear whether all service users in asylum accommodation had received this information.[110]

81. In a parliamentary question Baroness Williams of Trafford, Home Office Minister of State, stated that the "translated public health guidance is available in 12 languages, with instructions to service users".[111] In written evidence to the Committee, UNHCR reported that Doctors of the World had produced Covid-19 advice for patients in 23 languages in partnership with the British Red Cross, Migrant Help and Clear Voice. It called for the Government to continue working with trusted partners like these to ensure that essential Covid-19 information is disseminated and updated as required.[112]

82. In oral evidence John Taylor, COO of Mears Group, told us that it provided advice on social distancing guidelines to all of its service users in their own language and "on a regular daily basis".[113] Similarly Steven Lakey, Managing Director of Clearsprings Ready Homes, told us that in its initial accommodation Clearsprings had provided "additional signage in the top ten languages" on social distancing guidelines.[114]

83. ***While we welcome the communication of Covid-19 guidance by providers to their service users, we urge all providers to check regularly with their service users, and with wider stakeholders, to ensure that they are receiving up to date and timely Covid-19 guidance. This is essential given the Government's gradual easing of the lockdown restrictions and its fast-changing key messages.***

84. ***We recommend that the Government continues to work with trusted partners such as Doctors of the World UK to translate all updated Covid-19 guidance for the general public into the languages most commonly spoken by those individuals in the asylum system. This guidance should be sent out in digital and print format by providers to all of their service users.***

Asylum accommodation capacity

85. At the end of March the Government announced that all evictions from asylum accommodation and terminations of asylum support would be paused for three months, and Home Office officials asked asylum accommodation providers to source additional capacity "in the form of sole-use, self-contained facilities" across the UK.[115] The Government also sanctioned providers to source accommodation in areas which had not previously participated in dispersal and "paused the requirement" for providers to seek

109 Doctors of the World UK (COR0017)
110 Asylum Matters (COR0122)
111 House of Lords Hansard, 'National Asylum Support Service', 6 May 2020, col 441
112 UNHCR (COR0015)
113 Q403
114 Q403
115 Letter from Chris Philp MP to the Chief Executives of local authorities, 27 March 2020; The Guardian, 'Home Office to hold on evicting asylum seekers during lockdown', 28 March 2020

prior agreement to do so from the local authority.[116] In a parliamentary debate, Baroness Williams of Trafford, Home Office Minister of State, said that no asylum seeker whose case has been concluded will be asked to leave the UK "up to June and possibly beyond".[117]

86. In oral evidence to the Committee all of the providers, Mears, Serco, and Clearsprings confirmed difficulties in sourcing additional temporary accommodation due to the lockdown restrictions and the closing down of the properties and letting market.[118]

Use of hotels as temporary accommodation

87. Our predecessors reported on asylum accommodation in 2017 and expressed concern about the use of hotels for 'temporary dispersal accommodation' (TDA) including the "substandard" quality of some premises.[119] The Committee made a number of recommendations including:

- a requirement for inspection of temporary accommodation before and after it is sanctioned;
- consideration in these inspections of the range of special requirements which might occur;
- the quality and quantity of food available;
- the quality of the building itself; and
- whether appropriate facilities exist to meet the needs of vulnerable people, including mothers and children and victims of torture and trafficking.[120]

88. The Committee further recommended that "asylum seekers in temporary accommodation receive some financial support".[121] In response to that report, the Home Office agreed to:

> work with providers on developing different contractual terms to ensure that there is sufficient Initial Accommodation available and thereby further reduce the need to use contingency arrangements, such as hotels, in the future.[122]

89. Evidence we received indicated that, three years on from that report, limited progress has been made in respect of providers' procurement and use of hotels as temporary

116 Letter from Chris Philp MP to the Chief Executives of local authorities, 27 March 2020; The Guardian, 'Home Office to hold on evicting asylum seekers during lockdown', 28 March 2020
117 House of Lords Hansard, 'National Asylum Support Service', 6 May 2020, col 440
118 Qq399–401
119 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017, pp21, 31; Providers are allowed to use hotels and hostels as 'temporary dispersal accommodation' (TDA) until settled accommodation can be found.
120 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017
121 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017
122 Home Affairs Committee, Second Special Report of Session 2017–19, *Asylum accommodation: Government Response to the Committee's Twelfth Report of Session 2016–17*, HC 551, 10 November 2017, pp2, 10

accommodation.[123] Asylum Matters told us that whilst it understood the need to use hotel-type accommodation at this time, the problems with this kind of accommodation, especially for lengthy stays, have been well documented.[124]

90. A joint submission from nine refugee and asylum support organisations told us that "large numbers of people remain in hotels across England and Wales" due to issues with accommodation supply resulting from the transition to newly contracted accommodation providers.[125] In a separate submission the Scottish Refugee Council said that the Government's recent procurement of 4,000 hotel rooms across the UK reflected the urgency of the situation but that the Home Office's continued use of hotels was not sustainable and was evidence of a "poorly managed accommodation system" with no "discernible contingency" plan.[126]

91. The joint submission from nine refugee and asylum support organisations expressed concern that hotels can be overcrowded and lack adequate sanitation, with children having no space to play or to receive education, and with meals often eaten in crowded and shared spaces.[127] Furthermore, it reported that in hotels where meals are not provided it may be difficult for people to self-isolate if rooms are not self-contained, and that they may not have financial resources to buy food and other essential items.[128] Birmingham City Council told us that broader deficiencies in IA including the isolation of symptomatic service users, a lack of facilities and limited outdoor space presented "a significant challenge in terms of antisocial behaviour and risk to mental health" of service users.[129]

92. In oral evidence to the Committee Mears, Serco and Clearsprings confirmed that new entrants into the system were primarily being housed in hotel accommodation.[130] John Taylor, Chief Operating Officer for Mears, told us that it had sourced approximately eight hotels across its three contract regions including a small hotel in Northern Ireland, five hotels in Glasgow and three in the North-East, Yorkshire and Humber; it had plans to procure more in the North-East and Yorkshire and Humber.[131] Sarah Burnett, Business Operations Director, Justice and Immigration, for Serco told us that Serco was currently using hotels for new people coming into the system but had also used hotels prior to Covid-19 to accommodate "particularly vulnerable people within the core initial accommodation".[132]

Moving asylum seekers to hotels

93. While there have been longstanding concerns about the appropriateness of hotels as a form of asylum accommodation, particular concerns have been expressed about the use of

123 Asylum Matters (COR0122); Scottish Refugee Council (COR0115); Asylum Matters et al (COR0016)
124 For example, in the report by the Home Affairs Committee; Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017. In its submission Asylum Matters cited "Lack of inductions; lack of trained staff and female staff to deal with women residents; presence of general public; access to healthcare; no / little toiletries and lack of laundry facilities; lack of activities; overlong stay; problems in postal delivery; community tension issues"; Asylum Matters (COR0122)
125 Asylum Matters et al (COR0016)
126 Scottish Refugee Council (COR0115)
127 Asylum Matters et al (COR0016)
128 Asylum Matters et al (COR0016)
129 Birmingham City Council (COR0119)
130 Qq397–400
131 Q399
132 Q401

hotels in Glasgow over the lockdown period. In April, the Guardian reported that "more than 300" asylum seekers in Glasgow were moved at short notice from self-contained accommodation to hotels procured by Mears where social distancing was claimed by some asylum seekers to be "impossible".[133] John Taylor, COO of Mears explained to us in oral evidence that Mears did not have an IA building in Glasgow and that prior to the lockdown restrictions it had housed a number of its service users in "IA type accommodation" in flats. Following the lockdown, Mears took the decision to move 321 of these individuals into hotel accommodation to ensure they had better access to healthcare provision and to avoid Mears staff having to make journeys to the flats to distribute cash for their service users to buy food.[134] In supplementary written evidence Mears subsequently provided the following statement:

> Once Covid-19 restrictions were announced by the UK and Scottish Government, Mears considered how best to ensure the safety and wellbeing of asylum-seekers in our care, as well as our staff, and playing our part in limiting community transmission by maintaining social distancing We had a particular concern about the safety and wellbeing of those in Initial Accommodation, located around the city. To reduce the need for both asylum-seekers and Mears staff to make regular journeys to and from multiple accommodation locations we considered, in discussions with the Home Office and with Glasgow City Council, providing fully serviced support in good quality hotel accommodation. The aim was to create a safe environment to greatly reduce the spread of Covid-19 among asylum seekers in Glasgow. By providing food and other essential items directly to private hotel rooms by staff using suitable personal protective equipment, the risk of infection has been greatly reduced.[135]

94. The Minister subsequently told the House that there had been "not a single confirmed case" of Covid-19 amongst this population and that, on this measure, the decision to move individuals into hotels had been justified.[136]

95. Significant criticism has however been voiced about the implementation of this decision, with concerns reported by local MPs on behalf of public sector partners as well as NGOs. These concerns have related to: the decision-making process; the treatment of individual service users being moved from self-contained accommodation into the hotels; and the conditions in the hotels.

The decision-making process

96. The Second Permanent Secretary told the Committee that officials in the Department were kept "closely in touch with [Mears'] decision-making" and understood the reasons why it had made the decision to move individuals into hotels during the lockdown. She noted, however, that "given the position and the circumstances around lockdown at the time" decisions "were inevitably made quickly". She confirmed Mears' statement that the decision was made as "part of the discussions that took place on a regular basis through the Glasgow partnership, which involved Glasgow City Council, which involved Mears,

133 The Guardian, 'Glasgow asylum seekers moved into hotels where distancing is 'impossible'', 22 April 2020
134 Q455
135 Mears Group (COR0181)
136 House of Commons Hansard, 'Covid-19: Support and Accommodation for Asylum Seekers', 29 June 2020, col 25

which involved the Home Office" and added that this approach was "obviously a very, very complex effort at substantial scale and of course at a time when […] a variety of decisions needed to be made".[137]

97. John Taylor told us on 7 May that in planning the moves Mears had "obviously" consulted the Home Office; he said also that Mears "talked to Migrant Help. Certainly, the health partners in the IA facility in Glasgow were notified, and we were talking to the NGOs as well". He added that "Over the last few weeks" prior to his appearance before the Committee Mears had "worked very closely with the NGOs to make sure the hotel estate is well managed": he claimed that the Red Cross and ASH project had visited the hotels and "were very happy and content with how it is organised". He said that the Scottish Refugee Council had also been invited to visit but had been unable to do so.[138] Details provided by some of those organisations however suggest that this engagement with other partners did not take place for some weeks.

98. Following Mr Taylor's oral evidence ASH project wrote to us that it understood the moves to have taken place "just prior [to] or concurrent with" communications it received from Mears on 27 March and 2 April, which reported that moves would happen "very soon". It had visited two of the hotels on 30 April.[139]

99. The Scottish Refugee Council (SRC) wrote to us that it had not been informed about Mears' planned moves of asylum seekers from "serviced apartment accommodation in Glasgow, to hotels" before those moves were initiated.[140] It added that it first learnt about these plans through a partner organisation on 13 April, and after several emails to Mears representatives received "basic" information about the hotel accommodation from Mears on 21 April.[141] The SRC also reported that other key stakeholders, including Glasgow City Council, Glasgow Health and Social Care Partnership and the Asylum Health Bridging Team had told it that they learned of the hotel moves only after the moves had started. The SRC told us its understanding was that all of these moves took place after the lockdown "took effect" on 24 March; it visited one of the hotels on 14 May,[142] around six weeks after the accommodation is reported to have come into use.

Management of the moves

100. ASH project wrote to us that it had been notified of the moves to hotels in phone calls from Mears staff on 27 March and 2 April. During those calls it said that it was advised that

- Hotel moves would take place "very soon".
- Families being moved would be given good notice of the moves.
- Taxis would be used to transport service users individually.
- Mears had liaised with the Strategic Migration Partnership on the hotel moves.[143]

137 Oral evidence taken by the Home Affairs Committee, 'The work of the Home Office', 1 July 2020, Qq23–7
138 Q457
139 Scottish Refugee Council (COR0182); ASH Project (COR0184)
140 Scottish Refugee Council (COR0182)
141 Scottish Refugee Council (COR0182)
142 Scottish Refugee Council (COR0182)
143 ASH Project (COR0184)

101. While questions have been raised about the timeline for the moves and communication about them, the handling and impact of these moves on service users has also been strongly criticised, including in the House of Commons Chamber.[144] Contrary to the assurances from Mears cited above by ASH project it has been reported that individuals were moved at very short notice and without appropriate public health precautions: Alison Thewliss MP told the House on 17 June of a report from the Scottish Refugee Council that "one family with food on the hob and clothes in the washing machine were given half an hour to gather their belongings" while Chris Stephens MP related accounts from asylum seekers of being "bundled into vans with no social distancing".[145]

102. We were also concerned to receive evidence from the office of Anne McLaughlin MP reporting similar treatment of a service user who was also reportedly given 30 minutes' notice in which to gather his belongings, prior to a move into dispersed accommodation in late April. This submission notes a statement from Mears that it had attempted to give the individual notice the previous day but was unable to do so as the service user was not present at home; this was denied by the service user and Ms McLaughlin's office suggests that even a day's notice is unlikely to be adequate for a vulnerable person. We were told that, on that occasion, the service user struggled within his existing accommodation to socially distance from the Mears staff who had arrived to move him and it was reported that these staff wore no PPE. We were also told that the service user was unable to obtain information from the Mears employees about where he was to be taken, and that Mears staff threatened "that they would be reporting to the Home Office that he had previously absconded", which was incorrect.[146]

103. While some disruption to procedures might have occurred in the pressured early stages of the lockdown the similarity between these reports of different encounters with Mears staff over a period of perhaps 5–6 weeks may raise questions about the regular monitoring and supervision of these staff.

