
Written evidence submitted by Jesuit Refugee Service UK (COR0070)

I write in response to your call for evidence for the Home Affairs Select Committee Inquiry on the Home Office preparedness for COVID-19. We are grateful to the Select Committee for giving time to this important issue.

The Jesuit Refugee Service (JRS) UK works with those in immigration detention through visiting programmes at the Heathrow IRCs, and runs and outreach service to support them post-release; and with people who have been made destitute following the refusal of asylum claims, many of whom are pursuing fresh claims. In the latter context, we run a hosting scheme and legal advice service. The following evidence is based on our experience in both of these contexts. Whilst much of our evidence relates to the effective functioning of areas directly under Home Office control or that of its contractors, some additionally relates to other areas of government, where the response of those areas is impacted by the immigration status of individuals to whom it responds. This is important to understanding the Home Office's preparedness, and also what the Home Office could contribute to improving the overall government response.

Please do not hesitate to contact me if I can be of any further assistance.

Best wishes,

Sarah Teather
Director, JRS UK

Executive Summary

- At a time when public health demands that everyone has ready access to housing and healthcare, insecure immigration status acts as a barrier.
- The NHS charging regime creates fear of large bills and of data being shared with the Home Office deters refused asylum seekers and people with insecure immigration status from seeking healthcare. Correspondingly, it deters people who may be liable to charging from seeking treatment when displaying symptoms consistent with COVID-19, both because they cannot be sure this is what they have, and because they may still be charged for other health conditions. It also prevents people accessing care for underlying health conditions, which increases their vulnerability to COVID-19.
- People are especially vulnerable to infection whilst held in immigration detention, and public health measures in detention centres are inadequate.
- Homelessness makes social distancing and self-isolation impossible, but accommodation remains difficult to access for many, with immigration status continuing to act as a barrier.

Recommendations

- Allow everyone with insecure immigration status to take up a grant of renewable leave to remain, without limitations on access to public funds or the labour market. Ensure that no one with immigration status loses it during the pandemic. End the hostile environment and suspend No Recourse to Public Funds conditions to ensure that everyone can access essential services irrespective of immigration status.
 - Suspend data sharing between the NHS and the Home Office.
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- End the use of immigration detention for the duration of the pandemic, and ensure that people currently held in detention are released promptly into appropriate accommodation.
- Ensure that everyone in need of accommodation is urgently provided with it, irrespective of immigration status and restrictions on access to public funds.

Migrant Access to Essential Services during the pandemic

1. NHS Charging and data sharing is a barrier to healthcare

Many we work with are nervous of accessing healthcare due to fear of being charged and of information sharing between the NHS and the Home Office. The government has rightly exempted treatment for COVID-19 from the NHS charging regime, but our experience suggests that people without secure immigration status are likely to be deterred from accessing treatment by the fear of enforcement action and the knowledge that, should they test negative for COVID-19, they may be chargeable for any other treatment they need; or, indeed that they may be chargeable for any non-COVID related treatment even in the event of testing positive. This is especially significant in light of the fact that many refused asylum seekers we support have complex comorbidities, which make them more vulnerable to COVID-19. For example, we know of one individual who was experiencing COVID-19 symptoms but was too afraid to seek treatment because he also had underlying health conditions and was concerned that he would be charged for treatment relating to these.

2. Furthermore, as underlying health conditions render people more vulnerable to COVID-19, it is imperative for both individual and public health that everyone should be able to access healthcare for underlying conditions during the pandemic. NHS charging, however, acts as a barrier to such care for refused asylum seekers and others subject to the charging regime. Difficulty in accessing treatment means that people are likely to present late to health services by which time their health problems have become more severe, increasing the risk to them and to the public, and pressure on the NHS.

Homelessness

3. Context: Research among the community we serve in East London revealed a widespread pattern of couch-surfing with sporadic street homelessness. People are dependent on friends and acquaintances for a floor to sleep on; when this does not materialise, they are forced to sleep rough (further details can be found in JRS UK's 2018 report "Out in the Cold: homelessness among destitute refugees in London". Research is based on 135 surveys conducted in our day centre in 2017).

