The Medical Consequences of “Contingency Accommodation” for People Seeking Asylum

Summary Report

Medact Migrant Solidarity Group

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Author's Competing Interests

Medact Migrant Solidarity Group

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About Medact

Medact is a charity that brings together health workers to fight for health justice. We recognise that health injustice is driven by political, social and economic conditions – and we mobilise the health community to take action to change the system. Medact and our member groups also carry out research that helps us to understand health inequalities and offers solid evidence for effective campaigning and advocacy.

Summary

- The number of asylum seekers being housed in contingency accommodation such as hotels and barracks has increased dramatically since 2020, and is continuing to be expanded through the Nationality & Borders Act.
- We asked doctors, nurses, health workers and refugee advocates across the UK for a rapid snapshot of the conditions for refugees and asylum seekers living in contingency accommodation.
- This survey demonstrated that inadequate standards in contingency accommodation are present across several domains; poor standards are widespread around the country.
- Respondents described how refugees and asylum seekers struggled to meet basic needs such as access to nutritious food, access to legal and other services, barriers to healthcare registration, movement restriction, frequent moves, and being transferred at short notice.
- Housing is a key social determinant of health, and poor housing can detriment many aspects of physical and mental health and wellbeing.
- Poor contingency accommodation contributes to the wider hostility in housing facing many refugees and asylum seekers including potential detention, deportation, amongst others.
- It is important for the health community to be aware of inadequate housing conditions, and stand in solidarity with migrants and asylum seekers within our communities to demand that action is taken to improve their living circumstances.
- We are calling for an immediate reduction in the use of contingency accommodation, the expansion of safe placements for refugees, and a range of interim practical steps to ensure those currently living in accommodation are adequately safeguarded, provided with basic and essential needs, access to legal advice, and healthcare.
- We reject the government's claims that the continued use of this accommodation is justified by the number of people seeking asylum in the UK.
- We argue that this so-called 'crisis' is one of the UK government's making, through its increasingly hostile and punitive immigration policies.

"We have had pregnant asylum seekers staying in hotels and having to return there with their babies. (...) They are often moved suddenly to completely new areas away from the GP's and midwives they know and sometimes away from the hospital they are booked to"

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What the problem is

Contingency or initial accommodation has been expanded rapidly since 2020, when it started to be used as temporary housing for asylum seekers in the UK.[1] There are currently around 26,000 people estimated to be housed in such accommodation.[2] Quasi-detention sites being used, such as Napier and Penally army barracks, have received some national attention due to the unacceptable conditions there[3,4] – including being criticised by the government's own All Party Parliamentary Group (APPG)[5] – however, less attention has been paid to the multiple other sites being used. The aim of this report was to collate reports of the conditions in these hotels and how they impact on the health of people housed there.

The use of contingency accommodation is justified by the Home Office due to 'high numbers of people seeking asylum in the UK'. However, despite media reports of a migrant 'crisis', the number of people seeking asylum remains below the 2002/03 peak of 84,000.[6] The Home Office has also reinforced its claim that these are only an interim measure, but people are, and continue to be, staying for several months and, in many cases, over a year.[7] Further to this, there has been an increase in the average time to process applications, with the number of people waiting over a year increasing tenfold.[8]

Asylum seekers are often vulnerable, having been forcibly displaced and made traumatic journeys here. They are then at risk of being further traumatised by the asylum process itself (a so-called triple trauma).[9] As a sub-group, they often don't have the 'healthy migrant' benefit effect of other migrants.[10] Despite these increased health needs, there have been concerns over access to health services for those in contingency accommodation, with no assessment, or even signposting, offered as standard.[12] These initial barriers will further damage health. Whilst thinking of asylum seekers as a group can undermine individual journeys and miss intersectional health risks people face, it can be useful for understanding trends and structural discrimination. We agree with Angela Davis when she stated: *"migrants and refugees don't represent individuals or groups or communities. Rather they represent state-regulated representations of governance."*[13]

With the Nationality and Borders Act enshrined in legislation, and the Home Office planning to increase the use of 'processing centres' coupled with the increasing time to process asylum applications, this group of patients is set to expand in the coming years. The expansion of contingency accommodation also occurs alongside rising numbers of forced detentions of asylum seekers.

In a policy context of rapidly expanding use, we wanted to perform a pragmatic, brief analysis to understand the conditions in contingency accommodation and how they may affect health.