104. In a letter to the Committee on 22 July, Mears told us that "Staff are expected to act with professionalism and care towards service users and we would take action in any circumstances where a staff members fell short of the standards Mears expects, and which the Home Office requires. There have been incidents […] where staff members have not followed process or behaved in a manner that is not in line with our ethos. In these cases disciplinary action has been taken where clearly appropriate up to and including dismissal." It confirmed that it also has a whistleblowing policy and would respond to any whistleblowing notification.[147]

Vulnerability

105. Questions have also been raised about whether vulnerability assessments were carried out prior to the moves. In supplementary written evidence Mears told us that, prior to the moves, it had risk assessed which service users it was appropriate to move and had taken into account any identified vulnerabilities of "Children, pregnant women, and all service users with documented health conditions that are COVID-19 vulnerabilities": the

144 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020; House of Commons Hansard, 'Covid-19: Support and Accommodation for Asylum Seekers', 29 June 2020

145 House of Commons Hansard, 'Covid-19: Support and Accommodation for Asylum Seekers', 29 June 2020, col 24; House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020, col 912

146 Office of Anne McLaughlin MP (COR0183)

147 Mears Group (COR0189)

company said that it had not moved these individuals into hotels. The Second Permanent Secretary affirmed that "Mears did look quite carefully with respect to each individual as to whether it was the right decision for that individual. The question about […] the most appropriate support that could be provided was taken on a case-by-case basis."[148]

106. Alison Thewliss MP however told the House of Commons that "Contrary to the oral and written evidence to the Home Affairs Committee by Mears boss John Taylor, those people [moved] included pregnant women, trafficked women, torture victims, family groups and vulnerable people, young people included".[149] ASH project wrote to us that it had been told by the Asylum Health Bridging Team "that they were not informed of the decision to move service users into the hotels and no vulnerability assessments were undertaken." ASH project and other witnesses urged that appropriate notice is provided of any move, so that the impact on the individual can be assessed, and any support network activated to support them.[150]

107. The importance of vulnerability assessments may be illustrated by the evidence from the office of Anne McLaughlin MP. The asylum seeker who they reported to us was moved at 30 minutes' notice in late April was reported by them to have serious mental health issues. The office wrote:

> From working with numerous asylum seekers in our constituency we know that many of them, particularly those [fleeing] war in their home country, are terrified of figures of authority. This must also be known to employees of the Mears Group through their work with asylum seekers. Frightening people with poor mental health and threatening to report them to 'the authorities' is not an acceptable way of treating people. The direct result of this encounter for our constituent from the way he was treated by the Mears Group that day was that he 'went missing' the following day and after several hours was found hunched up on the wet grass, terrified and crying, having been sitting in the pouring rain the entire time–a period of up to 5 hours. He was scared that the employees from the Mears Group would return and send him to a detention centre. It does not seem that any consideration was taken to understand how vulnerable our constituent was and what the impact of this service change would be on him personally and his mental health.[151]

108. Concerns about the use and management of hotels as emergency accommodation for this vulnerable population have been made more urgent by two tragedies in hotel accommodation in Glasgow. In May Adnan Elbi, a Syrian man, was found dead in his room, having been moved to the hotel from initial accommodation in a serviced flat at the start of the lockdown.[152] It has been reported that prior to his death Mr Elbi had expressed concerns for his mental health.[153] On 26 June another asylum seeker, Badreddin Abedlla Adam, stabbed six people non-fatally, in a different Glasgow hotel which was being used as temporary asylum accommodation, before being shot dead by police.[154]

148 Oral evidence taken by the Home Affairs Committee, 'The work of the Home Office', 1 July 2020, Q23
149 House of Commons Hansard, 'Covid-19: Support and Accommodation for Asylum Seekers', 29 June 2020, col 24
150 ASH Project (COR0184); Office of Anne McLaughlin MP (COR0183)
151 Office of Anne McLaughlin MP (COR0183)
152 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020, col 913
153 The National, Adnan Walid Elbi: how one refugee's journey ended in tragedy, 21 June 2020
154 The Guardian, 'After the Glasgow hotel attack, a week of shock, anger and compassion', 3 July 2020

109. On 13 July, the Under-Secretary of State told the House of Commons that concerns about hotel accommodation raised by Glasgow MPs and others were being looked into and investigated seriously.[155]

110. ***Asylum seekers should not have been moved to new accommodation during the pandemic without justified and urgent reasons for doing so or without a vulnerability assessment demonstrating that the move could be made safely. This must happen in future. If, following such an assessment, a move is found to be necessary and appropriate, sufficient notice must be given to the individual, to medical and other caseworkers working with that individual and, if they are to be moved to another area, to the local councils, to ensure they are effectively supported. In light of other evidence expressing concern about a lack of primary medical care in hotels,[156] the Home Office should also review the adequacy of health service provision within hotel accommodation to ensure that asylum service users are easily and safely able to discuss concerns about their physical and mental health.***

111. ***We welcome the fact that the Home Office is investigating these issues seriously. This investigation should engage with those raising these concerns, assessing whether the moves during lockdown were consistent with public health guidance and seeking detail on precisely how any vulnerability assessments were undertaken and by who. The Home Office should set out the findings of its investigations and what lessons the department and contractors have learned as a result in its response to this report.***

112. In a welcome change to the previous arrangements, the AASC contracts include an explicit requirement to adjust the service where people are identified as vulnerable. The NAO has reported, however, that it is not yet clear how this duty is being put into practice by providers. The Department set up a safeguarding board in November 2019, including Department officials and provider representatives, to develop a safeguarding framework; however a new assurance framework including all the providers' responsibilities, such as the identification and safeguarding of vulnerable people, which was planned for the start of the new contracts had been delayed until May 2020.[157]

113. In a written answer dated 21 July 2020, the Under-Secretary of State said that the "safeguarding framework is a living document which is designed to develop and grow throughout the lifetime of the contracts. It is not a contract requirement but is designed to be an overarching set of principles which sit alongside the more formal contract requirements. There are no plans to publish it". In relation to a Key Performance Indicator on safeguarding, he stated that "The contracts are designed in a way that safeguarding elements are factored into several of the KPIs. There are no current plans to introduce a safeguarding KPI although we will keep this under review".[158]

114. ***The Department should ensure that lessons learned from the handling of asylum moves during the lockdown are referred to the safeguarding board and incorporated into the safeguarding and assurance frameworks. The Department should consider how local authorities and third sector partners in asylum support can be engaged in the work of the safeguarding board. The Department should also report its progress in developing the assurance framework to us every two months, from an initial report to us four***

155 House of Commons Hansard, Covid-19 support for asylum seekers 13 July 2020 col 1248
156 ASH Project (COR0184)
157 National Audit Office, *Asylum accommodation and support*, HC 375, 3 July 2020, Figure 4, paras 3.13, 3.28
158 73873 [Asylum: Housing], 21 July 2020

weeks after receiving this report. Given the importance of safeguarding as part of the asylum accommodation system, we would encourage the department to explore whether a KPI could be used to ensure that contractors are properly held to account for their work to safeguard vulnerable individuals. For the same reasons and in the interests of transparency, we believe that the safeguarding framework should be published.

Conditions within hotels

115. Accounts of the quality of the hotel provision have also been contested. One particular area of concern was food which was reported to be "unfit for consumption, and in some [hotels] culturally inappropriate",[159] leading charities to step in to provide better quality meals. Similar to concerns raised more widely about hotel provision, complaints have also been made by MPs and charities that social distancing is difficult in the hotel environment, and that there is insufficient medical support. ASH project told us:

> Food provision to the hotels is still complained about on a daily basis. This has been the case since the hotel provision began, with no change despite Mears assuring us that improvements have been made and comments taken on board. There are ongoing organized refusals of the food, with many others simply not eating because they find the food to be inedible. We have been sent video of pieces of wire in food. Ourselves and our colleagues at the No Evictions Network have received reports of plastic or nylon fibres in the food. […]
>
> Social distancing remains next to impossible, with communal eating areas and/or bathrooms being the only option in some of the hotels. Service users (particularly those with underlying health conditions) have reported being frightened to leave their rooms and skipping meals for fear of coronavirus transmission.[160]

116. The Minister told the House of Commons on 17 June in relation to hotel provision in Glasgow that the meals provided by hotels "meet dietary requirements", that staggered meal times had been arranged to support social distancing and that during Ramadan "late evening and early morning food is provided for those who observe it". He also advised that each room had Wi-Fi, that translation, medical and laundry facilities were available and that there was full provision of items such as towels, soap, sanitiser, toiletries and feminine hygiene products.[161]

117. On 29 June, following the attack by Badreddin Abedlla Adam in a Glasgow hotel, the Minister told the House of Commons that

> Hotel accommodation is obviously not the preferred way to accommodate asylum seekers. […] I think that, prior to coronavirus, fewer than 1,000 people were accommodated in hotels, so less than 2% of the total. As I said, we are looking to unwind the hotel accommodation as quickly as logistics allow.[162]

159 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020, col 912
160 ASH Project (COR0184)
161 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020, col 916
162 House of Commons Hansard, 'Covid-19: Support and Accommodation for Asylum Seekers', 29 June 2020, col 36

Financial support in hotel accommodation

118. As recorded elsewhere in this report, individuals who are receiving s95 support are eligible for £39.60 a week (increased from £37.75 a week on 15 June 2020) for essential living expenses as well as accommodation.[163] Following the recent increase this allowance is nearly £5.66 a day. Those who are awaiting approval for s95 support may receive s98 support in the form of temporary full board or self-catering short term accommodation.[164] Payments for those who have been refused asylum have also been provisionally uplifted to £39.60 a week (increased from £35.39 a week).[165]

119. Concerns have been expressed that this financial support was withdrawn when individuals were moved from serviced apartments into full-board hotel accommodation at the start of the lockdown. Positive Action in Housing commented that this action "looks like a cynical cost-cutting exercise during a global pandemic".[166] On 29 June the Minister told the House that "When [service users] move into a hotel, all those things like food, the hand sanitiser […], hygiene products, laundry services and so on are provided by the hotel, removing the need for the cash grant."[167] As noted at paragraph 115 above other witnesses to this inquiry have however highlighted concerns over the inadequacy of food and toiletries provided in the hotels. They have also expressed concern about the psychological impact on vulnerable individuals of taking away from them the modest allowance for which they had previously been eligible, and reducing their ability to make small choices about their lives; the ASH Project wrote to us that "Given that provision [in the hotels] is so inadequate, this is causing service users to feel trapped, distressed and is severely impacting their physical and mental health."[168]

120. In oral evidence, John Taylor of Mears confirmed to us that asylum seekers who were moved into hotels did not receive "a financial payment from the Home Office" and that its service users had expressed concern about this.[169] This will have prevented asylum seekers being able to buy basic things such as additional fruit or food, paracetamol, hand sanitiser or phone credit. Sarah Burnett of Serco and Steve Lakey of Clearsprings both said that in self-catered IA accommodation service users received a standard weekly allowance but that there was no incremental allowance beyond this payment.[170] All of the providers confirmed that it was concerning that asylum seekers who were accommodated in hotels did not have access to a financial payment to enable them to buy small items such as fruit or to top up their phone credit.[171]

121. On 1 July the Second Permanent Secretary told us that the arrangements regarding eligibility for the allowance were longstanding, and not related to the pandemic; however, she said,

163 Gov.uk, 'Asylum support: What you'll get'; House of Commons Hansard, 'Covid-19: Support for People in the Asylum System', 8 June 2020
164 UK Visas & Immigration, *Asylum Support: Policy Bulletins Instruction*, Version 7.0, 21 December 2015;
165 Gov.uk, 'Asylum support: What you'll get'; Refugee Council, 'Changes to Asylum & Resettlement policy and practice in response to Covid-19', 14 July 2020
166 Scottish Refugee Council (COR0182); Positive Action in Housing, 'Glasgow asylum seekers' lives put at risk as Home Office cuts financial support and Mears puts people into hotels without social distancing in place', 22 April 2020
167 House of Commons Hansard, 'Covid-19: Support and Accommodation for Asylum Seekers', 29 June 2020, col 29
168 ASH Project (COR0184)
169 Q448
170 Qq448–9
171 Qq448–50

> I believe, certainly, that Ministers have said that they have heard the message, particularly at the moment, around questions of self-isolation and they are happy to consider those … The Minister has said he has heard the message about autonomy and he is prepared to consider that position.[172]

122. ***We welcome the Minister's willingness to consider the case for reinstating the weekly allowance for individuals who have previously had this allowance withdrawn, following forced changes of accommodation during the pandemic. Individuals who were moved into hotels at the start of the lockdown will now have been there for three months and many will have experienced additional costs in that time for essential items such as toiletries, over the counter medicines, additional food, children's clothing and educational materials which will not be covered by the full board arrangement. This modest allowance also helps traumatised individuals to maintain autonomy, independence and a sense of dignity. We urge the Minister to reinstate the payment for these individuals.***

123. The question of essential costs will also arise for destitute individuals in the wider asylum system who are caught in initial accommodation owing to a shortage of dispersal accommodation, and who are similarly not provided with any additional allowance for living expenses. Costs of the type we have described above which may not arise, or may be manageable, during a two week stay in initial accommodation may well become more pressing if the duration of that stay extends to 35 days, 86 days (as the National Audit Office has recently reported) or even longer.

124. ***The subsistence allowance should be provided to any individual whose entitlement to section 95 support has been accepted from the time that entitlement is determined, whether or not they are then immediately able to move into dispersal accommodation. This allowance should be provided via the cashless ASPEN card system. We believe that there is no legal barrier to such payments, provided they relate to essential living needs, just because an individual remains in initial accommodation. If the Government takes the view, however, that this change would require amendment of the Asylum Support Regulations 2000, it should amend them as soon as possible.***

125. The National Audit Office found that providers are not incentivised to move people into dispersed accommodation when they have already been in initial accommodation for longer than the Department's expected 35 days. This is because the contracts only provide for the contractors to pay a penalty to the Department for each month that exceeds agreed timescales, rather than each day. The NAO cautioned (though it noted that it had not assessed the contractors' practice) that this may encourage providers to prioritise moves for newer arrivals, whose time in initial accommodation has not yet breached performance standards, over earlier arrivals whose stay has already exceeded performance standards.[173] The NAO also noted that the new contracts only require providers to provide a total of 1,750 places in permanent initial accommodation, compared with the demand for around 3,000 places in the period September 2019–March 2020. The remaining places required are provided in hotels and other contingency accommodation.[174] This element of the contracts may need to be reviewed if the Government is intent on 'unwinding' the use of hotels for asylum accommodation.

