

Supplementary written evidence submitted by Mears Group (COR0181)

1) Q457: Stuart C. McDonald: In consultation with whom?

Please confirm who was either (a) consulted or (b) informed, and when, ahead of the move of asylum seekers into hotels in Glasgow? How was this consultation conducted?

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

Consultation and risk assessment is carried out formally at monthly contract management meetings between Mears and the Home Office and monthly meetings with Glasgow City Council and COSLA. Weekly updates are provided and daily on site risk assessments are completed. Before hotels were acquired the Glasgow Strategic Partnership Group signed off the hotels for suitability and to ensure it did not impact the Council's own potential need for acquisition of hotel accommodation for local homeless support.

Mears informed ASH, the Scottish Refugee Council and the Red Cross, inviting them to provide advice on the arrangements. ASH and the SRC have visited the hotel accommodation.

- What steps have Mears and the Home Office taken to assess any potential vulnerabilities among the individuals that have been moved to hotels in Glasgow before, during and after the moves?

A. Prior to the moves, we risk assessed which service users it was appropriate to move, taking account health advice. Children, pregnant women, and all service users with documented health conditions that are COVID-19 vulnerabilities, were not moved into hotels. Prior to the moves our team spoke to service users to make them aware they were to move and the reason for this move to other accommodation. At this stage, any identified vulnerabilities were taken into account before moves took place.

During/after the moves, Mears has Housing Managers and Residential Welfare Managers based at each of the hotels on a daily basis to help service users with any issues or concerns. Mears are working closely with AHBT to provide medical assistance/advice and guidance to any service user who asks for help, this is done through direct referrals to the health team. In relation to COVID 19 we are making daily contact with service users and having a weekly meaningful conversation with every service user to check on their well-being and to confirm they have no symptoms of COVID 19.

2) Q462: Stuart C. McDonald: If everyone could give us the up-to-date figures on who is in a shared room, that would be great.

A. Within our DA estate in NEYH there are 57 rooms (114 service users) sharing with one other person. There is no room sharing in Scotland or Northern Ireland. Sharing was part of the historic DA estate when Mears became responsible for the contract, we have reduced the numbers sharing significantly and we have not created any new shared rooms in DA.

Within our IA estate, sharing is only at Urban House where there are

- 71 rooms currently being used for sharing by 142 non related service users. These are all 2 person rooms.
- 27 shared rooms accommodating 84 service users in family units as appropriate.

Can you provide the Committee with the number of people in your accommodation who are currently a) in shared rooms and b) specify whether these rooms are two-bedrooms or larger?

A.

- 256 non-related service users are in shared rooms, in total in DA and IA. In these cases there are no more than two people sharing.
- 84 service users are in shared rooms in family groups as appropriate in IA.
- All shared rooms are occupied by a maximum of two people except for 14 rooms at Urban House that are occupied by larger family units.

3) Q464: Chair: Could you all just confirm that? We have been given some evidence, reports from people saying that new arrivals are being put into shared accommodation and shared rooms, either in hotels or in other forms of initial accommodation, so that would be very helpful for you to check.

A. Since 23rd March no new arrivals in any region have been placed in shared rooms.

Can you confirm if you are placing any new arrivals into shared accommodation and shared rooms (including, for asylum accommodation providers in hotels or other forms of initial accommodation)? If so please explain (a) the grounds for your decision to maintain this practice, and b) how many new arrivals have been placed in such accommodation, and in what type of accommodation?

A. There is a distinction between shared rooms and shared accommodation in the form of a House in Multiple Accommodation (HMO). No new arrivals are room sharing. A number of new arrivals who travelled together have been placed in HMO shared accommodation where that HMO was empty at the time thus ensuring we do not create a new household.

- If you have now stopped moving people into shared rooms, what was the last date on which people were moved into such accommodation?

A. Mears stopped new room sharing in Urban House IA facility on 23rd March.

- Do you expect to maintain/resume the use of shared rooms once social distancing requirements are lifted?

A. On commencement of the AASC contract Mears inherited 2350 people sharing rooms in NEYH DA. Mears stopped that practise and reduced it to 114 by 23rd March. On recommencement of normal business activity we will rehouse this last group of 114 people to end all sharing in DA. In the shorter term IA accommodation at Urban House there will continue to be some room sharing.

4) Can you provide the Committee with details of a) advice, guidance and/or recommendations that you have received from Public Health England at national and local level in relation to the safeguarding of individuals in asylum accommodation and b) any guidance received from the Home Office on the same issue?

A. We have received advice from PHE nationally, regionally and locally. We have received advice from the Home Office and are in contact on a daily basis. The PHE advice has been to maintain 'stable households' at this time, which we are doing in both IA and DA accommodation. We are limiting service users moving in or out of accommodation, except where there is a welfare or health reason. Moves are agreed with the Home Office in advance. The Home office advised us that no dispersals would take place within the DA estate unless there was a safeguarding, health or welfare concern. Specifically at Urban House IA facility, we hosted a visit by the area Director of Public Health to review COVID-19 arrangements.

5) Can you confirm whether anyone (service users or staff) has been able or has tried to access the tests for Covid-19?

A. 8 service users have had access to COVID 19 tests and all staff members have access tests as key workers.

- If so, please provide details, including how many service users and staff have done so, and how?

A. Service users – 14 tested, 6 positive. The tests were arranged in one of a number of ways – during a hospital stay, through their GP a visiting nurse

Staff – 6 people have been tested. 4 were found to be positive. Of these 4, 1 had the test during a hospital stay and the others arranged it privately at a local testing centre.

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