



House of Commons  
Home Affairs Committee

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**Home Office  
preparedness for  
COVID-19 (coronavirus):  
institutional  
accommodation:  
Government Response  
to the Committee's  
Fourth Report**

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**Fifth Special Report of  
Session 2019–21**

*Ordered by the House of Commons  
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## Home Affairs Committee

The Home Affairs Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Home Office and its associated public bodies.

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### Committee staff

The current staff of the Committee are Simon Armitage (Committee Specialist), Melissa Bailey (Committee Operations Officer), Chris Battersby (Committee Specialist), Chloe Cockett (Senior Specialist), Elizabeth Hunt (Clerk), Penny McLean (Committee Specialist), George Perry (Senior Media and Communications Officer), Paul Simpkin (Committee Operations Manager) and Dominic Stockbridge (Second Clerk).

### Contacts

All correspondence should be addressed to the Clerk of the Home Affairs Committee, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 6856/3282; the Committee's email address is [homeaffcom@parliament.uk](mailto:homeaffcom@parliament.uk).

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## Fifth Special Report

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The Home Affairs Committee published its Fourth Report of Session 2019–21, [Home Office preparedness for COVID-19 \(Coronavirus\): institutional accommodation](#) (HC 562), on 28 July 2020. The Government's response was received on 3 November 2020 and is appended to this report.

In the Government response the Committee's recommendations are shown in **bold** type; the Government's response is shown in plain type.

## Appendix: Government Response

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The recommendations in the report are embedded amongst the conclusions, so their numbers refer to the index numbers in the [conclusions and recommendations section](#) of the report.

### 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)

The Government takes the health of those in asylum accommodation and immigration removal centres (IRC) as being of the utmost importance and our accommodation providers have worked closely with Public Health leads to ensure their guidance is applied consistently and in accordance with local restrictions. In relation to testing, we do not think that the Home Office, nor our accommodating providers, should develop independent testing strategies for supported asylum seekers. We should always be guided by scientific and medical advice.

The most recent advice we have received from PHE in relation to supported asylum seekers sets out that we should be seeking to take the same consistent approach with supported asylum seekers as for anyone else in the population. Specifically, that there should be testing of people if they are symptomatic or if they are in any accommodation where cases are confirmed as part of an outbreak management strategy. We are working closely with individual Local Authorities around their outbreak planning and our accommodation providers are ensuring that testing takes place in accordance with those plans, providing assistance to do so where needed.

Existing public health and NHS guidance is clear on how and when a free COVID-19 test can be taken and the support that is available. We do not believe that implementation of testing, track-and-trace and other measures for the control of infectious and notifiable diseases such as COVID should be organised separately by accommodation providers.

**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)***

The Home Office and its accommodation providers take the welfare of service users seriously and agree that accommodation should be provided that is appropriate to individual needs.

There are strict criteria set out in the Asylum Accommodation and Support Contracts regarding when room sharing can take place and who can share a room. Under the contracts, providers must also comply with local regulations including advice from social services and primary and secondary care bodies on whether room sharing is inappropriate for individual cases. As a result, room sharing for vulnerable persons and expectant mothers is prohibited under the contracts even if permitted under local authority licensing.

Throughout the recent pandemic, providers have delivered services in accordance with Public Health guidance which has recommended that moves of people already in asylum accommodation should be minimised but that people entering the system should not be placed into rooms shared with unrelated adults where appropriate mitigations against the risk of COVID-19 are not in place. Our providers have confirmed that those who have entered the system post lockdown and are accommodated in hotels do not share with unrelated adults. We will review the position on this in line with any changes to the guidance. Providers have also ensured that those with underlying health conditions and people over 70 years of age have also been moved to the appropriate accommodation following this guidance, unless individuals did not wish to be moved. We will continue to review each case on an individual basis and to work with our providers to ensure the guidance is followed.