172 Oral evidence taken by the Home Affairs Committee, 'The work of the Home Office', 1 July 2020, Qq28–9

173 National Audit Office, *Asylum accommodation and support*, HC 375, 3 July 2020, para 3.16

174 National Audit Office, *Asylum accommodation and support*, HC 375, 3 July 2020, para 3.17

126. ***We support the NAO's recommendation that the Government should consider whether its performance framework effectively incentivises providers to move service users into dispersal accommodation within agreed timescales; the Government should also reassess the value for money provided by contingency accommodation in hotels and the contractual requirement for initial accommodation provision within the asylum establishment, in light of demand. The Government should consult service users, local authorities, health service and third sector partners as part of this review, to ensure that lived experience of the service is taken into account in this review.***

Distribution of asylum accommodation

127. As we have described previously (see paragraph 15), the legislative intention of the Home Office's dispersal policy was to distribute asylum accommodation across the UK, so that no area would be overburdened by supporting asylum seekers.

128. Our predecessors have published two recent reports on asylum accommodation.[175] In a detailed report on asylum accommodation in 2017 the Committee warned of the pressures of clustering and uneven dispersal, and of the inequity within the system which was placing intense pressure on those local authorities and communities which had volunteered to support asylum seekers.[176] The report also identified the importance of addressing problems in the relationship between central and local government over the management of the asylum system.[177] The Committee then returned to the subject of asylum accommodation in 2018 due to concerns raised about the Government's handling of the process to replace the former COMPASS contracts. In that report, the Committee reiterated its concerns that the Government's dispersal policy risked undermining the support and consent of local communities, many of which have a long history of welcoming those in need of sanctuary. It highlighted again the need for equitable treatment of local authorities under the dispersal scheme.[178] The Government's response to that report said that the new contracts would require accommodation providers to "develop close working relationships with local authorities" which would encompass consultation on procurement, sharing key data with local authorities and complying with relevant licensing requirements.[179]

129. As previously mentioned (see paragraph 85), the Government has requested that providers source additional accommodation due to the added pressures on the asylum system during the pandemic. As part of this process it has "paused the requirement" for providers to seek prior agreement from local authorities to become dispersal areas.[180]

130. Birmingham City Council, which has reported that in the first quarter of 2020 it hosted nearly double the number of asylum seekers than either Manchester or Leeds,[181]

175 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017; Home Affairs Committee, Thirteenth Report of Session 2017–19, *Asylum accommodation: replacing COMPASS*, HC 1758, 17 December 2018

176 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017

177 Home Affairs Committee, Twelfth Report of Session 2016–17, *Asylum accommodation*, HC 637, 31 January 2017

178 Home Affairs Committee, Thirteenth Report of Session 2017–19, *Asylum accommodation: replacing COMPASS*, HC 1758, 17 December 2018

179 Home Affairs Committee, Twelfth Special Report of Session 2017–19, *Asylum accommodation: replacing COMPASS: Government Response to the Committee's Thirteenth Report of Session 2017–19*, HC 2016, p5

180 Letter from Chris Philp MP to the Chief Executives of local authorities, 27 March 2020

181 Birmingham City Council, 'Birmingham's clear message to Government: work with us, not against us, on asylum', 11 June 2020

welcomed the Government's decision to move people into dispersal accommodation "beyond the voluntary dispersal areas", while noting that this step had been forced on the Government by the urgent need during the pandemic to relieve the pressure in initial accommodation.[182] The Council told us that the Home Office and other government departments did not understand that dispersal areas and hosts of initial accommodation such as Birmingham experienced "system wide pressures" which were not felt in other areas. It said:

> This crisis has made visible the cost and impact of hosting asylum seekers on local authorities and the third sector, none of which is funded. It should not be that this level of crisis and public interest needed to be reached before the Home Office looked elsewhere.[183]

131. It called for the Government and its providers to retain arrangements for identifying accommodation outside voluntary dispersal areas so that "a more equitable distribution of asylum seekers" could be achieved in the longer term across the UK.[184]

132. In written evidence to us the Scottish Refugee Council and Asylum Matters called on the Home Office to "directly fund" all local authority dispersal areas.[185] The Scottish Refugee Council added that the Home Office should require its accommodation providers to work in partnership with dispersal authorities to ensure that any requirement for asylum accommodation is integrated into immediate and future local housing plans.[186]

Providers' engagement with local authorities

133. Some support groups and local authorities did not however think it was appropriate for providers to follow the Government's current advice to procure additional accommodation without first consulting the relevant area.[187]

134. Asylum Matters told us that it was concerned that our predecessors' previous recommendations on the need for better communication between the Home Office, providers and local authorities had not been progressed in the current context.[188] It said that "transparent communication" and "meaningful consultation" were essential to plan services effectively and to mitigate potential community tensions.[189]

135. Birmingham City Council expressed concern that the Home Office had not yet shared any information with stakeholders about its strategy for exiting the special lockdown arrangements in the asylum system, nor had it shared any "proactive planning " for a potentially "significant increase in new asylum applications" as restrictions on travel across Europe gradually lifted.[190]

136. Despite some of the criticisms made about communication and consultation between the Home Office and its providers to local authorities, Asylum Matters said there had

182 Birmingham City Council (COR0119)
183 Birmingham City Council (COR0119)
184 Birmingham City Council (COR0119)
185 Asylum Matters (COR0122); Scottish Refugee Council (COR0115)
186 Scottish Refugee Council (COR0115)
187 Asylum Matters (COR0122)
188 Asylum Matters (COR0122)
189 Asylum Matters (COR0122)
190 Birmingham City Council (COR0119)

been "some welcome examples of enhanced cooperation between local authorities and accommodation providers in responding to the pandemic".[191] It reported that Mears had sent out communications to key stakeholders in the North East and Yorkshire and Humber assuring them that it would "act to support people by conducting weekly phone check ins" to ensure the wellbeing of its service users and to address any concerns, including provision of mobile phones if required.[192] Similarly, Coventry Council told us that the Home Office and Serco had "worked hard to maintain effective communications with local authorities" both directly and through the Strategic Migration Partnership, which it welcomed.[193]

137. John Taylor, COO of Mears told us that the hotels it had sourced were in "existing dispersal local authority areas" and that they had all been procured through communication and agreement with the local authorities.[194] Mears said it had not sourced any hotels in new areas because the NHS and NGOs are not always established in those areas, which would pose problems for the quality of support that Mears could offer its service users during the lockdown restrictions.[195] He added that where Mears had proposed hotels in areas that were not deemed appropriate by the local authority they did not take the hotel.[196]

138. Stephen Lakey, Managing Director of Clearsprings, told us that half of the accommodation it had sourced was in "non-traditional dispersal areas or new areas" and that it had received a mixed response from those new areas, with some raising concerns which they were trying to address through consultation.[197]

139. Sarah Burnett, Business Operations Director for Serco told us that once Serco had proposed a property and the Home Office had approved it, they then engaged with the regional strategic migration partnerships, the local authorities and the local healthcare providers and that engagement with these groups had been positive.[198] We were concerned subsequently to see a blog published by Birmingham Council, in which its Cabinet Member for Social Inclusion, Community Safety and Equalities expressed disappointment that a second contingency and fourth overall accommodation centre for asylum seekers had been placed in Birmingham without "meaningful consultation" to assess the risk of additional "strain on already stretched resources including health services, community policing and mental health support" from a further increase in the size of this vulnerable community.[199]

140. **Our predecessors highlighted the shortcomings of the Home Office's dispersal policy and its failure to make dispersal arrangements equitable across the UK. Three years on from the Committee's 2017 report, we have noted with concern the pressures on the system since the introduction of the AASC contracts in September 2019.**

141. ***In order to achieve an equitable and sustainable UK-wide dispersal system, the Home Office and its providers must give due regard to the acute financial and capacity***

191 Asylum Matters (COR0122)
192 Asylum Matters (COR0122)
193 Coventry City Council (COR0118)
194 Q402
195 Q402
196 Q402
197 Q402
198 Q404
199 Birmingham City Council, 'Birmingham's clear message to Government: work with us, not against us, on asylum', 11 June 2020

constraints currently placed on dispersal authorities, many of which are grappling with even greater community pressures arising from the pandemic, including housing the broader homeless population.

142. ***In 2018 our predecessors recommended that the Government "must provide dispersal authorities with dedicated funding to better manage dispersal and the related impact on services" and to give currently non-participating authorities confidence that they would be fully supported were they to take an equitable share of this population.***[200] ***We are both concerned and disappointed that the Home Office has failed to make better progress on this fundamental issue, which could compromise the Government's ability to meet its statutory responsibilities under the Immigration and Asylum Act 1999. We repeat that, to achieve increased voluntary participation in the dispersal scheme, the Government must directly fund all dispersal local authorities to take account of the competing financial and capacity challenges that they face.***

143. **During the pandemic the Government has asked providers to source additional accommodation in areas which had not previously participated in dispersal, which we understand and welcome. However, at the same time the Government has temporarily sanctioned providers to secure such accommodation without the prior approval of the relevant local authority. Our predecessors' 2018 report on asylum accommodation reiterated the Committee's concerns that the Government's dispersal policy risked undermining the support and consent of local communities, many of which have a long history of welcoming those in need of sanctuary. We repeat this concern again in light of evidence we have received which suggests that communication issues still remain between providers and local dispersal authorities. Nonetheless we were encouraged to hear examples of providers engaging with local areas when sourcing accommodation.** ***We call once again on the Home Office and its providers to work closely with housing providers, local authorities and Strategic Migration Partnerships to increase the availability of asylum accommodation both during the period of lockdown, and afterwards.***

144. **The Government said that it would review its policy of temporarily pausing all evictions from asylum accommodation and continuing the provision of asylum support before the end of June.**[201] **In a Parliamentary debate on 17 June, a number of MPs expressed concern about the Home Office's intention to end the temporary additional support for asylum seekers and to recommence moving on those who have been granted refugee status and those who have been refused asylum. At the time of writing in July, we understand that the temporary support remains in place. This is welcome.**

145. ***Before taking any final decision to remove temporary support for asylum seekers, the Home Office and its accommodation providers must engage and consult closely with Public Health England, devolved governments, Strategic Migration Partnerships, asylum dispersal councils and local public health units to ensure that any changes do not place individuals at any risk or overwhelm other statutory support services.***

200 Home Affairs Committee, Thirteenth Report of Session 2017–19, *Asylum accommodation: replacing COMPASS*, HC 1758, 17 December 2018, paras 90–1

201 Letter from Chris Philp MP to the Chief Executives of local authorities, 27 March 2020

3 Immigration Removal Centres

Introduction

146. Six of the seven Immigration Removal Centres (IRCs) on the immigration detention estate are contracted out to private outsourcing firms, G4S (Gatwick), Mitie, Serco and the GEO Group; one is managed on behalf of the Home Office by HM Prison and Probation Service.[202]

147. In February 2020, it was announced that management of Gatwick IRCs (Brook House and Tinsley House) would transfer from G4S to Serco from 21 May 2020. Serco reported the value of the initial eight-year contract as approximately £200m.[203]

148. As of 31 December 2019, there were 1,637 people in immigration detention in the UK.[204] 359 (22%) of these were time-served foreign national offenders (FNOs).[205] Concerns were raised in evidence to the Committee about the challenges immigration detainees face when following social distancing guidelines, due to the large number of individuals in detention at the start of the government lockdown in March.[206]

Detention Action judicial review

149. In March 2020, the charity Detention Action took legal action against the Government, challenging the lawfulness and safety of continued immigration detention during the Covid-19 pandemic and calling for the release of all immigration detainees.[207]

150. The case was rejected by the High Court on 25 March.[208] The Court said:

> It is clear to us that the measures put in place to date by the Secretary of State are all directed to ensuring that, even in the extreme circumstances that presently prevail, the immigration detention regime will in systemic terms remain compatible with the obligation to provide safe arrangements for detention. As we have already explained, the Secretary of State is seeking to reduce the numbers of persons detained, steps are being taken to render detention safe for those who are in increased-risk groups but who cannot for reasons of public protection be released; those who are not released but who are too ill to remain in detention are to be transferred to hospital. As we see it, the measures taken by the Secretary of State address the material points raised.[209]

151. These Government actions as well as grants of bail reduced the immigration detention estate population considerably from over 1,500 at the start of January 2020 to 700 in late

202 Gov.uk, 'Find an immigration removal centre'
203 Serco, 'Serco signs new contract to manage Gatwick Immigration Removal Centres valued at £200m', 1 May 2020
204 Gov.uk, 'Returns and detention datasets', 21 May 2020, Det_DO2
205 Gov.uk, 'Returns and detention datasets', 21 May 2020, Det_DO2
206 British Medical Association (COR0005); Medical Justice (COR0013); Bail for Immigration Detainees (COR0019); Freed Voices (COR0051); Dr Hilary Pickles and Professor Richard Coker (COR0036); Detention Action (COR0071)
207 Detention Action (COR0071)
208 The Guardian, 'High court rejects call to free 736 detainees at risk from coronavirus', 26 March 2020
209 Detention Action & Anor, R (On the Application Of) v Secretary of State for the Home Department [2020] EWHC 732 (Admin), 25 March 2020, para 24

April.[210] Bail for Immigration Detainees reported a 94% success rate of immigration bail for its clients between 23 March and 1 May, compared with its success rate of 59% during 2018–19.[211]

Immigration detention statistics

152. The Home Office reported in its Covid-19 related statistics that at the start of May 2020 there were 313 people detained under immigration powers of whom "97% were foreign national offenders (FNOs)".[212] This represents a significant fall in detainee numbers compared to 1,278 at the end of December 2019 and 555 at the end of March 2020.[213]

153. The Home Office also reported that 295 people were detained under immigration powers between 23 March and 30 April.[214] Of these, 231 were "clandestine entrants" who were held for no more than seven days at short-term holding facilities.[215]

154. In oral evidence to the Committee on 7 May, Colin Dobell from Mitie told us that the current detention population in its IRCs was 20% of what it was prior to Covid-19, with around 130 detainees.[216] Sarah Burnett from Serco reported that in Yarl's Wood IRC the number of detainees was "exceptionally low" with a current population of 15 individuals.[217]

155. ***We welcome the substantial reduction in the number of individuals detained in IRCs since the beginning of the lockdown. This was a sensible response to Covid-19 and will have helped prevent infections.***

Concerns and challenges posed by Covid-19

156. Similar concerns to those we heard about asylum accommodation were highlighted in evidence to us about the safety and wellbeing of individuals in immigration detention during the current pandemic.[218]

Social distancing

157. Written submissions raised concerns about the ability of individuals to follow social distancing rules in IRCs. Medical Justice said there were inadequate isolation facilities with limited "single person isolation rooms available in each IRC".[219] It also expressed concern about Public Health England's advice on cohorting, which involves placing all individuals

