

Written evidence submitted by the British Red Cross (COR0108)

About the British Red Cross

1. The British Red Cross has over 19,600 volunteers in the UK and nearly 3,900 staff. We are part of the world's largest humanitarian network, the International Red Cross and Red Crescent Movement, which has 17 million volunteers across 191 countries. We are the UK's largest voluntary and community sector emergency response organisation and largest independent provider of support to refugees and asylum seekers.
- Across the UK we respond to an emergency every four hours, whether it is a fire in a family home or a large-scale national emergency. We provide practical and emotional support when it is needed most, and support individuals and communities to prepare for, respond to and recover from emergencies.
 - We collaborate with voluntary and community sector partners, such as through the Voluntary and Community Sector Emergency Partnership which the British Red Cross co-chairs, and with statutory partners to provide holistic support to communities after a crisis strikes.
 - We are the largest independent provider of support to refugees and people seeking asylum in the UK. In 2019 we supported over 32,000 people across 58 different cities and towns, including people who have been trafficked.

Recommendations

2. **It is of great importance that everyone, irrespective of their immigration status, is able to keep themselves, their families and their communities safe at this time. This requires enabling people to self-isolate where necessary and to maintain social distancing. The Home Office has a vital role to play in ensuring this happens, both through playing a leading role across Government and making changes to its own policies and practice.**

In particular, the British Red Cross recommends that:

3. The Home Office should:
 - Introduce alternative procedures for asylum screening interviews that do not require travel
 - Increase asylum support rates and ensure ASPEN payment cards can be used online
 - Simplify the asylum support application process to ensure people can access support quickly, including introducing access to emergency accommodation for applications under section 4 of the Immigration and Asylum Act 1999
 - Review all cases of detention and release people as a matter of priority and ensure that those released have access to financial assistance and accommodation.
 - Suspend No Recourse to Public Funds conditions to ensure people can meet their basic living needs and so that survivors of domestic abuse are able to access specialist support services including housing and financial support to escape abuse.
 - Ensure that family reunion visas that are due to expire are automatically renewed for six months, and that all visas now being granted last for six months.
 - Engage with other European Member States to coordinate the continued reunion of families.
 - Work with subcontractors on the Victim Care Contract to adopt emergency measures to ensure survivors of human trafficking and exploitation are able to receive support and

accommodation quickly and safely and introduce social-distancing measures on financial support, such as cash cards with online functionality.

- Introduce an automatic grant of leave to remain for a minimum of 30 months for people receiving a positive conclusive grounds decision under the National Referral Mechanism for victims of trafficking.

4. The Home Office and the Department of Health and Social Care should:

- remove barriers to accessing healthcare by suspending all NHS charging and data-sharing for the purposes of immigration enforcement and by providing accessible, multi-lingual public health information and support for asylum seeking and migrant communities, to ensure that people can keep themselves and others safe.

5. The Home Office and the Ministry of Housing, Communities and Local Government should:

- Ensure the needs of vulnerable groups are considered and supported by Local Resilience Forums.
- Work with Local Authorities to ensure unaccompanied young people are supported throughout this period and do not face destitution and homelessness.

6. The UK Government should:

- In due course, use the learnings and recovery from the COVID-19 pandemic and other recent crises, such as the widespread flooding of Autumn 2019, to review the Civil Contingences Act to ensure that the legislation governing emergency response in the UK is up to date and fit for purpose.
- Create the role of an emergencies minister within Government to provide clear leadership at times of crisis.

7. The British Red Cross recognises that Covid-19 requires a rapid response and as a result there will continue to be regular changes to policy and practice, as well as need. The recommendations we make in this submission reflect the situation at the time of writing, and we will be pleased to provide further updates to the Committee.

The effectiveness of Home Office communications to its partners, responders and the wider public about its preparations.