In accordance with housing legislation, room sharing for unrelated adults occurs in other housing sectors and is not limited to supported asylum seekers. There are currently no plans to make contractual changes to end room sharing for unrelated asylum-seeking adults and we do not agree that further restrictions on the types of accommodation that can be used would assist providers in their efforts to secure the level of suitable longer term dispersal accommodation that is currently required. In accordance with our published policy, the Home Office will continue to carefully consider all requests on a case by case basis from asylum seekers who may have vulnerabilities, care needs or health problems that necessitate a need for a specific location or specialist accommodation requirements.

**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)**

The Government expects the highest standards from our contractors and accommodation providers are monitored closely to ensure they continue to meet these standards. This includes following appropriate Public Health guidelines to ensure the safety of their staff and those they accommodate.

In response to COVID-19, we have been in daily contact with our accommodation providers to ensure that they are meeting their contractual requirements and that together we are working to ensure that the people in our care are receiving all the support they need. Our providers have put in place a range of measures and additional support to enable households to comply with public measures on social distancing and self-isolation. This has included food parcels and other items for people who are unable to leave the house, provision of telephony for those who are isolating and do not have a telephone, as well as increased welfare contact for those who are isolating.

Guidance has been issued to all service users in a range of languages relating to hygiene, washing hands, social distancing, coronavirus symptoms and what to do if they become symptomatic. For those who are housed in full board accommodation all cleaning items and laundry services are provided free of charge. There is visible guidance in relation to self-isolation, marking on floors to assist social distancing, sanitation and hygiene stations as well as staggered mealtimes and meals taken to rooms for those isolating. For those in

dispersal accommodation service user essential living needs, including for cleaning and sanitary items are met through a weekly cash allowance which has been increased during the pandemic.

We encourage any service user who has a concern about the standard of accommodation or support to contact the Advice, Issue Reporting and Eligibility service, operated by Migrant Help, to report the issue in order that it can be resolved. This is available 24-hours a day. We also monitor and analyse matters raised through this service to enable continuous improvement across the system.

***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)

We recognise the importance of access to information and the disruption that COVID-19 has brought to normal communication methods for supported asylum seekers. In response, we have ensured that those in Initial Accommodation and hotels have access to Wi-Fi, either directly provided, or via the delivery of data-only SIM cards to Initial Accommodation.

It is incorrect to say that the Home Office encouraged vulnerable people to leave their accommodation and access public Wi-Fi. All asylum seekers receive an induction when moving into asylum accommodation. This briefing and information include a range of information about the asylum process, the asylum support service and signposting to local services and information to enable them to function individually, and as a member of the wider community. Previous stakeholder feedback had highlighted the importance of including local information such as free Wi-Fi in this induction material and accommodation providers are required regularly to update briefing materials to keep up to date with changes in the local area and the latest policies and guidance.

We do not believe that the support and communication needs of those people living in asylum accommodation in the community are analogous to those held in detention, nor that an additional £10 per week phone credit is a proportionate measure for such supported asylum seekers. As the Committee notes, the Home Office has reviewed the level of the cash allowances provided to asylum seekers who would otherwise be destitute, as we do each year to ensure that they remain capable of meeting their essential living needs (the legal test). The recent decision to implement an above inflation increase of 5% was reached using the standard methodology that has been judged by the Court of Appeal to be rational and lawful. This includes a measure of funding to cover access to communications as part of the allowance. Confirmatory work, including taking account of possible wider COVID-19 impacts, is ongoing and the result of the full review will be published in due course.

**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)

We are clear that the extended use of Initial Accommodation and hotels is not a long-term solution and our providers are working to move people into more suitable Dispersed Accommodation as quickly as it is available. The Home Office monitors the length of stay in initial accommodation closely. As the National Audit Office's report notes, in normal operation most service users are housed in Initial Accommodation for only a short period of generally less than a few weeks, although there are a number of reasons why a minority stay longer.