210 ILPA, 'Correspondence between the Home Office and the President of the FtT(IAC)', 6 May 2020
211 Bail for Immigration Detainees, 'New research into detention decision-making during COVID-19 pandemic', May 2020
212 Home Office, *Statistics relating to COVID-19 and the immigration system, May 2020*, 28 May 2020, p10
213 These figures exclude ex foreign national offenders; Home Office, 'Immigration statistics data tables, year ending March 2020', Det_D02
214 Home Office, *Statistics relating to COVID-19 and the immigration system, May 2020*, 28 May 2020, p10
215 Home Office, *Statistics relating to COVID-19 and the immigration system, May 2020*, 28 May 2020, p10; The Home Office's statistical report also highlighted that the figure of 295 does not include transfers from prisons to immigration removal centres.
216 Q469
217 Q469
218 British Medical Association (COR0005); Medical Justice (COR0013); Bail for Immigration Detainees (COR0019); Freed Voices (COR0051); Dr Hilary Pickles and Professor Richard Coker (COR0036); Detention Action (COR0071)
219 Medical Justice (COR0013)

with Covid-19 symptoms in the same wing.[220] Given the current lack of Covid-19 testing available to detainees, Medical Justice argued that cohorting could increase the risk of exposing symptomatic detainees to individuals who are Covid-19 positive, thus increasing their risk of additional infection with Covid-19.[221]

158. Angela Perfect, Covid-19 Incident Gold Commander for Border Force, told us that when symptomatic individuals are identified in IRCs they are "moved to separate areas within the estate" in accordance with "a very well-rehearsed capacity and capability to quarantine individuals in a supported way". She added that IRCs work very closely with Public Health England and that all detainees have access to medical support, including on arrival when all detainees see a nurse within the first two hours and a doctor within a day.[222]

159. However Lucy Moreton, Corporate Officer for the Immigration Services Union, told us that immigration removal centres sometimes had difficulties in quarantining people.[223] She said that although IRCs tried very hard to put symptomatic individuals into the same wing of the building, it was more complicated on the rare occasion when children and families are detained.[224]

160. In written evidence, Serco said that a current low occupancy rate was assisting social distancing, and that advice had been provided to residents.[225] G4S said it had staggered mealtimes and reduced occupancy rates to minimise proximity of detainees as well as decommissioning communal seating areas.[226] GEOGroup had briefed detainees on social distancing and added tape in communal areas to encourage compliance.[227] In oral evidence Colin Dobell from Mitie told us that it was running Heathrow Immigration Removal Centre as a series of households with "around 20 people in each household, so they are self-contained".[228] He explained that detainees are kept in single occupancy rooms and that the IRC only receives individuals every 14 days, who are then isolated in a unit until they are "all clear" and then dispersed into the centre.[229] Sarah Burnett from Serco confirmed that it was practising the same strategy.[230]

Vulnerable Adults at Risk in detention

161. Our predecessors' report on immigration detention in 2019 raised concerns about the effectiveness of the Home Office's Adults at Risk (AAR) policy in identifying, reviewing and managing vulnerable individuals in detention.[231] The report highlighted the increased burden of evidence on the individual to demonstrate vulnerability, and the

220 Medical Justice (COR0013); Gov.uk, 'Preventing and controlling outbreaks of COVID-19 in prisons and places of detention', 26 March 2020
221 Medical Justice (COR0013)
222 Qq66, 77
223 Q16
224 Qq16–7
225 Serco (COR0032)
226 G4S (COR0043)
227 G4S (COR0043)
228 Qq465–6
229 Qq465–6
230 Q466
231 Home Affairs Committee, Fourteenth Report of Session 2017–19, *Immigration detention*, HC 913, 21 March 2019. Adults at risk include those who have serious physical or mental health conditions or illnesses and those aged 70 or over.

increased threshold to securing release once vulnerability has been established.[232] The Committee called for an urgent review of the AAR policy guidance with "a presumption not to detain unless there are exceptional circumstances".[233]

162. Evidence we received raised concerns about how the AAR policy was being applied during the pandemic and whether detainees who fall within the Public Health England-identified increased-risk groups were being effectively recognised under the policy.[234] Richard Coker, Emeritus Professor of Public Health at the London School of Hygiene and Tropical Medicine, has stated that individuals in detention are at greater risk of exposure to and deterioration resulting from Covid-19.[235] Medical Justice reported that it was continuing to see detainees with Covid-19 comorbidities in detention, with some providers suggesting that such individuals "self-isolate in their rooms".[236]

163. In its consideration of Detention Action's legal challenge, the High Court concluded that the witness statements presented by Detention Action in support of its case were not "sufficient to make the case that immigration detention, in the context of the present pandemic, is systematically unable to comply with the standards required by EHRC article 2 (risk of death) or Article 3 (inhumane treatment)".[237] It recorded various Home Office actions to protect detainees. One of these was to reduce the number of individuals detained, specifically by applying the Adults at Risk policy "to detainees who are in any of the PHE-identified increased-risk groups".[238] Medical Justice, however, told us that it was not aware of any published Home Office guidance which outlined how "extremely vulnerable detainees" under PHE guidance were being identified and protected under the AAR policy.[239]

164. IRC providers' evidence to us indicated that their interpretation of the AAR policy, and their approach to protecting PHE-identified increased-risk groups, differs substantially. Serco, which manages Yarl's Wood IRC, told us that its healthcare partner has "created and run reports" to identify detainees who were potentially 'at risk' […] due to any comorbidities" and that those on the list were placed on a Supported Living Plan.[240] It said that vulnerable detainees have been provided with single occupancy rooms and take meals in their rooms.[241] Serco also told us that it has issued personal protective equipment (PPE) to vulnerable detainees, but it is unclear exactly what items of PPE have been provided. G4S said that it has offered accommodation on a separate wing to its vulnerable detainees "where they would only cohort with other vulnerable detainees" all of whom have a care

232 Home Affairs Committee, Fourteenth Report of Session 2017–19, *Immigration detention*, HC 913, 21 March 2019
233 Home Affairs Committee, Fourteenth Report of Session 2017–19, *Immigration detention*, HC 913, 21 March 2019, para 128
234 Medical Justice (COR0117)
235 Professor Richard Coker, *Report on Coronavirus and immigration detention*, 17 March 2020; Detention Action & Anor, R (On the Application Of) v Secretary of State for the Home Department [2020] EWHC 732 (Admin) (25 March 2020), paras 21–3
236 Medical Justice (COR0117)
237 Detention Action & Anor, R (On the Application Of) v Secretary of State for the Home Department [2020] EWHC 732 (Admin), 25 March 2020, para 26
238 *Detention Action & Anor, R (On the Application Of) v Secretary of State for the Home Department [2020] EWHC 732 (Admin)*, 25 March 2020
239 Medical Justice (COR0013)
240 Serco (COR0032)
241 Serco (COR0032)

plan in place.[242] GEO Group told us that they are discussing all identified adults at risk in weekly meetings with the Home Office and are using the Rule 35 process "where required to in order to have vulnerable detainees released".[243]

165. In written evidence Mitie Care & Custody, which manages Heathrow IRC told us that "all vulnerable detainees considered to be in the high-risk group [by the commissioned healthcare provider] have been considered for early release by the Home Office".[244] It added that detainees who do not meet the criteria for release have been moved into isolation where they have single rooms with private showers, and access to activities and outside space.[245] In supplementary evidence Medical Justice told the Committee that it was important to recognise that, while the use of single rooms might help to contain the spread of infection, it could potentially introduce other risks for many detainees including "social isolation, risk of suicide and self-harming and increased anxiety".[246] Bella Sankey told us of the impact of Covid-19 concerns upon detainees' mental health, claiming that "very many people are incredibly fearful for their health and for their lives".[247]

166. In oral evidence on 7 May Tim Buley QC, from Landmark Chambers, said that the Adults at Risk policy is unclear and consequently leaves room for "mechanical decision making" and for "lip service to be paid to the policy in a way that does not really achieve its stated aim, which is to ensure that fewer vulnerable people are detained".[248] He added that a policy had been "promulgated" specifying that those individuals "at high risk from Covid-19" should be considered at level 3 under the AAR policy, which effectively means "they should not be detained".[249] However, based on his experience of "a few cases" it was not apparent to him that this information had been disseminated to caseworkers.[250] In a similar vein, Rory Dunlop QC, from 39 Essex Chambers, told us that problems occur when policies are relied on as a way of shaping the "significant" and "broad" statutory power to detain an individual.[251] He asserted that this is because policies are not usually drafted "with the clarity and precision of statutes or statutory instruments".[252] He added that people's attempts to interpret immigration detention policies had created much uncertainty and litigation over the years.[253]

167. On 5 June, more than two months after the announcement of the lockdown restrictions, the Home Office published statutory guidance for Home Office IRC staff outlining the principles for managing Covid-19 in places of detention.[254] The guidance states that all individuals "falling within the PHE Vulnerabilities lists should be considered as being AAR Level 3 cases for the purposes of assessing detention".[255]

242 G4S (COR0043)
243 GEOGroup (COR0033)
244 Mitie Care & Custody (COR0034)
245 Mitie Care & Custody (COR0034)
246 Medical Justice (COR0117)
247 Q283
248 Q483
249 Q488
250 Q488
251 Q483
252 Q483
253 Q483
254 Home Office, *Guidance for Immigration Removal Centres (IRCs), Residential Short-Term Holding Facilities (RSTHFs) and escorts during the COVID-19 pandemic*, 5 June 2020
255 Home Office, *Guidance for Immigration Removal Centres (IRCs), Residential Short-Term Holding Facilities (RSTHFs) and escorts during the COVID-19 pandemic*, 5 June 2020, p8

168. **Government guidance which came into force on 5 May 2020, although it was not published until 5 June, confirmed that individuals at high risk of contracting Covid-19 should be treated as AAR Level 3 cases. This clarification, which confirms the commitment made by the Home Office to the High Court on 26 March, is welcome although earlier publication would have provided greater clarity and reassurance. Evidence we received from the IRC providers shortly after this guidance came into effect indicated inconsistencies in their implementation of the AAR policy, specifically as it relates to those highly vulnerable detainees at greater risk of becoming ill from Covid-19. This is deeply concerning, and reflects concerns raised in evidence to us about officials' attempts to interpret broadly drafted immigration detention policies, and the consequent litigation and uncertainty that can ensue.**

Numbers of Adults at Risk in detention

169. In oral evidence, Mitie told us that it had no adults at risk in its IRCs but that it had around 70 detainees who were "particularly vulnerable" in relation to Covid-19.[256] In subsequent written evidence, Mitie clarified that it had a total of "70 detainees considered vulnerable including AAR and "high" or "at risk" categories" with 35 detainees at level 2 of the AAR and 21 at level 3."[257] It added that any individuals considered to be potentially "high risk" or "at risk" due to Covid-19, such as detainees over the age of 70 or those with an underlying medical condition, are recorded on arrival at the IRC.[258] In written evidence Serco told us that six of its residents at Yarl's Wood IRC were currently "classed as adults at risk level 2" with none at level 3. In addition it reported that two of its residents are on supported living plans "due to being at increased risk of COVID-19 due to their current medical issues".[259]

170. On 12 May, HM Chief Inspector of Prisons reported findings from short scrutiny visits to four IRCs: Harmondsworth, Brook House, Morton Hall and Yarl's Wood.[260] The report noted that all IRCs had "dramatically reduced their populations since March 2020" and that it was "likely that the releases had helped to prevent the spread of the virus" in these IRCs. However the scrutiny visits reported that "nearly 40%" of detainees were identified as adults at risk, many of whom "met the criteria for shielding". The report noted that the Home Office had assessed 39% of detainees to be at Levels 2 or 3 of the AAR policy. In light of this high percentage of adults at risk in detention, the Inspectorate was "pleased to find" that there were processes in place to support and review "the detention of the most vulnerable detainees" and that "levels of self-harm were generally low".[261]

171. ***It is troubling that nearly 40% of those remaining in immigration detention should have been categorised as meeting Levels 2 or 3 of the Adults at Risk policy indicating significant vulnerability and, potentially, that they are at high risk from Covid-19.***

256 Q470

257 Mitie Care & Custody (COR0137); Under the Home Office's Adults at Risk in Detention policy, a detainee is assessed at Level 1 where a vulnerability is self-declared. Level 2 applies where there is professional or other evidence of the vulnerability. Level 3 is the highest level of risk.

258 Mitie Care & Custody (COR0137)

259 Serco (COR0162)

260 HM Chief Inspector of Prisons, *Report on short scrutiny visits to immigration removal centres*, 12 May 2020; A short scrutiny visit is a new type of HM Inspectorate of Prisons (HMI Prisons) visit in which three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits is not to report on how an establishment meets HMI Prisons' Expectations, as in a regular full inspection, but to give a snapshot of how it is responding to the COVID-19 pandemic and to share any positive practice found.

261 HM Chief Inspector of Prisons, *Report on short scrutiny visits to immigration removal centres*, 12 May 2020

Government guidance on the operation of the adults at risk policy indicates that evidence meeting the standard for Level 2 in the AAR policy "should normally be accepted and consideration given as to how this may be impacted by detention", while evidence at Level 3 "stating that the individual is at risk and that a period of detention would be likely to cause harm … should be afforded significant weight… and any detention reviewed in light of the accepted evidence".[262] On this basis, serious consideration must be given to moving these individuals back into the community. However, we recognise that, as the Home Office has stated, 97% of those remaining in immigration detention are foreign national offenders and that therefore where it is not possible to remove them from detention all possible precautions must be given to enable detainees to self-isolate safely within IRCs.