8. The British Red Cross report, *Ready for Anything: Putting people at the heart of emergency response*, was informed by polling of 5,000 members of the public alongside consulting individuals with lived experience of emergencies and explored the role of the voluntary and community sector in local crisis planning and response. The research highlighted a clear need in an emergency for leadership from national government and accurate, accessible and timely information to come from a trusted authority.¹

9. The British Red Cross is acting as a single-point of contact for charities supporting refugees and people seeking asylum to raise queries and receiving responses from the

¹ British Red Cross (2019) *Ready for Anything: putting people at the heart of emergency response* <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/ready-for-anything>

Home Office on matters relating to asylum, including regular phone conversations with Home Office officials. We welcome the engagement from the department on this and it is addressing some of the issues that occurred when policy changes were starting to be made, for example regarding reporting requirements, without sufficient, if indeed any, communication to those in the asylum system, support organisations or legal practitioners.

10. Government updates on the gov.uk website and related guidance on covid-19 are generally only available in English. Due to concerns about language barriers preventing people from accessing public health information, the British Red Cross worked with Doctors of the World and Migrant Help and their subsidiary Clear Voice, to produce translated versions of NHS guidance on covid-19². The official 'stay at home'³ and 'social distancing'⁴ guidance by Public Health England has now been translated into several languages including Arabic, Bengali, French, Mandarin and Urdu. For now, Doctors of the World continue adding new languages to their work on translated guidance, but we are looking for wider language needs that are common in the asylum system, such as Farsi and Tigrinya, to be met in translations of official guidance.

The preparedness of forces to support Local Resilience Forums during a possible civil contingencies emergency;

Local emergency response structures and processes

11. Local Resilience Forums (LRF) consist of representatives from emergency services, local authorities, health services and other statutory agencies, alongside local voluntary and community sector (VCS) organisations.⁵ LRFs oversee local crisis planning and response, and insight and knowledge of the local VCS is integral to ensure this planning and response is tailored to the needs of local communities.
12. Yet the British Red Cross report, *People Power in Emergencies: An assessment of voluntary and community sector engagement and human-centred approaches to emergency planning*, showed that more could be done to ensure that local VCS organisations are able to support local crisis planning and response, and that the needs of the most vulnerable groups in society are being met. The report showed that the levels of collaboration between VCS and LRFs varies significantly. Where it is lowest, the result is emergency planning and responses that focus mainly on statutory agencies. This lack of VCS input is a missed opportunity to mobilise people power so that communities can build their resilience and support their own recovery from within.
13. Our research also found that people's very different needs are not always considered with LRF planning. For example, though 85 per cent of local emergency plans contain

² Accessible at: <https://www.doctorsoftheworld.org.uk/coronavirus-information/>

³ Accessible at: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
Last accessed 23rd March 2020, more languages may have been added since then.

⁴ Accessible at: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
Last accessed 23rd March 2020, more languages may have been added since then.

⁵ as the Civil Contingencies Act must 'have regard to' the activities of not-for-profit bodies. Civil Contingencies Act (2004).

plans for providing food, only 44 per cent considered dietary requirements. Almost all plans included plans for longer-term mental health support, but most plans lacked provision for short-term psychosocial and emotions support during and immediately after a crisis. Our research also found that only 30 per cent of emergency plans defined vulnerable people, and they mainly focused on older people, children and individuals with disabilities. They did not commonly mention other factors like poverty, irregular immigration status, pre-existing homelessness and geographical isolation, all of which can have a bearing on how crises affect people and communities.

14. These findings are pertinent as the impact of Covid-19 is most severe for these vulnerable groups in society; people with health conditions, people who are socially isolated, and those with no recourse to public funds or with insecure immigration status.
15. It is vital the Home Office plays a leading role in promoting the role of the VCS to LRFs, alongside ensuring the LRF meets the needs of the most vulnerable. LRFs are not legal entities in themselves: all members, such as police forces or fire and rescue services, have collective responsibility and this should extend to ensuring that local VCS organisations are fully involved in local response to COVID-19.