What we did

Medact Migrant Solidarity Group (MSG) sent a ten-part questionnaire to those working in contingency accommodation and/or with people housed there. The aim was to ascertain the conditions refugees and asylum seekers were living in, and how they may be impacting their health. This addressed multiple upstream dimensions, including social care, legal aid, basic essentials and access to healthcare. Surveys were sent out through known channels and responses collated, with themes from respondents being compiled by the research team. A combination of tick box and open space questions were used to allow participants to express their observations.[14]

> *"with little notice, evacuees are being dispersed across the UK to places they have no contacts and once again to hotels, not homes. These are the third or fourth hotels and cities they find themselves in"*, and *"people were frequently moved with almost no notice, (..) weren't told where they were going [and] had to ask, on arrival in a new town, which town they were in"*, sometimes *"told they are moving just hours before they are moved to another awful hotel"*

What we found

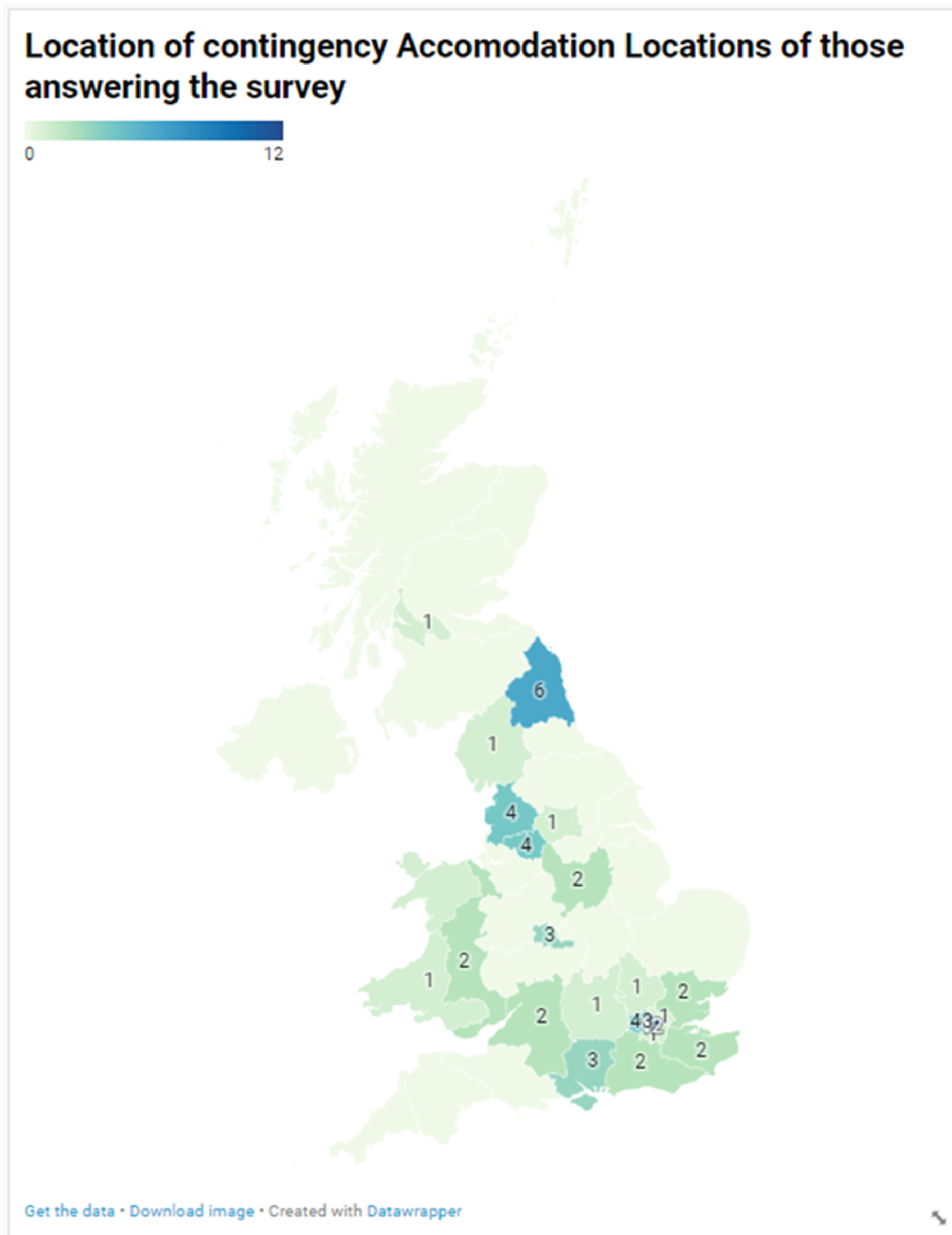

Figure 1 – Map showing distribution of contingency accommodation by region[15]

We found evidence of inadequate care across each of the five domains in the survey throughout the country. Over half of those responding had witnessed issues in each of the medical, legal, social services, integration and basic essentials areas of care.

Respondents raised concerns over access to primary care, mental health services, and maternity services. Barriers to access were exacerbated by frequent moves, disrupting supplies in medications and healthcare. Safeguarding concerns were voiced over vulnerable children and adults, access to education, and access to basic essentials, such as nutritious food meeting basic dietary requirements. There were also concerns over access to legal support and communication channels.