Testing in IRCs

172. Some of the evidence we received suggested a lack of clarity and transparency about what Public Health England advice was being given to the Home Office and its IRC contractors in relation to detainees' access to Covid-19 testing early in the pandemic.[263]

173. Written evidence from the British Medical Association (BMA) raised concerns regarding health conditions and testing within IRCs, highlighting that they are "challenging environments for healthcare workers to treat people in at the best of times, with workforce shortages and often dated or under-resourced facilities".[264] It cautioned that "any further reductions" to the medical workforce in IRCs could be "catastrophic to the care that is available".[265]

174. The BMA also criticised current practice in IRCs, which it reported was then to test groups of patients for Covid-19 only once a critical mass is reached.[266] It said that individuals should be tested as soon as they were placed in isolation so they could come out earlier than the recommended 7 or 14 days if they tested negative.[267]

175. Colin Dobell from Mitie told us on 7 May that there was no testing policy in place for detainees and that he had written to the Home Office to request that was made "available as a matter of routine for detainees".[268] He added that there had been no symptomatic detainees in any of Mitie's IRC provision.[269] Similarly Sarah Burnett from Serco reported on 7 May that its testing policy for detainees had "evolved over time", noting that PHE and Northamptonshire Heath Foundation Trust identified which individuals to test.[270] She added that three detainees had been tested, with one testing positive.[271] In written evidence G4S told us that there was "no availability to test detainees onsite". Where a detainee was symptomatic, Public Health England would advise if testing was required and, if so, arrange for testing to be done.[272]

262 Home Office, Adults at risk in immigration detention, Version 5.0, 6 March 2019, p13
263 Q430
264 British Medical Association (COR0005)
265 British Medical Association (COR0005)
266 British Medical Association (COR0005)
267 British Medical Association (COR0005)
268 Q440
269 Q440
270 Q442
271 Q442
272 G4S (COR0043)

176. Guidance now available on the government website for preventing and controlling outbreaks of Covid-19 in places of detention advises that where an individual presents as symptomatic for Covid-19 "arrangements should be made to have them tested for the infection immediately".[273] It also notes that "testing (swabbing) of some or all … detainees and staff may be necessary when an outbreak has been declared, whether they are symptomatic or not." An outbreak control team led by a PHE consultant in health protection would risk assess the situation and advise on an appropriate testing strategy; the guidance advises that the outbreak should also be reported to the Home Office by telephone and in writing.[274]

177. The published guidance does not however appear to cover circumstances where an individual received at an IRC is not symptomatic, but may be considered high risk: for example, the Committee has been told that clandestine entrants who have crossed the Channel may be at risk of contracting Covid-19 owing to the nature of the crossing and the impossibility of social distancing on small boats.[275] ***Guidance should be provided for custodial and detention staff on the approach to be taken where an individual is considered to be at high risk of having contracted Covid-19, but is not symptomatic at the point of reception.***

Protection for IRC staff

178. In written evidence, Serco told us that staff at IRCs are listed as key workers and that those staff who can work at home are allowed to do so. It said that any staff workers in an isolation area "must wear mandatory PPE" including gloves, face masks and aprons. Serco noted that it was not easy to forecast the levels of PPE required given the "continuing changes in the pandemic dynamic and the resident numbers".[276]

179. Mitie told us that "a large number of existing hand washing facilities with hot water, soap and paper towels are readily available to staff and detainees" and that the number of hand sanitation points had been increased in its centres. PPE issued to staff included anti-bacterial sprays, FFP3 surgical face masks, anti-splashback face masks with eye guards, disposable gloves, disposable full-body suits and shoe covers. PPE supply was "audited daily" and quantities reported to senior management. Working from home was encouraged where possible.[277]

Cleaning

180. On 22 March, the BBC reported that a detainee who has a role cleaning at Harmondsworth IRC "was aware of a cell not being cleaned after a man with symptoms was moved elsewhere to be quarantined and a new detainee was moved in".[278] The detainee was quoted saying: "The way we're being treated is disgusting. People are moving in and out of cells … without [the cells] being cleaned". The Home Office told the BBC that "bedrooms are deep-cleaned after a detainee has left isolation and handwashing facilities are available in all immigration removal centres".[279]

273 Gov.uk, 'Preventing and controlling outbreaks of COVID-19 in prisons and places of detention', 26 March 2020
274 Gov.uk, 'Preventing and controlling outbreaks of COVID-19 in prisons and places of detention', 26 March 2020
275 Q64, 18 March 2020
276 Serco (COR0032)
277 Mitie Care & Custody (COR0034)
278 BBC News, 'Coronavirus: 'Symptoms' at three immigration removal centres', 25 March 2020
279 BBC News, 'Coronavirus: 'Symptoms' at three immigration removal centres', 25 March 2020

181. We wrote to IRC providers on 23 March asking for written evidence, including on cleaning. Serco replied on 7 April that all cleaning was now being undertaken by housekeeping staff rather than detainees and that cleaning materials were supplied daily. Additional cleaning had been implemented, including disinfecting keys, sanitising floors with chlorine tablets, and sanitising door handles.[280] Mitie reported that the frequency of cleaning had increased, with communal resources (such as exercise bikes or Kindles) being cleaned particularly frequently to allow their continuing use.[281] Mitie noted that they were "keen for detainees to remain engaged" with cleaning work, but "where this becomes impractical our professional cleaning team will complete the work".[282] GEOGroup had stopped detainees from undertaking paid work to clean communal areas but said it was paying them the same rate to clean their own rooms.[283] G4S still allowed detainees to undertaking cleaning as a paid activity, under the supervision of the appointed subcontractor, and using bleach-based products.[284]

Communication and guidance

182. As outlined in chapter one of this report, concerns have been voiced about a lack of public information on the safe management of asylum accommodation during the pandemic.[285] Similarly, we heard concerns that there was a lack of detailed and targeted Public Health England advice on how to safeguard immigration detainees effectively during the pandemic.[286] During the lockdown period, the Government has published two policy guidance documents which directly address measures to safeguard individuals in immigration removal centres. These are 'COVID-19: prisons and other prescribed places of detention guidance', published by the Ministry of Justice and Public Health England and Home Office guidance, 'Detention Considerations: COVID-19'.[287] The website advises that both documents are being kept under review.

183. Detention Action said that the Covid-19 detention guidance (as updated on 20 May) reflected a "business as usual response" which failed "to adequately address the realities of the pandemic and the risks to which detainees are being exposed".[288] It listed a number of areas in which there were gaps in information including on testing, social distancing, and the application of the AAR policy to detainees at higher risk of contracting the virus.[289] In a similar vein Medical Justice criticised the lack of detail in the guidance and questioned why social distancing was not mentioned despite it being "a major component of the various providers' policy inside of detention".[290] The key purpose of the additional 'Detention considerations' guidance published by the Home Office on 8 June was to provide information on how the AAR policy should be applied to detainees at higher risk

280 Serco (COR0032)
281 Mitie Care & Custody (COR0034)
282 Mitie Care & Custody (COR0034)
283 GEOGroup (COR0033); G4S (COR0043)
284 G4S (COR0043)
285 See 'Communication and guidance'
286 Association of Visitors to Immigration Detainees (COR0116); Medical Justice (COR0013); Detention Action (COR0071)
287 Gov.uk, 'Preventing and controlling outbreaks of COVID-19 in prisons and places of detention', 26 March 2020; Gov.uk, 'Statutory guidance, Detention considerations: COVID-19', 8 June 2020
288 Detention Action (COR0071)
289 Detention Action (COR0071)
290 Medical Justice (COR0117)

of becoming ill from Covid-19, in line with its statutory guidance published on 5 June.[291] At 17 July social distancing is referred to in the MOJ/PHE detention guidance, but without specific consideration of the difficulties individuals may face when attempting to distance in institutional accommodation.

184. In addition to criticism about the sparseness of Government guidance, concern was also raised about Home Office communication to key stakeholders. The Association of Visitors to Immigration Detainees told us that it was essential that it received accurate information from the Home Office and its contractors about their response to the pandemic, and any updates as things changed, so that it could provide tailored support to detainees.[292] It expressed deep frustration that the communication from the Home Office and its contractors had been "slow, unresponsive, and largely ineffective" despite the association having raised concerns with the Home Office on several occasions about quarantining, testing and other issues relevant to immigration detainees.[293]

185. We have previously noted (see paragraph 168) that earlier publication of Government guidance on how the AAR policy should be applied to detainees at higher risk of becoming ill from Covid-19 would have provided greater clarity and reassurance to both stakeholders supporting vulnerable detainees and to those individuals themselves. ***The Home Office and its providers must communicate timely and accurate information to NGOs as well as to service providers working to support people in immigration detention.***

291 Gov.uk, 'Statutory guidance, Detention considerations: COVID-19', 8 June 2020; Home Office, *Guidance for Immigration Removal Centres (IRCs), Residential Short-Term Holding Facilities (RSTHFs) and escorts during the COVID-19 pandemic*, 5 June 2020

292 Association of Visitors to Immigration Detainees (COR0116)

293 Association of Visitors to Immigration Detainees (COR0116)

4 Exiting the lockdown

Government strategy during the lockdown

186. At the start of the lockdown period the Government introduced a number of temporary measures to support those in the asylum system, to which key stakeholders and support services have adapted in their support of individuals.[294] Stakeholders working to support immigration detainees have also witnessed significant changes in the immigration detention system. These include changes to the way the AAR policy is applied to vulnerable people, specifically those at risk of contracting the virus; in addition a large number of individuals have been released from detention alongside a halt in removals.

187. ***Some of the temporary measures introduced by the Government in response to Covid-19 hold open the prospect of future improvements in the operation of both the asylum and immigration removal processes. Among these, the decision to extend asylum support for refugees until their first welfare benefit payment is received was a simple and sensible as well as a compassionate measure and should be made permanent. Within the immigration removal process, the decision to remove from immigration detention people who did not need to be there, who were not a danger to the public, and who had no prospect of imminent removal was equally sensible. We are encouraged to note that this action was in line with the Home Office's Enforcement Instructions and Guidance, which stipulate that detention should only be maintained when removal is imminent (i.e. within 28 days (four weeks)), and which our predecessors in 2019 urged should be formalised through creation of a statutory time limit.***[295]

Asylum seekers

188. The measures that the Government has implemented for those in the asylum system, including the suspension of decisions of asylum cases, were due to run until 30 June. In a parliamentary debate on 17 June, a number of MPs expressed concern about the Home Office's intention imminently to restart decision making in asylum cases, which would result in the withdrawal of support (cessation) for those asylum seekers: both those who have been granted refugee status and those who have been refused asylum.[296] Members argued that the resumption of support cessations could result in eviction for many asylum seekers, potentially rendering them "street homeless in […] an ongoing life-threatening pandemic".[297]

189. There may be an increased need for dispersal accommodation as borders open, and if asylum numbers rise. The Minister, Chris Philp MP, told the House on 17 June that the number of people in asylum accommodation was "going up a lot" and that during the last 10 weeks the number had "risen by about 4,000" and continued to increase on a weekly

294 Letter from Chris Philp MP to the Chief Executives of local authorities, 27 March 2020; The Guardian, 'Home Office to hold on evicting asylum seekers during lockdown', 28 March 2020
295 Home Affairs Committee, Fourteenth Report of Session 2017–19, Immigration detention, HC 913 para 224
296 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
297 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020

basis.[298] The Minister thanked local authorities and Home Office officials for finding emergency accommodation for the 4,000 extra places required at such short notice and in such challenging circumstances.[299]

190. Members in the parliamentary debate also highlighted the Housing Secretary Rt Hon Robert Jenrick MP's decision to pause evictions from social and private rented accommodation until 23 August and questioned why the Home Office had not taken the same decision for those in asylum accommodation.[300] Further concerns were raised about the "acute risk of Covid-19 and severe illness and death for BAME communities" particularly those living in areas of social deprivation and "often higher population density".[301] Members asserted that this Covid-19 risk could escalate if asylum seekers who are from BAME groups, including individuals from Bangladesh, Pakistan, India, Nigeria, Sudan, Afghanistan, and China, were made destitute.[302]

191. The Minister was asked what advice he had sought from Public Health England to inform his decision on recommencement of cessations and evictions in light of these concerns.[303] In the same vein, Members asked the Minister to set out how he was adhering to the Public Sector Equality Duty in his decision.[304] The Minister responded that no eviction notices had been issued and that the Home Office was "thinking carefully" about the transition back to a more "normal state of affairs".[305] He added that the Home Office would be talking to "the relevant authorities, including local government, and [would] take public health advice seriously".[306] At 14 July evictions remained paused, pending a decision from the Minister on resumption.[307]

A strategic exit

192. The evidence presented to us has highlighted a lack of detailed and targeted Government guidance on Covid-19 in institutional accommodation, together with deficiencies in communication to stakeholders working across both asylum accommodation and immigration detention during the pandemic period. Birmingham City Council, an established dispersal authority, told us that the Home Office had not shared any information with it about the lockdown exit strategy. It called on the Home Office to engage and consult both with the Council and local stakeholders about the strategy, including the additional demand created on local services such as health and education.[308]

193. In oral evidence, all of the providers agreed that a staged exit from lockdown was required. John Taylor from Mears Group told us that "it cannot be one day everything has

298 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
299 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
300 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020; Gov.uk, 'Ban on evictions extended by 2 months to further protect renters', 5 June 2020; BBC News, 'Coronavirus: Ban on landlords evicting renters extended', 5 June 2020
301 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
302 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
303 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
304 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
305 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
306 House of Commons Hansard, 'Covid-19: Asylum Seeker Services in Glasgow', 17 June 2020
307 Refugee Council, 'Changes to Asylum & Resettlement policy and practice in response to Covid-19', 14 July 2020
308 Birmingham City Council (COR0119)

to change. We have to exit this very, very sensitively.[309] Sarah Burnett of Mears told us that the Home Office has committed to working with Mears and all of its stakeholder agencies to ensure that its exit from lockdown "is managed in a phased fashion".[310]

194. ***As government lockdown restrictions are eased, it is imperative that the Home Office and its providers communicate in a clear and timely manner to key national and local actors. The Government needs now to work closely with stakeholders across both the asylum accommodation and immigration detention sectors to ensure a smooth transition out of lockdown. The Government and providers of both types of institutional accommodation must also be alert to new concerns about protecting people in the event of a second wave of Covid-19.***

Managing outbreaks in institutional accommodation

195. As the lockdown ends there will be ongoing challenges for providers as Covid-19 continues to circulate and service users begin to move into and out of accommodation. The concern this presents for the safe management of individuals in asylum accommodation is shown by the outbreak of Covid-19 at Urban House, which was confirmed by Wakefield Council on 10 July.[311] Our attention has not been drawn to any other outbreaks in asylum accommodation during the course of our inquiry.