We have set clear priorities for service user moves on to Dispersal Accommodation, so that pregnant women, families with children, and other vulnerable service users are being given priority. Moves are taking place as far as appropriate in date order within these groups so that those who have been waiting longest will be moving first. We believe this is the most appropriate way to balance overall service user need against accommodation as it becomes available. Additionally, we have processes in place for considering exceptional cases where an urgent move may be needed and, where that is agreed on a case by case basis, accommodation providers are instructed to affect those moves within appropriate timescales.

Since COVID-19, the ability of providers to procure new dispersal accommodation and to move people within the estate has been significantly restricted as a result of disruption in the wider housing sector and public health requirements. Given the scale of these impacts, the level of dispersal accommodation now required can only be achieved with the support and input of our stakeholders to a collective approach to widen dispersal and assisting those who are no longer eligible to 'move-on' from asylum accommodation. We have invited local authorities, through the Home Office - Local Government Chief Executive Group (HOLGCEX), to share their plans on these aims and how best they can collaborate with us to participate in dispersal and support the level of procurement required to reduce use of contingency accommodation in their areas.

**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)

The Asylum Accommodation and Support contracts are clear as to how accommodation providers ensure service users are facilitated and signposted to health services appropriate to individual needs. The contractual requirements include providing facilities within initial accommodation for the relevant health authority to deliver health screening services; signposting the health screening and related services provided by the local health authority to service users; and liaising with the local health authority to increase service user participation in health screenings.

Additionally, accommodation providers are contractually responsible for establishing regular engagement between the persons responsible for the management of the Initial Accommodation and the local health authority, to support effective service delivery and the identification and delivery of service improvements. Accommodation providers are required, where appropriate, to secure GP registrations for vulnerable service users, and provide 'vulnerable' or high-risk groups assistance in registering with a GP.

While historically the short length of stay in Initial Accommodation has meant that GPs are reluctant to register such individuals, NHS England has issued clear guidance that any lack of identification or proof of address is not grounds for refusing NHS primary care services, including GP, dental and eye care services. In these circumstances, individuals can use the primary care service's address or an address of a hostel, where appropriate.

Where this guidance is not being followed, the Department for Health has made clear that cases should be brought to NHS England's attention, as the commissioner should be able to reinforce the guidance locally.

While the Home Office does not directly commission health services, throughout the recent pandemic, we have been in regular dialogue with health colleagues on health provision for hotel contingency. As a result of this close working, Public Health England have written to all Clinical Commissioning Groups in England, setting out what hotel accommodation would mean, providing guidance to CCGs on services to commission and reassurance around funding to do so.

**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)*

Providers have been required to continue to meet all their essential contractual obligations throughout the pandemic to ensure accommodation, transportation and support services to eligible asylum seekers are delivered. In accordance with relevant local and national public health requirements providers have made appropriate temporary amendments to their operational practices to ensure the safety of their staff and those they accommodate. We have remained in regular communication throughout the pandemic to keep our strategic stakeholders, including Strategic Migration Partnerships, Local Authorities and non-government organisations informed of how the government is responding to and implementing changes in the asylum accommodation system and will continue to do so.

We are grateful for the Committee's recognition of providers communication to service users. We will continue to work with relevant partners to ensure translated PHE COVID-19 guidance is kept up to date and made available to service users as health guidance evolves.

**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)

The dispersal and relocation of service users is only undertaken when it is necessary and appropriate to do so, and suitable alternative accommodation has been secured. Providers are required to give advance notice to service users and under normal operations this is at least seven days. In accordance with Public Health advice, throughout the pandemic period, it has been necessary for only a very small minority of our service users to move accommodation.

In respect of the relocation of service user in Glasgow, the Home Office and Mears have engaged extensively with stakeholders in the city to discuss their concerns regarding the necessary movement of service users from serviced apartments to alternative premises. We accept that Mears's local engagement and communication was not as thorough or as timely as it should have been in this instance. We will continue to work with local partners to investigate and evaluate their wider concerns regarding the provision of service in this area and will ensure any operational lessons are shared with other providers as part of our continuous improvement board.