The role of the VCS at national and local level

16. Already, we are seeing how vital national and local VCS organisations will be in supporting the Government's practical, policy and legislative response to Covid-19. We welcome initiatives to support LRF engagement with the VCS, such as supporting and enabling communities of practice, developing guidance, tools kits and scaling up best practice.
17. The VCS itself has a key role to play in ensuring coordination and clear communication about how local VCS organisations can best support national efforts. The British Red Cross has been in regular contact with the Ministry for Housing, Communities and Local Government (MHCLG) and the Department for Culture, Media and Sport, alongside members of the Voluntary and Community Sector Emergencies Partnership to map the national and local VCS. This information will enable LRFs and their Hubs to use the capabilities and insight of the voluntary and community sector as part of their response to Covid-19. The Home Office should be working with these other Government Departments to support this work.
18. The Home Office has a particularly important role in helping to identify and support the most vulnerable groups in society. This should involve identifying practical solutions, such as outreach services or welfare checks, alongside the necessary changes in policy to ensure support and care for all as those impacted by the virus increases and new challenges emerge.
19. **The British Red Cross recommends that following the Covid-19 pandemic the Government should review of the Civil Contingencies Act, regulations and guidance under the to ensure it is fit for the changing nature of crisis response in the UK and outlines a clearer, enshrined role for the voluntary sector.**

How the Home Office and its major contractors are working together to ensure the safe and effective operation of contracted services is maintained, particularly where these services affect vulnerable people

20. The British Red Cross is concerned that existing Home Office policies place vulnerable people at additional risk and may pose wider public health concerns during the Covid-19 pandemic unless emergency measures are introduced to ensure people can access healthcare, meet their immediate material needs and continue to access a functioning immigration and protection system.

Access to healthcare

21. People seeking asylum and with insecure immigration status often face barriers to accessing healthcare. These barriers include informal barriers such as the lack of accessible, multi-lingual public health advice and information and formal barriers including charging for NHS care and fear about contacting life-saving public services due to concerns about data sharing for the purposes of immigration enforcement. At the time of writing, we await assurances on the steps the Home Office is taking to address these barriers to accessing healthcare and related vital public services.
22. The Government has introduced an exemption for Covid-19 testing and treatment, however people will still be charged for any other tests and treatment for comorbidities that are not exempt, and people still face the fear of data-sharing for the purposes of immigration enforcement. Research by the International Federation of the Red Cross and Red Crescent Societies has shown that across the world practices such as charging for healthcare and data-sharing can “turn migration into a humanitarian crisis” and called on states to ensure that “lack of legal status does not become a barrier to the basic protection of life and dignity”⁶.
23. **The British Red Cross recommends that the Home Office and Department for Health and Social Care remove barriers to accessing healthcare by suspending all NHS charging and data-sharing for the purposes of immigration enforcement and by providing accessible, multi-lingual public health information and support for asylum seeking and migrant communities, to ensure that people can keep themselves and others safe.**

Access to protection and related legal processes

Access to the Asylum System

24. We welcome the Home Office’s commitment, in line with international standards, to ensuring people in need of protection continue to be able to present their application at this extremely difficult time.

⁶ *New Walled Order: How barriers to basic services turn migration into a humanitarian crisis*, IFRC, 2018, available at: <https://media.ifrc.org/ifrc/document/new-walled-order-barriers-basic-services-turn-migration-humanitarian-crisis/>