196. We were first made aware of this outbreak by John Grayson, working on behalf of South Yorkshire Migration and Asylum Action Group. In a submission to our inquiry he reported that, after rumours of the outbreak began to spread in the facility on 10 July, reception staff told service users that they were in quarantine but some people would be leaving at 6pm. He suggested that while some individuals such as pregnant women were selected for dispersal others with vulnerabilities including asthma and diabetes were not. Particular concerns raised about this dispersal were: that the service users were dispersed over a wide area including Newcastle, South Shields, Rotherham, Sheffield and Leeds; that in some instances people were moved to unclean and poorly furnished properties; that no cash was given to individuals moved out of full-board to self-catering accommodation to bridge the period until the asylum support rate was provided, and that in one case two households were merged. He stated that none of the people moved from Urban House that day had been tested before they were distributed across the region, and that the local authorities which received them had not been informed by Mears of its plans for dispersal. He also recorded ongoing concerns about support for those individuals remaining in Urban House following this outbreak, including an absence of health cover or social distancing in Urban House over the weekend 11–12 July.[312]

197. Newcastle City Council was one of the local authorities which received individuals from Urban House. It expressed concerns to us that, following the dispersal on 10 July, it was first alerted to the arrival of service users from Urban House by emails from voluntary sector groups on 12 July. The first official communication of the dispersal was received from the North East Migration Partnership on the afternoon of 13 July, but this provided no confirmation of the council areas people had been dispersed to. It said that

309 Q462
310 Q462
311 Wakefield Council, 'Council act to manage coronavirus outbreak at Urban House, Wakefield', 10 July 2020;
312 John Grayson (COR0187)

full details including names, dates of birth, telephone numbers and Covid-19 status, including confirmation that three new households had tested positive for Covid-19, were not provided until 16 July.[313]

198. **We are extremely concerned at this failure of communication by Mears Group with the receiving local authorities, and at the lack of arrangements for testing individuals who were being moved across the country out of an accommodation centre where other residents had Covid-19, and which had previously been treated as a single household during lockdown. We are also very concerned at reports of a wider failure in the duty of care towards these individuals and households.**

199. Newcastle City Council further reported that Mears had failed to communicate that a child protection safety plan was in place for one child who was moved with their mother to the city, and that they "were not confident that these welfare checks were identifying and responding to the household's welfare needs". The Council stated that its own staff found that mother and child being forced to share the only bed, that the mother had run out of medication she had been provided with at Wakefield, and that she requested paracetamol and sanitary products, which Mears had not provided. In a second case Mears failed to make a referral required to the Council's Children with Disabilities Team.

200. The City Council has criticised "the lack of real time data and systematic communication from Mears [and …] an apparent lack of appreciation of the strain placed on local services by these uncoordinated dispersals." It has also expressed concern about community tensions and a lack of community support facilities and amenities where other service users are accommodated in city hotels.[314]

201. We wrote to Mears raising concerns about the impact of this dispersal on one particular family, and about their wider practice. Replying to our letter, Mears stated that there had been pre-existing plans to disperse some individuals from Urban House as properties became available in the week of 13 July; in view of the anxiety caused by the outbreak it was decided on 10 July to expedite the moves "for welfare reasons" and to mitigate the risk of the virus spreading in Urban House by reducing the number of residents there. However, it added:

> Local authorities have expressed concern to us about not being notified of the urgent moves on the Friday. We accept that they should have been notified of the moves that day and prior to travelling. We are working with the Home Office to establish clearer processes around emergency moves and have committed with the Home Office to conduct a lessons learnt exercise led by Public Health Directors. We will ensure that this does not happen again in any circumstances.[315]

202. **While Mears affirms that the dispersal of individuals from Urban House on 10 July without testing, even after cases of Covid-19 were confirmed in the facility, was in line with the national system, we are deeply concerned that the company acted in this manner apparently without thought for the consequences of dispersing these individuals into other communities, and without consulting the receiving authorities. Mears' commitment to participate in a lessons learned exercise is helpful. However**

313 Newcastle City Council (COR0188)
314 Newcastle City Council (COR0188)
315 Mears Group (COR0189)

this is not the first time during the pandemic that it has been reported that Mears has moved large numbers of asylum seekers from one location to another in a rush, without consulting local authorities or ensuring proper support is in place, and we are consequently very concerned about the quality of planning and decision making within the group. ***We urge the Home Office urgently to review the way Mears has been operating during the pandemic, to consider its poor management of service users' welfare, and the wider public health consequences of its approach.***

203. ***It is essential that lessons are learned from the dispersal from Urban House, and that clear policies are put in place to ensure effective communication between providers and local authorities in the event of further outbreaks in asylum accommodation, and in respect of the dispersal of service users from one area to another.***

204. **The experience of the pandemic has demonstrated the importance of implementing this Committee's previous recommendations both in respect of asylum accommodation and immigration detention. We welcome the Home Office's commitment to proceed carefully "back to a more normal state of affairs". We also welcome its commitment to talk to local government and to take public health advice seriously in respect of asylum accommodation. We will hold the Home Office to account on these commitments. However, we are deeply concerned about the lack of clarity on the Home Office's plans to end temporary support to those in the asylum support system, following the formal expiry of the provisions on 30 June.**

205. **On 5 June, the Housing Secretary announced a two month extension, until the end of August, of the suspension of evictions from social or private rented housing to protect tenants and landlords during the pandemic.** ***We urge the Home Office to follow MHCLG's lead and to agree jointly with local authorities, devolved nations and third sector partners a sensible and fair extension to the current measures in place for asylum seekers that reduces the public health risk for them and for the local community. Any extension to these measures should take account of the potential heightened risk of vulnerable asylum seekers becoming ill from Covid-19 if temporary support and accommodation is withdrawn; sufficient time should be provided for asylum seekers who have been granted refugee status and those who have been refused asylum to access appropriate financial and accommodation support. The Home Office should also ensure that its approach to ending cessations is phased to ensure that changes do not overwhelm other services. It should give due consideration to any impact that its decisions may have on the already stretched capacity of local authorities.***

206. ***We urge the Home Office to set out a full, public, Covid-19 strategy which addresses the key concerns outlined in this chapter in relation to asylum accommodation and immigration detention. The strategy should cover further periods of local or national lockdowns and the period afterwards and should be published on the Government website. The strategy must recognise the need to ensure individuals' access to clear and timely information about any changes to the Government's current temporary measures. It should also ensure that support organisations, local authorities and statutory bodies which formally contribute to individuals' support are appropriately resourced for these responsibilities.***

207. ***As part of this Covid-19 strategy, the Home Office should publish the Public Health England guidance that it has taken to inform its decisions about ending the current***

measures to support asylum seekers. The Home Office should also confirm how it has adhered to the relevant Public Sector Equality Duty requirements in taking these decisions.

208. ***The Home Office should conduct a full review of its management of Covid-19 impacts on asylum accommodation and immigration detention in conjunction with its providers and other government departments. It should evaluate the impact of the temporary measures put in place and incorporate this learning into the development of future process and policy interventions before the end of 2020. This will be an important safeguard in the event of further outbreaks.***

Conclusions and recommendations

1. We welcome the Home Office decision to suspend evictions from asylum accommodation, move some processes online, and extend payments for those granted refugee status until their first welfare benefits payment arrives. These were eminently sensible responses to Covid-19. As we set out later in this report, however, there are areas where we believe the Home Office could have gone further, and where the Home Office should extend its approach during the next phase of the national response to Covid-19. (Paragraph 19)

2. We are deeply concerned that there was so little early access to testing for Covid-19 for asylum seekers housed in shared facilities, whether IA or dispersal, given the higher risk of spreading infection in accommodation where it is often difficult to self-isolate, and where there are other residents who are shielding. We heard from accommodation providers on 7 May that they had significant numbers of asylum seekers who were currently self-isolating but were not being tested. Testing and tracing should have been readily available and organised through accommodation providers from early on in the pandemic for anyone housed in institutional accommodation. (Paragraph 29)

3. At this point in the response, testing is widely available: any symptomatic person can apply for a test, including a home test kit, and live translation services are now available in more than 200 languages including British Sign Language to support those wishing to access test and trace services. These provisions are available to asylum seekers as they are to other members of the population, and this is very welcome. We are however concerned that there is no readily accessible guidance online to support local health managers in maintaining a clear and consistent approach to testing wider resident communities in asylum accommodation where a resident is symptomatic of Covid-19. (Paragraph 30)

4. *The Government must urgently publish a clear policy on residential testing if there are outbreaks. This must be put in place immediately to ensure that accommodation providers are prepared for all potential scenarios in the next phase of the pandemic.* (Paragraph 31)

5. *Any service user who wants and needs a test must have easy access to that test. This also means that asylum seekers should be informed of the opportunity to request a test and of the associated translation support available to them through that process; they should be provided with any financial or transport assistance required to reach an appropriate testing facility. With a clear testing policy in place, it is essential that all accommodation providers proactively monitor and ensure that their service users are accessing the assistance they need.* (Paragraph 32)

6. *Vulnerable people such as pregnant women, victims of abuse and people with PTSD should never be placed in accommodation in which they have to share a room with an unrelated adult, nor should they be required to use shared bathroom/toilet facilities which may have a detrimental impact on their mental and physical health.* (Paragraph 37)

7. We recognise that once the lockdown started in March it was more difficult to move people into alternative accommodation, both because of public health requirements and because of the increased demand overall for accommodation. However, that only makes resolution of this issue more pressing as scientists warn of the possibility of a second national outbreak peaking in January–February 2021. (Paragraph 45)

8. Our predecessor Committee recommended that shared accommodation should be phased out across the estate as a whole. While we welcome the progress towards ending this practice, we are extremely disappointed that the Home Office did not take the opportunity of contract replacement in 2019 to make this change in full. It is deeply concerning that the contract for dispersed accommodation in London and the South East until 2029 was tendered on the basis of non-related adults sharing rooms. Further, the argument that room sharing is more acceptable in short term initial accommodation is unsustainable, given the increasing duration of service users' stays in these facilities. (Paragraph 46)

9. The risks posed to vulnerable individuals by Covid-19 make more urgent the necessity of a complete end to room sharing by unrelated adults. While the first peak of infection has passed in some parts of the UK, there continues to be a real and substantial threat of further outbreaks. Providers must move people out of shared rooms now in advance of a possible second major national outbreak (Paragraph 47)

10. *The Home Office must take appropriate action, including contract variation if necessary, to ensure room sharing across the whole estate is phased out. The Department must also ensure that additional accommodation obtained to meet this requirement is of a high quality and fit for purpose. Fulfilment of this recommendation will provide an opportunity for the Home Office to pursue its commitment to a more equitable and sustainable system by expanding the areas participating in dispersal.* (Paragraph 48)

11. *Accommodation providers must urgently put in place measures to enable greater social distancing and effective hygiene practices. We are appalled at reports that service users have not been universally provided either with laundry facilities, a generous supply of cleaning products, soap and sanitiser, or with financial support to enable them to access these essentials. It is difficult to conceive of any provision which is more fundamental to public health during the pandemic. The Home Office must immediately take steps to ensure these essentials are provided to all service users, whether in initial, contingency or dispersed accommodation. It must write to us confirming the steps taken, and how it will monitor the ongoing provision of these supplies, within 4 weeks of receiving this report.* (Paragraph 50)

12. *All Home Office contracted housing providers must ensure that any vulnerable adults are accommodated appropriately. Where the Home Office has explicitly authorised an individual to have a single room, this must be implemented without question or delay. To ensure that this is enforced in practice, the Home Office must write to us within 4 weeks of receiving this report outlining how it will require providers to account for their response to such individual cases both during the pandemic and for the long-term.* (Paragraph 54)

13. *We welcome the additional support that providers have told us that they are giving to their service users, specifically those who need to self-isolate, during this time.*

Nonetheless we have heard evidence that not all service users are receiving the support they require from providers, with some particularly vulnerable individuals reporting that they are unable to self-isolate as a result. We urge all accommodation providers to ensure that no individual in their accommodation is placed in the precarious position of being unable to self-isolate or shield due to difficulties accessing basic necessities such as nappies for their children, food, toiletries and cleaning equipment. (Paragraph 55)

14. *We are appalled that the Home Office response to the communication support requirements of service users who are not accommodated in hotels or large IA facilities was simply to gather information about where free Wi-Fi might be provided locally—thus encouraging vulnerable people to go to public places—especially at a time when many such places might be closed or restricting public access. If there is a second major national outbreak and lockdown, the Home Office must not repeat this advice.* (Paragraph 59)

15. Users of asylum accommodation are often very vulnerable people, including torture survivors, individuals suffering PTSD, pregnant women and mothers with small children. Smart phones, access to the internet and television can be a lifeline to a range of external information and support services. Prior to the lockdown many asylum seekers will have relied on local libraries and voluntary support groups, which are now impossible to access physically, to obtain such support. Without access to phones, internet and television, asylum seekers may be unable to access essential Covid-19 updates and crucial support networks in the UK and abroad. Asylum seekers' ability to attend video consultations with their GP and other healthcare professionals, including secondary mental health care, may also be impeded by this lack of communication provision. (Paragraph 60)

16. The Home Office's recent provision of SIM cards to asylum seekers in larger IA facilities is welcome. However, we are concerned that the denial of provision to individuals who do not have personal phones, or who are currently being asked to leave their accommodation in order to access free Wi-Fi in their local area, increases their vulnerability. (Paragraph 61)

17. *While asylum support payments were provisionally increased in June 2020 from £37.75 to £39.60 per week, people with ongoing asylum claims may still struggle to meet their essential needs on this weekly amount, particularly during the pandemic. It is imperative that all asylum seekers have access to essential support services and Covid-19 information through television, phones and the internet at this time. The Government must urgently assess, and work with its contract holders to secure, asylum seekers' access to these facilities; we also urge the Home Office and its providers to ensure all asylum seekers receive £10 a week to top up their phone credit.* (Paragraph 62)

18. *Following the National Audit Office's report that asylum seekers are now expected to remain in initial accommodation for up to five weeks, with many staying for nearly three months, the Home Office must urgently reconsider the provision of medical services, subsistence payments and children's educational support in initial accommodation. We appreciate the reasons for the current lengthy stays in IA as a result of lockdown and delays in being able to move people on. However, we are very concerned that so little progress had been made before lockdown in addressing the*

shortfall of dispersal accommodation, making it harder to respond to Covid-19. It is vital that swift progress is made now in advance of any second wave this winter. (Paragraph 68)

19. Urgent Government action is needed to ensure that access to primary and secondary health services is in place for all service users, and that healthy, fresh food that is appropriate to individuals' dietary needs is available. (Paragraph 72)

