

Written evidence submitted by Scottish Refugee Council (COR0115)

Key issues

1. Scottish refugee council welcomes the Committee's consideration of the Home office in the Covid-19 public health emergency. It is vital the Home office adhere to the wider public health imperative and guidance they receive. This is not only for now, in lockdown, but in the medium-term also, when the Covid-19 virus will still very much be in the community. The Home office cannot be allowed to revert to "business-as-usual" and an asylum system, riven with destitution, disappearance and deprivation.
2. No one should be homeless, especially now. Such undermines the public health endeavour to get out of Covid-19, short of an effective and accessible vaccine. The Home office and its providers must follow a socially inclusive public health approach out of Covid-19. That means a no-homelessness promise. Destitution creates vulnerable communities. Covid-19 thrives on vulnerabilities. Evidence is emerging this is especially where deprivation intersects with population density, ethnicity and age.
3. Asylum seekers in the UK already stood, before Covid-19, at a dangerous intersection, as: (a) they often had trauma on arrival, then aggravated by (b) denial of the right to work, (c) routing into severe poverty with financial support at less than ½ the value of the social security minimum; (d) put into no-choice accommodation in cheaper private housing procured by large commercial companies; and (e) into areas with deep inequalities and entrenched multiple deprivation, resulting in social isolation.
4. This intersection became intolerably dangerous when Covid-19 arrived. Without serious and urgent reforms, the asylum accommodation system itself presents a public health risk. Over the last decade, the trend in asylum accommodation has not only been toward lower-end private housing in communities blighted by austerity and deprivation. It has been accommodation of strangers in (a) extensive use of shared accommodation, (b) acceleration in HMOs which are now a significant part of asylum housing and, as has been documented recently again, (c) forced bedroom- and dorm-sharing.
5. This is why the Home office and its providers are struggling to secure accommodation so that asylum seekers can safely socially distance, self-isolate if need be, with access to health services. The procurement of 4,000 hotels rooms since Covid-19 reflects at least an urgency. However, it is evidence of a poorly-managed accommodation system with no slack. It struggles to handle a slow asylum decisions system. There is no discernible contingency: hotels were often used before

Covid-19. They are not a sustainable solution. We need accommodation that is safe, stable, with privacy.

Key recommendations

1. The Home office and its accommodation providers must publish the advice, guidance, and recommendations from Public Health England received to date and in the future. It should publish the decision it made on the basis of that and any other relevant advices received.
2. The Home office and its accommodation providers must, at a national level, comply with UK government public health recovery plans, overseen by Health & social care and Housing Ministers.
3. The Home office and its accommodation providers should commit to complying with local and devolved government decision frameworks for socially inclusive public health-led approaches out of Covid-19 and, in particular, to a policy of no-evictions and homelessness without safe destination.
4. The Home office and its accommodation providers must involve and give full regard to “asylum dispersal” councils and local public health units and devolved governments, in its Ministerial review of its no-evictions policy and decisions on the other asylum system changes made in light of Covid-19.
5. The Home office must directly fund “asylum dispersal” local authorities in recognition of there being such, as well as order its accommodation providers to work in partnership and accountably so, with those councils, so asylum accommodation fits not fetters local housing plans well beyond Covid-19.

May 2020