25. In-country access to the UK's asylum system usually requires people to travel to in-person appointments in two specific locations, the Asylum Screening Unit in Croydon and the Further Submissions Unit in Liverpool. The requirement to travel to Croydon to claim asylum and Liverpool to lodge further submissions can present barriers to accessing protection that have a disproportionate impact on vulnerable people such as those with health concerns, children or those facing financial hardship. For people submitting further submissions there is no requirement for a face to face appointment, meaning people are often making the long journeys to Liverpool simply to hand over their papers.
26. These requirements present specific concerns in the current Covid-19 pandemic given the requirement for extensive travel and in-person appointments. Some screening interviews have been cancelled due to the unavailability of Home Office staff as a result of Covid-19. At the time of writing, there is no information on alternative procedures. This is especially concerning as completing a screening interview is a necessary step to being able to apply for asylum support and to receive financial assistance and accommodation. **The British Red Cross recommends that the Home Office urgently introduce alternative procedures for asylum screening interviews that do not require travel.**
27. In light of government advice on social-distancing and avoiding all unnecessary travel, the Home Office made a welcome announcement that from 18 March the requirement for Further Submissions to be lodged in person in Liverpool was suspended. The Home Office has advised applicants to submit further submissions via e-mail to a dedicated in-box or through the pre-existing postal route.
28. The Home Office has provided a related update that all face-to-face substantive asylum interviews will be paused and that the Home Office will be exploring alternative options such as digital interviews, use of telephone or gathering information by post and email. The pandemic is likely to affect asylum applicants' access to legal advice on their asylum applications and ability to collect evidence to support their application. This needs to be taken into account and mitigated where people are unable to access legal advice and related to this, people who may need to submit an asylum appeal or attend an appeal hearing.

Immigration Removal Centres

29. Immigration detention should only be used as a last resort and to effect removal. Given the current restrictions on foreign travel as a result of Covid-19, in many current cases of detention removal will not be feasible for the foreseeable future. We welcome the commitment by the Home Office to review all cases of immigration detention and media reports indicate that a significant number of people have already been released. However, there is no information regarding the support that people are being provided with on release, and in our previous research we have highlighted the risks of releasing people into destitution.⁷ **The British Red Cross recommends that all cases of detention should continue to be reviewed and people released as a matter of**

⁷ *Never Truly Free: the humanitarian impact of the UK immigration detention system*, British Red Cross 2018
<https://www.redcross.org.uk/-/media/documents/about-us/research-publications/refugee-support/never-truly-free-march-2018.pdf>

priority, and that those released should have access to financial assistance and accommodation.

Access to immediate material needs

30. In 2019, the British Red Cross refugee support services provided destitution support to over 16,000 people across 58 towns and cities in all four nations of the UK. We support people at all stages of the asylum process including new arrivals and people refused asylum. We believe destitution should play no part in the asylum system but each year we support thousands of people who face destitution and homelessness because their immigration status means they are not allowed to work, have No Recourse to Public Funds and struggle with accessing and living on asylum support.
31. We have welcomed the measures the Government has introduced so far to ensure people are able to meet their immediate living needs during this emergency, including changes to Universal Credit. However, we have been concerned about the ongoing lack of emergency measures to support people in the asylum system and people with No Recourse to Public Funds, many of whom are facing homelessness and destitution and do not have the means to follow the government advice to self-isolate.
32. We were relieved to receive the subsequent announcement on 27th March 2020 that the Home Office are suspending evictions from asylum support for a 3-month period, in line with the wider ban on evictions. This is an extremely important step that will ensure 50,000 people currently in the asylum support system are not at risk of homelessness and destitution. We are looking to the Home Office urgently for further emergency measures to support people in the asylum system, people in the National Referral Mechanism for victims of human trafficking and people with No Recourse to Public Funds to be able to meet their immediate living needs and follow measures to keep themselves and others safe during this crisis.

No Recourse to Public Funds

33. People with insecure immigration status who are destitute and have No Recourse to Public Funds will not be able to self-isolate and will require emergency support, particularly as support provided by charities, foodbanks and night shelters is affected. Relatedly, people granted Leave to Remain with No Recourse to Public Funds restrictions will also be affected. They may be earning minimum wage or on zero hours contracts, earning just enough to pay rent and subsistence. If their wages are not covered by the Government's PAYE scheme, they will be left with no income to support themselves and their families.
34. As domestic abuse charities have raised, home is not a safe place for many people and self-isolation can bring risks of escalating abuse⁸. As campaigns such as Women's Aid's 'No Woman Turned Away'⁹, have highlighted, women with No Recourse to Public Funds face additional barriers to accessing support as many specialist refuges require people to have recourse to public funds to fund a bed-space or to access Local Authority homelessness services.