20. We know that asylum seekers with an active application or appeal are entitled to access NHS primary and secondary healthcare free of charge but there is no obligation on accommodation providers to register asylum seekers in IA with a GP. The Home Office Minister of State recently gave assurances that healthcare would be available. However, evidence we have received makes plain that, while healthcare may technically be available, it is not accessible to many of those in initial accommodation. This is a deeply concerning situation. (Paragraph 73)

21. *While service users remain in IA for more than three weeks, accommodation providers should ensure that all of their residents are linked up to primary and secondary health provision. We call on the Home Office to ensure that this change is made, if necessary by a variation to the Asylum Accommodation and Support Statement of Requirements. The Home Office should also ensure that the necessary funding is secured for affected statutory health services in any such provision.* (Paragraph 74)

22. We are concerned to learn that key stakeholders have reported a lack of information from the Home Office and its providers about revisions in contractual expectations of accommodation providers during the pandemic. The pandemic has impacted hugely on asylum seekers housed in asylum accommodation who have experienced lengthy stays in IA, social distancing concerns and inconsistent access to healthcare in IA, as well as difficulties accessing phones, Wi-Fi, internet and television. (Paragraph 78)

23. *We urge the Home Office and its providers to send a memorandum to key stakeholders outlining any revisions to providers' contractual obligations since 1 March. This memorandum should be issued to the Home Office's single point of contact, all strategic migration partnerships and dispersal authorities by 15 September.* (Paragraph 78)

24. *While we welcome the communication of Covid-19 guidance by providers to their service users, we urge all providers to check regularly with their service users, and with wider stakeholders, to ensure that they are receiving up to date and timely Covid-19 guidance. This is essential given the Government's gradual easing of the lockdown restrictions and its fast-changing key messages.* (Paragraph 83)

25. *We recommend that the Government continues to work with trusted partners such as Doctors of the World UK to translate all updated Covid-19 guidance for the general public into the languages most commonly spoken by those individuals in the asylum system. This guidance should be sent out in digital and print format by providers to all of their service users.* (Paragraph 84)

26. *Asylum seekers should not have been moved to new accommodation during the pandemic without justified and urgent reasons for doing so or without a vulnerability assessment demonstrating that the move could be made safely. This must happen*

in future. If, following such an assessment, a move is found to be necessary and appropriate, sufficient notice must be given to the individual, to medical and other caseworkers working with that individual and, if they are to be moved to another area, to the local councils, to ensure they are effectively supported. In light of other evidence expressing concern about a lack of primary medical care in hotels, the Home Office should also review the adequacy of health service provision within hotel accommodation to ensure that asylum service users are easily and safely able to discuss concerns about their physical and mental health. (Paragraph 110)

27. *We welcome the fact that the Home Office is investigating these issues seriously. This investigation should engage with those raising these concerns, assessing whether the moves during lockdown were consistent with public health guidance and seeking detail on precisely how any vulnerability assessments were undertaken and by who. The Home Office should set out the findings of its investigations and what lessons the department and contractors have learned as a result in its response to this report.* (Paragraph 111)

28. *The Department should ensure that lessons learned from the handling of asylum moves during the lockdown are referred to the safeguarding board and incorporated into the safeguarding and assurance frameworks. The Department should consider how local authorities and third sector partners in asylum support can be engaged in the work of the safeguarding board. The Department should also report its progress in developing the assurance framework to us every two months, from an initial report to us four weeks after receiving this report. Given the importance of safeguarding as part of the asylum accommodation system, we would encourage the department to explore whether a KPI could be used to ensure that contractors are properly held to account for their work to safeguard vulnerable individuals. For the same reasons and in the interests of transparency, we believe that the safeguarding framework should be published.* (Paragraph 114)

29. *We welcome the Minister's willingness to consider the case for reinstating the weekly allowance for individuals who have previously had this allowance withdrawn, following forced changes of accommodation during the pandemic. Individuals who were moved into hotels at the start of the lockdown will now have been there for three months and many will have experienced additional costs in that time for essential items such as toiletries, over the counter medicines, additional food, children's clothing and educational materials which will not be covered by the full board arrangement. This modest allowance also helps traumatised individuals to maintain autonomy, independence and a sense of dignity. We urge the Minister to reinstate the payment for these individuals.* (Paragraph 122)

30. *The subsistence allowance should be provided to any individual whose entitlement to section 95 support has been accepted from the time that entitlement is determined, whether or not they are then immediately able to move into dispersal accommodation. This allowance should be provided via the cashless ASPEN card system. We believe that there is no legal barrier to such payments, provided they relate to essential living needs, just because an individual remains in initial accommodation. If the Government takes the view, however, that this change would require amendment of the Asylum Support Regulations 2000, it should amend them as soon as possible.* (Paragraph 124)

31. *We support the NAO's recommendation that the Government should consider whether its performance framework effectively incentivises providers to move service users into dispersal accommodation within agreed timescales; the Government should also reassess the value for money provided by contingency accommodation in hotels and the contractual requirement for initial accommodation provision within the asylum establishment, in light of demand. The Government should consult service users, local authorities, health service and third sector partners as part of this review, to ensure that lived experience of the service is taken into account in this review.* (Paragraph 126)

32. Our predecessors highlighted the shortcomings of the Home Office's dispersal policy and its failure to make dispersal arrangements equitable across the UK. Three years on from the Committee's 2017 report, we have noted with concern the pressures on the system since the introduction of the AASC contracts in September 2019. (Paragraph 140)

33. *In order to achieve an equitable and sustainable UK-wide dispersal system, the Home Office and its providers must give due regard to the acute financial and capacity constraints currently placed on dispersal authorities, many of which are grappling with even greater community pressures arising from the pandemic, including housing the broader homeless population.* (Paragraph 141)

34. *In 2018 our predecessors recommended that the Government "must provide dispersal authorities with dedicated funding to better manage dispersal and the related impact on services" and to give currently non-participating authorities confidence that they would be fully supported were they to take an equitable share of this population. We are both concerned and disappointed that the Home Office has failed to make better progress on this fundamental issue, which could compromise the Government's ability to meet its statutory responsibilities under the Immigration and Asylum Act 1999. We repeat that, to achieve increased voluntary participation in the dispersal scheme, the Government must directly fund all dispersal local authorities to take account of the competing financial and capacity challenges that they face.* (Paragraph 142)

35. During the pandemic the Government has asked providers to source additional accommodation in areas which had not previously participated in dispersal, which we understand and welcome. However, at the same time the Government has temporarily sanctioned providers to secure such accommodation without the prior approval of the relevant local authority. Our predecessors' 2018 report on asylum accommodation reiterated the Committee's concerns that the Government's dispersal policy risked undermining the support and consent of local communities, many of which have a long history of welcoming those in need of sanctuary. We repeat this concern again in light of evidence we have received which suggests that communication issues still remain between providers and local dispersal authorities. Nonetheless we were encouraged to hear examples of providers engaging with local areas when sourcing accommodation. (Paragraph 143)

36. *We call once again on the Home Office and its providers to work closely with housing providers, local authorities and Strategic Migration Partnerships to increase the availability of asylum accommodation both during the period of lockdown, and afterwards.* (Paragraph 143)

37. The Government said that it would review its policy of temporarily pausing all evictions from asylum accommodation and continuing the provision of asylum support before the end of June. In a Parliamentary debate on 17 June, a number of MPs expressed concern about the Home Office's intention to end the temporary additional support for asylum seekers and to recommence moving on those who have been granted refugee status and those who have been refused asylum. At the time of writing in July, we understand that the temporary support remains in place. This is welcome. (Paragraph 144)

38. *Before taking any final decision to remove temporary support for asylum seekers, the Home Office and its accommodation providers must engage and consult closely with Public Health England, devolved governments, Strategic Migration Partnerships, asylum dispersal councils and local public health units to ensure that any changes do not place individuals at any risk or overwhelm other statutory support services.* (Paragraph 145)

39. *We welcome the substantial reduction in the number of individuals detained in IRCs since the beginning of the lockdown. This was a sensible response to Covid-19 and will have helped prevent infections.* (Paragraph 155)

40. Government guidance which came into force on 5 May 2020, although it was not published until 5 June, confirmed that individuals at high risk of contracting Covid-19 should be treated as AAR Level 3 cases. This clarification, which confirms the commitment made by the Home Office to the High Court on 26 March, is welcome although earlier publication would have provided greater clarity and reassurance. Evidence we received from the IRC providers shortly after this guidance came into effect indicated inconsistencies in their implementation of the AAR policy, specifically as it relates to those highly vulnerable detainees at greater risk of becoming ill from Covid-19. This is deeply concerning, and reflects concerns raised in evidence to us about officials' attempts to interpret broadly drafted immigration detention policies, and the consequent litigation and uncertainty that can ensue. (Paragraph 168)

41. *It is troubling that nearly 40% of those remaining in immigration detention should have been categorised as meeting Levels 2 or 3 of the Adults at Risk policy indicating significant vulnerability and, potentially, that they are at high risk from Covid-19. Government guidance on the operation of the adults at risk policy indicates that evidence meeting the standard for Level 2 in the AAR policy "should normally be accepted and consideration given as to how this may be impacted by detention", while evidence at Level 3 "stating that the individual is at risk and that a period of detention would be likely to cause harm … should be afforded significant weight… and any detention reviewed in light of the accepted evidence". On this basis, serious consideration must be given to moving these individuals back into the community. However, we recognise that, as the Home Office has stated, 97% of those remaining in immigration detention are foreign national offenders and that therefore where it is not possible to remove them from detention all possible precautions must be given to enable detainees to self-isolate safely within IRCs.* (Paragraph 171)

42. *Guidance should be provided for custodial and detention staff on the approach to be taken where an individual is considered to be at high risk of having contracted Covid-19, but is not symptomatic at the point of reception.* (Paragraph 177)

43. *The Home Office and its providers must communicate timely and accurate information to NGOs as well as to service providers working to support people in immigration detention.* (Paragraph 185)

44. *Some of the temporary measures introduced by the Government in response to Covid-19 hold open the prospect of future improvements in the operation of both the asylum and immigration removal processes. Among these, the decision to extend asylum support for refugees until their first welfare benefit payment is received was a simple and sensible as well as a compassionate measure and should be made permanent. Within the immigration removal process, the decision to remove from immigration detention people who did not need to be there, who were not a danger to the public, and who had no prospect of imminent removal was equally sensible. We are encouraged to note that this action was in line with the Home Office's Enforcement Instructions and Guidance, which stipulate that detention should only be maintained when removal is imminent (i.e. within 28 days (four weeks)), and which our predecessors in 2019 urged should be formalised through creation of a statutory time limit.* (Paragraph 187)

45. *As government lockdown restrictions are eased, it is imperative that the Home Office and its providers communicate in a clear and timely manner to key national and local actors. The Government needs now to work closely with stakeholders across both the asylum accommodation and immigration detention sectors to ensure a smooth transition out of lockdown. The Government and providers of both types of institutional accommodation must also be alert to new concerns about protecting people in the event of a second wave of Covid-19.* (Paragraph 194)

46. We are extremely concerned at this failure of communication by Mears Group with the receiving local authorities, and at the lack of arrangements for testing individuals who were being moved across the country out of an accommodation centre where other residents had Covid-19, and which had previously been treated as a single household during lockdown. We are also very concerned at reports of a wider failure in the duty of care towards these individuals and households. (Paragraph 198)

47. While Mears affirms that the dispersal of individuals from Urban House on 10 July without testing, even after cases of Covid-19 were confirmed in the facility, was in line with the national system, we are deeply concerned that the company acted in this manner apparently without thought for the consequences of dispersing these individuals into other communities, and without consulting the receiving authorities. Mears' commitment to participate in a lessons learned exercise is helpful. However this is not the first time during the pandemic that it has been reported that Mears has moved large numbers of asylum seekers from one location to another in a rush, without consulting local authorities or ensuring proper support is in place, and we are consequently very concerned about the quality of planning and decision making within the group. (Paragraph 202)

48. *We urge the Home Office urgently to review the way Mears has been operating during the pandemic, to consider its poor management of service users' welfare, and the wider public health consequences of its approach.* (Paragraph 202)

49. *It is essential that lessons are learned from the dispersal from Urban House, and that clear policies are put in place to ensure effective communication between providers and local authorities in the event of further outbreaks in asylum accommodation, and in respect of the dispersal of service users from one area to another.* (Paragraph 203)

50. The experience of the pandemic has demonstrated the importance of implementing this Committee's previous recommendations both in respect of asylum accommodation and immigration detention. We welcome the Home Office's commitment to proceed carefully "back to a more normal state of affairs". We also welcome its commitment to talk to local government and to take public health advice seriously in respect of asylum accommodation. We will hold the Home Office to account on these commitments. However, we are deeply concerned about the lack of clarity on the Home Office's plans to end temporary support to those in the asylum support system, following the formal expiry of the provisions on 30 June. (Paragraph 204)

51. On 5 June, the Housing Secretary announced a two month extension, until the end of August, of the suspension of evictions from social or private rented housing to protect tenants and landlords during the pandemic. (Paragraph 205)

52. *We urge the Home Office to follow MHCLG's lead and to agree jointly with local authorities, devolved nations and third sector partners a sensible and fair extension to the current measures in place for asylum seekers that reduces the public health risk for them and for the local community. Any extension to these measures should take account of the potential heightened risk of vulnerable asylum seekers becoming ill from Covid-19 if temporary support and accommodation is withdrawn; sufficient time should be provided for asylum seekers who have been granted refugee status and those who have been refused asylum to access appropriate financial and accommodation support. The Home Office should also ensure that its approach to ending cessations is phased to ensure that changes do not overwhelm other services. It should give due consideration to any impact that its decisions may have on the already stretched capacity of local authorities.* (Paragraph 205)

53. *We urge the Home Office to set out a full, public, Covid-19 strategy which addresses the key concerns outlined in this chapter in relation to asylum accommodation and immigration detention. The strategy should cover further periods of local or national lockdowns and the period afterwards and should be published on the Government website. The strategy must recognise the need to ensure individuals' access to clear and timely information about any changes to the Government's current temporary measures. It should also ensure that support organisations, local authorities and statutory bodies which formally contribute to individuals' support are appropriately resourced for these responsibilities.* (Paragraph 206)