One key concern from these findings is the isolation and separation of asylum seekers from the community they are placed in. This includes feelings of isolation, movement being restricted, children having issues attending school, being moved to a new area without notice, and people having issues registering with GPs. As described above, community health is an essential component of individual health, and there is a growing body of evidence on the benefits of community integration and networks for physical and mental health.[16,17,18] Denying these individuals the opportunity to become part of the community they are living within ultimately damages their health further, as well as that of the community itself.

> *“some people were told that they weren't allowed to visit friends or families in other cities for more than a day or two”*

> *“The hotels have varying degrees of accessible WIFI […for] communication with home and family”*

> *“seemed as though the set up was designed to make people feel isolated and excluded, e.g. shared rooms (2–3/room) where they seemed to purposefully put people who didn’t share a common language (even though throughout the building there were many who did speak the same language)”*

There were multiple reports of people being moved with little to no notice and concerns over the impacts of this: these included safeguarding concerns, disruption to supply of medications, continuity of care (especially maternity care), education and psychological impacts.

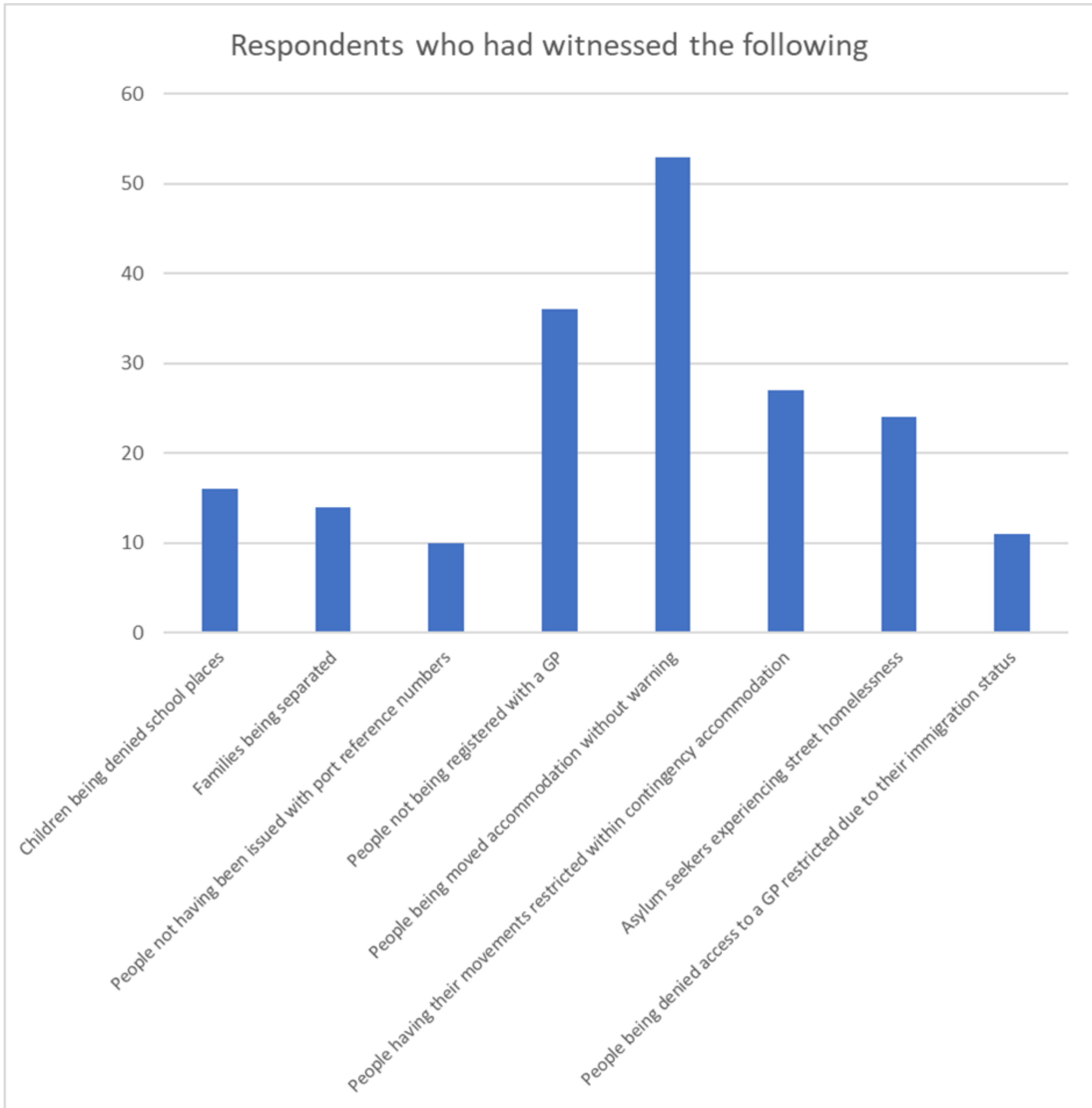

Figure 2 – Number of respondents witnessing specified unmet needs[19]