⁸ Joint Letter on Covid 19 and domestic abuse <https://www.refuge.org.uk/wp-content/uploads/2020/04/Joint-letter-Covid-19-pandemic-April-2020.pdf>

⁹ For more information see: <https://www.womensaid.org.uk/no-woman-turned-away/>

35. On 26 March 2020, Luke Hall, Minister for Local Government and Homelessness, wrote to all local authorities in England saying that it is “imperative that rough sleepers and other vulnerable homeless are supported into appropriate accommodation by the end of the week”. We understand that this is intended to include all people who are rough-sleeping and homeless regardless of immigration status. In reality our services have found that responses from Local Authorities have been mixed, with some authorities clearly unsure how to respond to this letter and to support people with insecure immigration status. It has been unclear under what powers Local Authorities will be supporting people with No Recourse to Public Funds and whether any support provided will include subsistence support. Some Local Government bodies including the Greater London Authority¹⁰ have explicitly announced emergency housing for people who are rough-sleeping regardless of immigration status and devolved governments such as Wales and Scotland have also announced measures to support people regardless of immigration status. Each of these are very welcome local responses to this national emergency but indicate a lack of coordinated planning for people with insecure immigration status and No Recourse to Public Funds. In connection with this, some Local Government bodies have called on the Home Office to suspend No Recourse to Public Funds conditions¹¹ to ensure they are able to support people regardless of immigration status during this emergency.
36. **The British Red Cross recommends that the Home Office removes the restrictions created by No Recourse to Public Funds so that people can access emergency accommodation and meet their basic living needs and so that survivors of domestic abuse are able to access specialist support services including housing and financial support to escape abuse.**

Asylum Support

37. In 2019 the Home Office awarded new contracts to provide asylum support to voluntary agencies and private sector companies through the Advice, Issue Reporting and Eligibility (AIRE) and the Asylum Accommodation and Support Services Contract (AASC). Any emergency measures covering asylum support will therefore require the capacity, commitment and management of all the various Home Office asylum sub-contractors. The transition to these new contracts has faced many issues, including accessibility, delays in asylum support application processing, payments and accommodation supply which are particularly concerning as these services are required to step up provision for the current covid-19 emergency.
38. In most cases access to the Asylum Support system is via a complex process that requires people to prove destitution by completing a 33-page application form and gathering relevant supporting evidence. The destitution threshold is high, and applicants generally require support from voluntary sector agencies to prepare applications. There are ongoing concerns about delays in processing applications and providing asylum support¹². **The British Red Cross recommends that the asylum support application**

¹⁰ GLA press release available at: <https://www.london.gov.uk/press-releases/mayoral/rough-sleepers-to-be-offered-hotel-beds-to-isolate>

¹¹ See for example <https://www.london.gov.uk/press-releases/mayoral/mayor-calls-for-support-for-those-with-low-income>

¹² Slipping Through the Cracks, Refugee Action July 2017 <https://www.refugee-action.org.uk/wp->

process should be simplified and streamlined to ensure people can access support easily and quickly, including providing emergency accommodation for applications under section 4 of the Immigration and Asylum Act 1999.