54. *As part of this Covid-19 strategy, the Home Office should publish the Public Health England guidance that it has taken to inform its decisions about ending the current*

measures to support asylum seekers. The Home Office should also confirm how it has adhered to the relevant Public Sector Equality Duty requirements in taking these decisions. (Paragraph 207)

55. *The Home Office should conduct a full review of its management of Covid-19 impacts on asylum accommodation and immigration detention in conjunction with its providers and other government departments. It should evaluate the impact of the temporary measures put in place and incorporate this learning into the development of future process and policy interventions before the end of 2020. This will be an important safeguard in the event of further outbreaks.* (Paragraph 208)

Formal minutes

Thursday, 23 July 2020

Rt Hon Yvette Cooper, in the Chair

Rt Hon Diane Abbott	Simon Fell
Dehenna Davison	Andrew Gwynne
Ruth Edwards	Adam Holloway
Laura Farris	Tim Loughton

Draft Report (*Home Office preparedness for COVID-19 (Coronavirus): institutional accommodation*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 208 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Fourth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Tuesday 28 July at 2.30 pm.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Wednesday 18 March 2020

Lucy Moreton, Corporate Officer, Immigration Services Union	Q1–23
Assistant Chief Constable Owen Weatherill, Strategic Lead, National Police Coordination Centre; **Deputy Chief Constable Paul Netherton OBE**, Lead for Civil Contingencies, National Police Chiefs' Council, Deputy Chief Constable, Devon and Cornwall Police	Q24–59
Emma Moore, Chief Operating Officer, UK Border Force; **Angela Perfect**, COVID-19 Incident Gold Commander, UK Border Force	Q60–109

Monday 06 April 2020

Chief Superintendent Paul Griffiths, President, Police Superintendents Association of England and Wales; **Simon Kempton**, Operational Lead, Covid-19, Police Federation of England and Wales	Q110–144
Chief Constable Garry Forsyth, Chief Constable, Bedfordshire Police; **Chief Constable Peter Goodman**, Chief Constable, Derbyshire Police; **Chief Constable John Robins**, Chief Constable, West Yorkshire Police; **Chief Constable Lisa Winward**, Chief Constable, North Yorkshire Police	Q145–196

Wednesday 15 April 2020

Dame Vera Baird DBE QC, Victims' Commissioner, Victims' Commissioner for England and Wales; **Nicole Jacobs**, Domestic Abuse Commissioner, Domestic Abuse Commissioner for England and Wales; **Anne Longfield OBE**, Children's Commissioner, Children's Commissioner for England	Q197–217
Baljit Banga, Executive Director, Imkaan; **Eleanor Butt**, Senior Policy and Public Affairs Manager, Refuge; **Anna Edmundson**, Head of Policy and Public Affairs, National Society for the Prevention of Cruelty to Children; **Lucy Hadley**, Campaigns and Policy Manager, Women's Aid	Q218–237

Tuesday 21 April 2020

Adrian Berry, Chair, Immigration Law Practioners' Association; **Colin Yeo**, Founder at Free Movement	Q238–282
Andy Hewett, Head of Advocacy, Refugee Council; **Chai Patel**, Legal Policy Director, Joint Council for the Welfare of Immigrants; **Bella Sankey**, Director, Detention Action	Q283–314

Wednesday 29 April 2020

Rt Hon Priti Patel MP, Home Secretary, Home Office; **Matthew Rycroft CBE**, Permanent Secretary, Home Office; **Shona Dunn**, Second Permanent Secretary, Home Office — Q315–380

Thursday 07 May 2020

Sarah Burnett, Business Operations Director, Justice and Immigration, Serco; **Colin Dobell**, Managing Director, Care and Custody, Mitie; **Steven Lakey**, Managing Director, Clearsprings Ready Homes; **John Taylor**, Chief Operating Officer, Mears Group — Q381–482

Tim Buley QC, Landmark Chambers; **Rory Dunlop QC**, 39 Essex Chambers — Q483–506

Wednesday 13 May 2020

Caroline Dinenage MP, Minister of State for Digital and Culture, Department for Digital, Culture, Media and Sport; **Baroness Williams of Trafford**, Lords Minister, Home Office — Q507–587

Friday 22 May 2020

Karen Dee, Chief Executive, Airport Operators Association; **Tony Smith CBE**, Chair, International Border Management and Technologies Association, Former interim Director General of Border Force; **Sarah West**, Chief Operations Officer, Port of Dover — Q588–640

Professor Gabriel Scally, Visiting Professor of Public Health, Bristol University; **Professor Annelies Wilder-Smith**, Professor of Emerging Infectious Diseases, London School of Hygiene & Tropical Medicine — Q641–681

Wednesday 03 June 2020

Commander Karen Baxter, Head of Economic Crime, City of London Police; **Graeme Biggar CBE**, Director General, National Economic Crime Centre — Q682–714

Susie Hargreaves OBE, Chief Executive, Internet Watch Foundation; **Robert Jones**, Director of Threat Leadership, National Crime Agency — Q715–731

Wednesday 10 June 2020

Professor Gabriel Leung, Dean of Medicine, Li Ka Shing Faculty of Medicine, University of Hong Kong; **Sir David Skegg**, Emeritus Professor of Epidemiology and former Vice-Chancellor, University of Otago, New Zealand; **Professor James Wilsdon**, Vice-Chair, International Network for Government Science Advice; **Professor Teo Yik-Ying**, Dean, Saw Swee Hock School of Public Health, National University of Singapore — Q732–773

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

COR numbers are generated by the evidence processing system and so may not be complete.

1 5Rights Foundation (COR0138)
2 AAFDA (Advocacy After Fatal Domestic Abuse) (COR0046)
3 Action for Children (COR0073)
4 All Wales Policing Team (COR0089)
5 Amnesty International UK (COR0130)
6 Amnesty International UK, and Migrant Voice (COR0008)
7 Anonymous (COR0106)
8 Anonymous (COR0001)
9 Arnold, Dr Frank (COR0114)
10 The Association for UK Interactive Entertainment (UKIE) (COR0165)
11 Association of Police and Crime Commissioners (COR0098)
12 Association of Visitors to Immigration Detainees (COR0116)
13 Asylum Matters (COR0122)
14 Asylum Seeker Housing (COR0184)
15 Bail for Immigration Detainees (COR0019)
16 Bandyopadhyay, Professor Sidddhartha (COR0052)
17 Bandyopadhyay, Professor Siddhartha (COR0031)
18 Barnardo's (COR0175)
19 Barnardo's (COR0104)
20 Birmingham City Council (COR0119)
21 Bladder & Bowel UK (COR0030)
22 Bradbury-Jones, Professor Caroline (COR0052)
23 British Board of Film Classification (BBFC) (COR0133)
24 British Medical Association (COR0005)
25 British Red Cross (COR0108)
26 British Retail Consortium (COR0176)
27 BT Group (COR0171)
28 Carnegie UK Trust (COR0153)
29 Cartwright, Dr Ashley (COR0038)
30 Catch22 (COR0152)
31 Center for Countering Digital Hate (COR0148)
32 Chandan, Dr. Joht (COR0052)
33 The Children's Society (COR0045)

34 City of London Police (COR0186)
35 City of London Police (COR0110)
36 Clean up the Internet (COR0147)
37 Clearsprings Ready Homes (COR0172)
38 The Computational Propaganda Project at the Oxford Internet Institute, University of Oxford (COR0168)
39 Coventry City Council (COR0118)
40 Criminal Justice Alliance (COR0076)
41 Crisis (COR0003)
42 Crisis (COR0029)
43 Crown Prosecution Service (COR0099)
44 Davidson, Mr Connor (COR0048)
45 Detention Action (COR0164)
46 Detention Action (COR0071)
47 Dias, Dr Talita (COR0161)
48 Doctors of the World UK (COR0121)
49 Doctors of the World UK (COR0017)
50 Dogs Trust (COR0064)
51 Drive (COR0074)
52 Dyfed-Powys Police, and Dyfed-Powys (COR0090)
53 Electrical Safety First (COR0143)
54 End Violence Against Women Coalition (COR0063)
55 Equality and Human Rights Commission (COR0092)
56 Facebook (COR0178)
57 Fire Brigades Union (COR0062)
58 Freed Voices (COR0051)
59 Fulfilling Lives South East (COR0072)
60 Full Fact (COR0145)
61 G4S (COR0043)
62 GEOGroup (COR0033)
63 Girlguiding (COR0163)
64 Goodman, Helen (COR0086)
65 Google (COR0170)
66 Grayson, John (COR0187)
67 Greater Manchester Combined Authority (COR0093)
68 Greater Manchester Immigration Aid Unit (GMIAU) (COR0058)
69 Hacked Off (COR0151)
70 Helen Bamber Foundation (COR0113)

71 Help Refugees, and Refugee Rights Europe (COR0160)
72 Henry Jackson Society (COR0018)
73 Hestia (COR0020)
74 Homeless Link (COR0012)
75 Hourglass (COR0075)
76 Human Trafficking Foundation (COR0009)
77 Humberside Police (COR0102)
78 Immigration Law Practitioners' Association (COR0180)
79 Immigration Law Practitioners' Association (COR0040)
80 Immigration Services Union (COR0185)
81 Immigration Services Union (COR0107)
82 IMPRESS: The Independent Monitor for the Press (COR0139)
83 Independent Office for Police Conduct (COR0103)
84 Internet Services Providers Association (COR0174)
85 Internet Watch Foundation (COR0134)
86 Jesuit Refugee Service UK (COR0070)
87 Joint Council for the Welfare of Immigrants (COR0112)
88 Joint Council for the Welfare of Immigrants (COR0011)
89 Jolley, Dr Daniel (COR0158)
90 JustRight Scotland (COR0146)
91 Kane, Professor Eddie (COR0052)
92 Kane, Professor Eddie (COR0031)
93 Karma Nirvana (COR0054)
94 Katona, Professor Cornelius (COR0114)
95 Law Society (COR0094)
96 LINX, the London Internet Exchange (COR0150)
97 Local Government Association (COR0159)
98 Local Government Association (COR0037)
99 The ManKind Initiative (COR0096)
100 McGuinness, Kim (COR0065)
101 Mears Group (COR0181)
102 Mears Group (COR0189)
103 MEDACT, Migrants Organise, and Kanlungan (COR0061)
104 Medical Justice (COR0117)
105 Medical Justice (COR0013)
106 Medical Justice (COR0084)
107 Mental Health Foundation (COR0091)
108 Migrant Voice (COR0130)

109 Mitie (COR0137)

110 MITIE Group (COR0034)

111 Money and Mental Health Policy Institute (COR0166)

112 Muslim Engagement and Development (MEND) (COR169)

113 Muslim Women's Network UK (COR0088)

114 National Economic Crime Centre (COR0186)

115 National Society for the Prevention of Cruelty to Children (COR0127)

116 National Society for the Prevention of Cruelty to Children (COR0109)

117 Newcastle City Council (COR0188)

118 News Media Association (COR0132)

119 Nirantharakumar, Dr. Krish (COR0052)

120 Northumbria University (Law School) (COR0049)

121 NRPF Network, Islington Council (COR0081)

122 Office of Anne McLaughlin MP (COR0183)

123 Office of Sussex Police and Crime Commissioner (COR0083)

124 Office of the Police and Crime Commissioner – West Yorkshire (COR0059)

125 Office of the Police and Crime Commissioner for Lancashire, and Lancashire Violence Reduction Network (COR0041)

126 Operation Encompass (COR0021)

127 Paediatric Continence Forum (COR0044)

128 Payne-James, Professor Jason (COR0114)

129 Phillips, Mr John (COR0131)

130 Pickles, Dr Hilary (COR0036)

131 Police and Crime Commissioner for Thames Valley (COR0027)

132 Police, Fire and Crime Commissioner for Essex (COR0087)

133 Refuge (COR0157)

134 Refuge (COR0095)

135 Refugee Action, Detention Action, Doctors of the World UK, Freedom from Torture, Asylum Matters, The Lesbian and Gay Immigration Group, The No Accommodation Network, Refugee Council, and Scottish Refugee Council (COR0016)

136 Refugee Women Connect (COR0014)

137 Reset (COR0141)

138 Respect (COR0067)

139 Reunite Families UK (COR0101)

140 Roach, Professor Jason (COR0038)

141 Safe Passage UK (COR0097)

142 SafeLives (COR0105)

143 Safer Places (COR0080)

144 Sandwell Council (COR0124)

145 Sandwelll and West Birmingham CCG (COR0125)
146 Scottish Refugee Council (COR0182)
147 Scottish Refugee Council (COR0115)
148 Serco (COR0162)
149 Serco (COR0032)
150 Shelter (COR0069)
151 Smith, Pippa (COR0173)
152 Smith, Tony (COR0136)
153 Southall Black Sisters (COR0082)
154 South Yorkshire Migration and Asylum Action Group (COR0129)
155 Surviving Economic Abuse (COR0039)
156 SWGfL (COR0140)
157 Taylor, Professor Julie (COR0052)
158 techUK (COR0179)
159 the3million (COR0010)
160 the3million (COR0050)
161 Transform Justice (COR0022)
162 Twitter (COR0177)
163 UK Border Force (COR0006)
164 UK Border Force (COR0007)
165 UK Finance (COR0149)
166 UNHCR, The UN Refugee Agency (COR0015)
167 UNISON (COR0047)
168 Vodafone UK (COR0167)
169 Wankhade, Professor Paresh (COR0135)
170 Welsh Women's Aid (COR0100)
171 West Midlands Police and Crime Commissioner (COR0060)
172 Which? (COR0144)
173 Women for Refugee Women (COR0025)
174 Women's Aid Federation of England (COR0057)
175 Woodthorpe, Dr Kate (COR0111)
176 Yoti (COR0154)

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2019–21

First Report	Home Office preparedness for COVID-19 (Coronavirus): Policing	HC 232
Second Report	Home Office preparedness for Covid-19 (Coronavirus): domestic abuse and risks of harm within the home	HC 321 (HC 661)
Third Report	Home Office preparedness for Covid-19 (coronavirus): immigration and visas	HC 362
First Special Report	Serious Youth Violence: Government Response to the Committee's Sixteenth Report of Session 2017–2019	HC 57
Second Special Report	Home Office preparedness for Covid-19 (coronavirus): domestic abuse and risks of harm: Government Response to the Committee's Second Report	HC 661
Third Special Report	Home Office preparedness for Covid-19: coronavirus: policing: Government Response to the Committee's First Report	HC 660