As we have set out, we have worked closely with Public Health authorities, and we and our providers are in regular contact with the local health authorities in each of the areas where hotels are being used to help facilitate the appropriate service provision in line with the guidance and funding assurance they have received. Where new hotels are brought into use, we have liaised in advance on the service to be delivered.

The Home Office has a suite of systems, processes and protocols in place to support the delivery of the asylum accommodation and support services and there are a range of mechanisms that provide information on how different elements of the services are performing. Since the start of the new AASC & AIRE contracts we have been working to establish a more consistent and consolidated approach between providers that gives better structure and visibility to this information. While progress has been disrupted by the onset and impacts of COVID-19, we remain committed to developing this work into a comprehensive assurance framework that will ensure it is transparent how each element of service delivery is assured.

In relation to the assurance of safeguarding responsibilities, there are currently no plans to introduce a contractual KPI to measure the myriad safeguarding requirements delivered across the various elements of accommodation, transportation, and support services. However, the Home Office and our providers have in place mechanisms, including individual safeguarding frameworks, which are overseen by a dedicated Safeguarding Board. In August 2020 we established a National Safeguarding Forum in partnership with Local Authorities and Strategic Migration Partnerships to enhance understanding of each body's policies and responsibilities, and how to ensure these worked together, at a strategic level. This includes the sharing of existing framework documents and will provide an opportunity for LAs and SMPs to feed into Asylum Support safeguarding strategy and operational practice as valued partners. We will provide the Committee with progress updates on this work as it progresses.

*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)

A standard cash allowance of £39.60 per week is provided to those living in “dispersal accommodation” (flats and houses) who are expected to meet all of their essential living by buying food and other necessary items in shops. Those receiving £39.60 a week are also entitled to accommodation, utilities and council tax paid and free access to healthcare and education for children.

There are no plans to provide the full £39.60 payment to those living in other forms of accommodation, where food and other essential items are provided wholly or partly in kind. However, a decision has been made to provide a weekly sum of £8 to cover essential needs in respect of travel and clothing that are not currently being fully met. £8 is the amount factored into the £39.60 rate to meet these two needs.

**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)

From the autumn of 2016, the Home Office engaged extensively with strategic stakeholders, including Strategic Migration Partnerships, Local Authorities and Non-Government Organisations and potential providers to design and develop the current model of the new AASC & AIRE contracts.

The new contracts include a suite of enhancements designed to improve the overall service user experience and deliver value for money. This includes a requirement for providers to develop close working relationships with the Local Authorities in which Service Users are accommodated, to support the effective coordination of provider and Local Authority delivered services, acting in the best interests of Service Users. The new contracts also include clearly defined performance standards measured through a set of Key Performance Indicators (KPIs) set within a wider Performance Management Regime (PMR) that ensures the safety and wellbeing of all Service Users. There are strict time limits associated with the expected movement of service users from initial accommodation to dispersal accommodation. Failure to meet those time limits could result in service credits being applied through financial deduction from monthly invoices.

The new contracts have been designed to ensure that all the providers work together to ensure that Service Users remain at the heart of the services and that over their life Continuous Improvement is enshrined in this work to enable providers to share best practise and learn from each other. There are no plans to review or redesign the delivery model of asylum contracts at this point.

The Home Office and its providers will continue to work with local authorities on the placement of asylum seekers within their areas to understand the pressures and opportunities and develop plans over the longer term. This will allow local authorities to continue to shape the provision of service in their area and to ensure the impacts of dispersal on local communities and services are considered when allocating accommodation.

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)

The Home Office is committed to working collaboratively with communities and stakeholders to ensure that destitute asylum seekers are provided with safe, secure and suitable accommodation. We have established the Local Government Chief Executive Group (HOLGCEX) group to bring together senior representatives from Home Office, Local Government Association and Local Authorities with the aim of working in partnership to improve the asylum dispersal process for the people who use this service and the communities in which they reside. In July 2019 the group agreed an approach to achieve more equity in asylum dispersal across the UK, aligning each region's share of asylum population to its national population share. This includes work by all parties to

understand and address barriers to wider participation in the asylum dispersal scheme. While all asylum accommodation contributes to local authority funds through council taxation, we recognise that a lack of further direct funding is one issue that has been regularly asserted by some local authorities as their main reason for not participating. Members of the HOLGCEX group are working collaboratively to identify and evidence these additional costs and the appropriate funding mechanisms.