39. Asylum support is provided in the form of shared accommodation including shared bedrooms and either basic financial support of £37.75 per week for those on Section 95 and £36.95 for those on Section 4. This amounts to around £5.39 a day for all essential living needs and we are concerned asylum seekers will face even greater barriers to meeting their basic living needs within this budget given the difficulty accessing basic goods in supermarkets. This will particularly impact people who are elderly and/or have underlying health conditions which place them at risk of serious illness if exposed to the virus. Similarly, people receiving asylum support who have underlying health conditions and are at risk of serious illness if exposed to the virus will need additional support related to going shopping or accessing other essentials. **The British Red Cross recommends that asylum support rates should be increased and that measures such as the online use of ASPEN cards should be put in place to ensure those who need to self-isolate are able to access essential living needs.**
40. People who would ordinarily be moving on from asylum support accommodation after receiving either a positive or negative decision on their asylum accommodation face risks of homelessness and destitution. The British Red Cross, along with other organisations across the refugee and migrant sector have been advocating for the **suspension of all terminations of asylum support**. We welcome the recent announcement of 27 March 2020 that the Home Office will suspend all evictions from asylum support for a period of 3 months. This will ensure that nearly 50,000 people currently receiving asylum support are no longer at risk of homelessness and destitution during this emergency.

Unaccompanied Young People Seeking Asylum

41. Related to the concerns set out above, we have concerns for young people who are under 21 years old and being provided support by Local Authorities whilst seeking asylum. Young people in semi-independent accommodation will also need additional support to self-isolate. Young people might also ordinarily face circumstances such as the result of asylum decisions by the Home Office or Local Authority age or human rights assessments where they would be expected to leave Local Authority care and support. **The British Red Cross recommends that the Home Office and Local Authorities work together to ensure young people are supported throughout this period and do not face destitution and homelessness.**

Family Reunion

42. The British Red Cross supports hundreds of families who have been separated by war, violence and persecution to reunite safely in the UK each year through the UK's Refugee Family Reunion Rules and the Dublin III Regulation. Due to the closure of Visa Application Centres around the world and the restrictions on international travel, there are severe barriers to families being able to reunite currently.

43. This is impacting those who had already been through the application process and had just recently been granted visas to join their family member, but who are now unable to secure travel. Family reunion visas granted under the UK's domestic legislation are only issued for 30 days, and so many will now expire. Families also remain separated and to ensure that once travel is possible again families are able to reunite as quickly as possible, it is important that applications are able to continue to be made and assessed. **The British Red Cross recommends that family reunion visas that are due to expire should be automatically renewed for six months, and that all visas now being granted should also last for six months.**
44. While we recognise that there are barriers to travel, where it is possible to continue to reunite families we encourage those opportunities to be taken advantage of. For example, a number of European countries are currently relocating unaccompanied children from Greece to ease the pressure on the Greek asylum system and to provide those children with safety. We are aware that a significant number of people who are in the Greek asylum system have family members in the UK and so are eligible to be reunited with them under the Dublin III Regulation. **The British Red Cross recommends that the Home Office engages with other European Member States to coordinate the continued reunion of families.**
45. Covid-19 is also impacting families who have recently reunited. When family members arrive in the UK they are required to collect their Biometric Residence Permit (BRP) within 10 days. However, on Monday 23 March the Home Office closed their BRP collection and delivery office and so families have been unable to obtain their documentation. Consequently, those families are now unable to access any welfare benefits due to a lack of ID and are at risk of destitution. The inability to collect or have a BRP delivered will also affect newly granted refugees and those whose leave has expired and are unable to renew their leave. **The British Red Cross recommends that the Home Office and the Department for Work and Pensions work together to ensure that families and individuals without a BRP or NINO due to Covid-19 are still able to access the social welfare system.**