4. The COVID-19 pandemic increases street homelessness among refused asylum seekers. In the wake of COVID-19, many service users have become street homeless because friends are not in a position to have them staying during the pandemic. Others tell us that their friends or family are increasingly reluctant to house them, and are worried that they will soon be sleeping rough. Though our direct evidence applies specifically to refused asylum seekers, comparable patterns are likely to be found among undocumented migrants.

There are multiple barriers to accessing accommodation for homeless migrants.

5. Some we support are eligible for **Section 4 asylum accommodation**. We are currently supporting several people through the application process for Section 4; this process involves significant delays. People granted Home Office accommodation and placed in Initial Accommodation are still often placed in shared rooms – making it impossible to follow government advice on social distancing.

6. Refused asylum seekers face significant barriers in accessing Local Authority accommodation

- In the experience of JRS UK's destitution team, **it is often impossible for people to contact StreetLink, for them to refer onto the relevant Local Authority**. Many we support have been unable to get through to StreetLink despite spending hours on the phone repeatedly. It is also our understanding that StreetLink are struggling to send out outreach workers due to working at full capacity.
- We are aware that attempts to refer directly to Local Authorities are often ineffective.
- Some Local Authorities are denying accommodation to undocumented migrants and those with No Recourse to Public Funds conditions on grounds that they are ineligible.

Recommendations:

- **End the hostile environment and suspend No Recourse to Public Funds conditions to ensure everyone can access essential services for free irrespective of immigration status.**
- **Suspend data sharing between the NHS and the Home Office.**
- **Ensure that everyone in need of accommodation is urgently provided with it, irrespective of immigration status and restrictions on access to public funds.**

Immigration Detention in the Context of COVID-19

7. Immigration detention encourages the spread of COVID-19

Detention centres are enclosed spaces in which infection can spread quickly, and in which it is very difficult to self-isolate. Many we support in detention have complex health problems, and we and our colleagues across the sector observe that healthcare in detention is often inadequate. All of this renders immigration detention especially dangerous in the context of COVID-19. We have heard reports that those with symptoms are effectively placed in solitary confinement, and we do not believe this to be a humane solution.

8. Access to legal advice and other support in detention is obstructed by COVID-19

Most detention centres are closed to visitors, including legal advisors; our detention outreach team is accordingly no longer able to visit Heathrow IRC. Through phone conversations, we are aware that people detained in Harmondsworth and Colnbrook struggle to access legal advice and are increasingly isolated.

9. Release into homelessness

We have supported several individuals who have been released into homelessness during the pandemic; often, this is because the friends or family at the address they are bailed to are not in a position to host them during the pandemic; this would involve bringing a new person into a

household and thus increase risk of infection. Additionally, overcrowding is a greater problem when government advice is to stay at home.

Recommendation: End the use of immigration detention for the duration of the pandemic, and ensure that people currently held in detention are released promptly into appropriate accommodation.

Casework functioning during the COVID-19 pandemic

10. The immigration and asylum system faces unprecedented challenges to effective functioning during the COVID-19 pandemic. JRS UK's legal team advises people pursuing fresh asylum claims and others seeking to regularise their status. Since the outbreak of COVID-19, they have begun to encounter difficulties in approaching embassies and medical experts, and others whose testimony is key to a case. Furthermore, in our experience, face-to-face contact is often crucial to adequate communication with vulnerable clients, many of whom may not speak English as a first language. Taking statements remotely risks factual error.

Swift resolution of immigration status is needed

11. Across the above evidence, it is clear that insecure immigration status poses a threat to public health and undermines the government's response to COVID-19. Additionally, in a context where the workforce is under unprecedented pressure, many we support would bring valuable skills and could act as keyworkers if able to work. Therefore, **we recommend a grant of leave to all those with insecure immigration status. This needs to be long enough to incentivise people without immigration status to come forward, and to offer stability in this uncertain period.**

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