As the Committee notes, in response to the outbreak of COVID-19 the decision was taken to temporarily pause the cessation of asylum support for those who would ordinarily no longer be eligible for accommodation. This has enabled individuals to effectively comply with public health guidance and mitigated pressures on Local Authorities.

Procurement of enough Dispersed Accommodation (DA) is the only sustainable solution to use of contingency accommodation and that can only be achieved with the co-operation of Local Authorities. The Home Office has continued to engage extensively with Local Authorities, other government departments and stakeholders, which includes members of the voluntary and community sector to plan an appropriate resumption to termination of statutory support that takes account of competing capacity and community pressures. We have tasked our Strategic Migration Partnerships to support us in working with Local Authorities to support a collective approach to increasing dispersal participation and assisting those who are no longer eligible to 'move-on' from asylum accommodation in order to achieve the level of procurement required to reduce use of contingency accommodation in their areas. This work will report upward to the Home Office Local Government Chief Executive Group (HOLGCEX).

**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)***

### ***Replied together with***

**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)

We welcome the Committee's recognition of the additional and extended support that the Home Office has provided to asylum seekers whose claims have been fully determined. The decision to temporarily extend support and accommodation for those who would otherwise no longer be eligible was undertaken in consultation with Public Health Agencies across the UK and in accordance with our Public Sector Equality Duties. We are grateful to local authorities across the UK for their part in supporting these efforts.

As the committee notes, this additional demand has also placed pressure on the asylum accommodation system and meant that many new asylum seekers have had to spend far longer in temporary accommodation, such as hotels, than we want. As wider public health restrictions evolve, it is right that the asylum system respond to such changes to ensure we can continue to provide support to those who are entitled to it and enable people to move onto the next phase of their lives as quickly as possible. We recognise that this is a complex undertaking that must be delivered at pace in a safe and proportionate way. Following careful discussion and planning with Public Health Agencies, Local Authorities, other government departments and stakeholders, which included members of the voluntary and community sector, we have since August resumed cessations in a phased approach. The first phase began by enabling those granted refugee status to move from asylum support first. Cessation of support for those whose asylum claims have been refused, and who are appeal rights exhausted will resume in later phases only as individuals are able to take steps to return to their country of origin. This includes responding to local and national changes in health restrictions. We will continue to listen and work closely with stakeholders including the devolved administrations and those in non-government throughout the recovery period to ensure that every individual can move on from asylum accommodation safely in line with local health advice.

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)

We welcome the Committee's recognition of immigration detention's response to this unprecedented health crisis, and of our commitment to return to business as usual in a careful and considered way.

On 26 March the High Court ruled that the Home Office was taking sensible, precautionary measures in relation to COVID-19 and immigration detention. These are in line with the Public Health England (PHE) and Public Health Scotland guidance, and are in place to protect staff and those detained. We consider the Court's findings a strong endorsement of the steps we have taken so far and continue to take.

The number of people in the immigration detention estate has fallen since the start of the COVID-19 pandemic. At the start of May 2020 there were 313 people detained, 97% of whom were foreign national offenders (FNOs). In comparison, there were 1,278 in the estate at the end of December 2019, and 555 at the end of March 2020.

There has been no change to the Adults at Risk in immigration detention policy (AAR) during the COVID-19 pandemic. However, supplementary guidance was issued to take account of the PHE advice, including the consideration of medical circumstances (including respiratory conditions) which could potentially elevate an AAR in detention level. All detained individuals who are assessed to have any of the underlying health vulnerabilities listed in the PHE guidance are automatically treated as being in the vulnerable category under the AAR policy.