The National Referral Mechanism

46. During the covid-19 emergency there need to be clear processes in place for identifying and supporting people in the UK subjected to human trafficking and exploitation. As front-line services are scaled back in line with government advice, it is crucial that people remain able to access advice and support on their options and are supported to access the National Referral Mechanism if appropriate. Related to the points set out above on access to legal advice in the asylum system, there is similarly a risk that people in the National Referral Mechanism are unable to access legal and related expert advice or collect relevant evidence to support NRM decision making.
47. The Covid-19 emergency will affect people accessing safe-house accommodation under the National Referral Mechanism, many of whom are extremely vulnerable and may have just exited exploitation. People will increasingly need more rapid access to safe house accommodation that is appropriate for people who are symptomatic and for people who are not symptomatic and support to self-isolate within safe-houses if they

have underlying medical conditions. **The British Red Cross recommends that the Home Office works with providers of the Victim Care Contract to ensure survivors of human trafficking and exploitation are able to receive support and accommodation quickly and safely.**

48. People in the National Referral Mechanism who are not accommodated in safe-houses (they may be living in Local Authority support or asylum support) are provided with support by an NRM outreach worker as well as additional financial support. As many survivors of trafficking do not have bank accounts this financial support is often provided in cash. Outreach support generally involves home visits or meeting in public places such as cafes or parks which will not be possible under the current circumstances. Additionally, survivors of trafficking may have underlying health conditions that might make them additionally vulnerable to covid-19. It is unclear whether additional forms of support to access food shopping, essential items and medicine will be carried out by NRM outreach workers. **The British Red Cross recommends that the Home Office and its subcontractors on the Victim Care Contract adopt emergency measures to ensure people can continue to receive support, such as introducing cash cards as an alternative means to deliver financial support.**
49. People who receive a positive or a negative conclusive grounds decision are ordinarily expected to move on from support within 45 or 9 days respectively. The Home Office brought in the Recovery Needs Assessment (RNA) Guidance¹¹ in September 2019 that allowed support workers contracted under the Victim Care Contract to apply for up to six months of continued support for people who have a positive decision if they have “ongoing recovery needs arising from their modern slavery experiences”. The British Red Cross has recommended that people with positive decisions are provided with automatic, needs led support for a minimum of 12 months and that care pathways are put in place for those leaving the NRM with a negative decision¹³. We have welcomed the Government’s recent announcement that people supported through the National Referral Mechanism in safe-houses will be permitted to stay in safe-house accommodation for the next three months¹⁴ in line with similar announcements on asylum support terminations. We remain unclear whether this announcement also extends financial support for people in the National Referral Mechanism and are seeking clarification from the Home Office Modern Slavery Unit on this issue.
50. British Red Cross research¹⁵ and operational experience has shown that people leaving the National Referral Mechanism with insecure immigration status are at risk of re-exploitation and that their recovery is negatively affected. We have recommended that people leaving the National Referral Mechanism with a positive conclusive grounds decision should automatically be awarded Leave to Remain for a minimum of 30 months. The Home Office currently grants leave to remain on a discretionary basis and in light of the current emergency, there are compelling reasons for people to be granted

¹³¹³ For more information see *Hope for the Future: support for survivors of trafficking after the National Referral Mechanism*, British Red Cross, Ashiana and Hestia, 2019 available at: <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/human-trafficking-and-slavery/after-the-national-referral-mechanism-report>

¹⁴ See further details at <https://www.gov.uk/government/news/support-for-modern-slavery-victims-affected-by-coronavirus>

¹⁵ *Hope for the Future: support for survivors of trafficking after the National Referral Mechanism*, British Red Cross, Ashiana and Hestia, 2019 available at: <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/human-trafficking-and-slavery/after-the-national-referral-mechanism-report>

leave to remain. **The British Red Cross recommends that people receiving a positive conclusive grounds decision should be granted a minimum of 30 months leave to remain.**

Conclusion

51. To ensure alignment between different Government Departments we finally recommend the creation of the role of emergencies minister within Government. This would provide cross-governmental input and co-ordination, leadership and accountability when a crisis strikes. The benefits of a single Minister responsible for emergency preparedness, response and recovery are it would prevent the duplication between different departments, oversee both local and national response, facilitate resource and funding allocations across government departments, to ensure a holistic package of support for communities, and provide a clear line of accountability for both parliament and the public.

April 2020