The continued detention of each individual was then assessed in line with the existing policies and PHE advice, the availability of return routes, and individual circumstances, including risk to the public. Interim guidance in March set out the action that case workers should take in response to COVID-19. This guidance was subsequently published and is available on Gov.uk.

The Home Office also issued, and subsequently published, clear guidance for suppliers and Home Office staff operating in immigration removal centres (IRCs) and residential short-term holding facilities (RSTHFs) about the principles for managing COVID-19. This guidance covers the strategy for shielding those individuals in detention who may be vulnerable to the effects of COVID-19 and sets out actions that staff should take in response, including the management of asymptomatic individuals. This guidance is kept under review and will be revised as and when necessary.

With regard to those who may need to self-isolate, full 'reverse cohorting' consistent with PHE guidance is being practised in all IRCs. Upon arrival, all detained individuals are accommodated in an area dedicated to new arrivals which is separate from the rest of the IRC population and staffed by a dedicated team. They are then 'cohorted' with others arriving over the course of a week. At the end of that week, those individuals remain separated from the rest of the IRC population for a further 14 days. A rotational intake strategy amongst the IRCs has ensured that new arrivals do not come into contact with the existing population for the minimum prescribed period of 14 days after arrival. Anyone detained in an IRC who develops symptom consistent with COVID-19 is isolated in their own room within an isolation area. Those individuals who are severely unwell will be transferred to appropriate healthcare facilities.

In taking these actions, we have also recognised the risk to the mental health of the detainees. Measures have been introduced, including in-room activity and socially distanced group interactions, and increased access to and engagement with staff. Those detained were also provided with increased mobile phone credit to ensure that they could keep in contact with friends and families while social visits were paused. As part of our roadmap to recovery, social visits recommenced on 1 August 2020, but the provision of additional mobile phone credit is being continued for the time being.

***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)

In response to the unprecedented public health emergency that has arisen from the COVID-19 global pandemic, the Home Office has been working closely with Public Health leads to put in place a range of measures to support people in the asylum accommodation and immigration removal centre estates. This has included working closely with our providers to ensure the most vulnerable people within the system receive the support they need. As the demands have evolved, we have continued to monitor the situation closely and adjust our processes and procedures where appropriate. We will continue to listen and work closely with our stakeholders throughout the recovery period to continue to safeguard public health as we implement a considered and managed approach to recovery.

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)

The Government expects the highest standards from all of our contractors and we work closely with asylum accommodation providers to monitor and ensure they continue to meet these standards. Throughout the recent pandemic, all providers have continued to react quickly in challenging circumstances to ensure that statutory duties are met and asylum seekers continued to be safely accommodated in accordance with public health advice.

In respect of the necessary urgent movement of service users from Urban House in early July, the Home Office and Mears have met with the Director of Public Health for Wakefield to discuss what lessons can be learnt. Mears have apologised for the shortcomings in their communications with stakeholders during these moves and we are taking appropriate action to address and support all our providers in their management of future dispersals and potential outbreaks.

**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)

The Government is grateful for the committee's report and we remain committed to supporting those in our accommodation and those detained in our care, appropriately throughout this changing period.

However, we do not believe that it is helpful to compare immigration removal centre services, with that of accommodation for asylum seekers. While there are some commonalities between these contract services, we do not believe the management of these services is best undertaken through a single COVID-19 strategy. There are no plans to undertake a consolidated review of management across these services at this time.

As our earlier responses set out, UKVI and IE have been evaluating and keeping all temporary measures under review as part of our daily management and will ensure that all published guidance on the principles for managing COVID-19 in these settings, is reviewed as and when necessary to do so, such as, changes in the stage of the pandemic or changes to public health advice.

All decisions made in response to the COVID-19 pandemic in these settings, are done so with due regard to Public Sector Equality Duties and the safeguarding of the health and wellbeing of all including those with protected characteristics

All the Government's Public Health England guidance is available at [gov.uk](https://www.gov.uk) - we will continue to work with stakeholders to ensure detained individuals and service users are receiving the information and support they need throughout the pandemic.