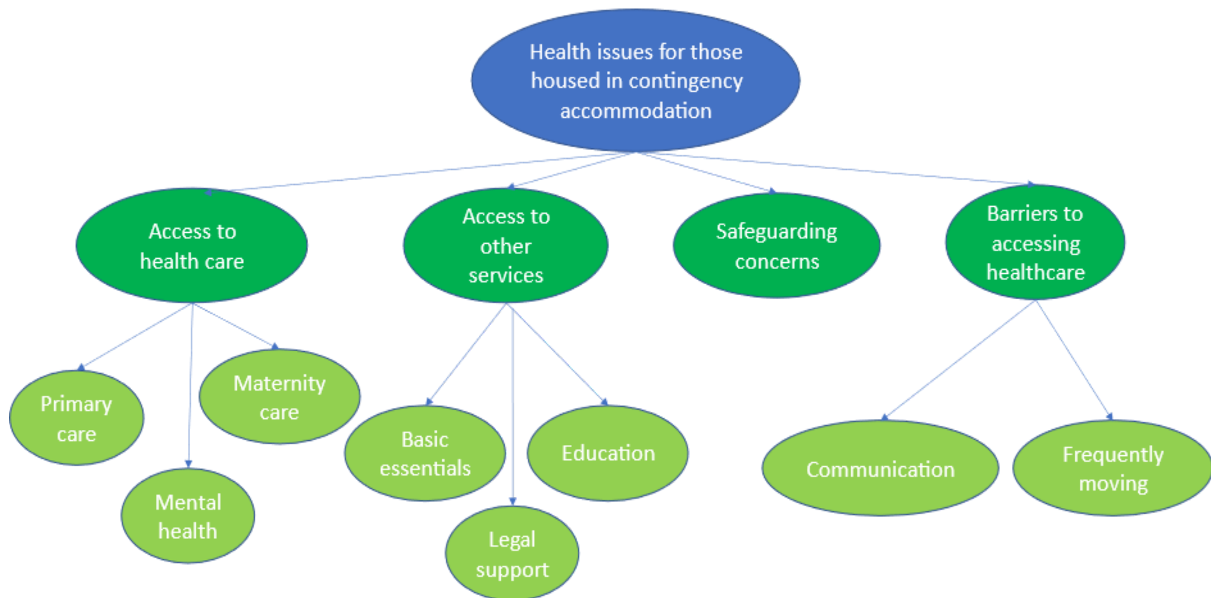

Figure 3 – Themes and subthemes identified through thematic analysis[20]

> *"Food was not fit for purpose"*
>
> *"children often did not receive breakfast"*
>
> *"standard of food is dreadful despite letters to accommodation provider to improve this; children becoming constipated and in one case losing weight due to this"*
>
> *"the food provided in hotels seems to be very poor/inappropriate, sometimes out of date, not enough"*
>
> *"'inappropriate food leading in some cases to concerning weight loss"*

Reports of inadequate hygiene and food conditions in particular are concerning, in light of news that the private firms managing the hotel accommodation have seen their profits rise dramatically,[21] while those housed in the hotels receive insufficient food to meet their basic dietary requirements.

What next?

Given the wider immigration system within which those in contingency accommodation find themselves, it is important we recognise the health impacts caused by their housing and call out these political and structural impacts on health. These findings support multiple reports including those from Doctors of the World[22] and the Refugee Council[23] on the health impacts of contingency accommodation.

Housing is a recognised key social determinant of health: it impacts on physical and mental health in several ways.[24] For example:

- poor heating and ventilation can exacerbate respiratory and cardiovascular disease
- overcrowding can increase risks of infectious diseases (such as COVID-19)
- and a lack of access to green spaces is detrimental to physical and mental health.

There is recent evidence that those who live in worse housing conditions have higher levels of inflammatory markers, which contribute to multiple health problems.[25]

As well as housing, the communities people live within are key determinants of health. One of the problems identified with contingency accommodation is the resulting isolation and siloing of these individuals away from the communities they are living within.[26] Asylum seekers are barred from participating in their community in several ways, such as by working. When housed in hotels, often in remote areas, they are also barred from the benefits of being integrated in the wider community. Several studies have demonstrated the importance of social integration for mental and physical health for migrants.[27,28,29] Through these multiple determinants, we are concerned that the inequalities faced in contingency accommodation sets to further the health inequities of this population and the UK as a whole.

Recent reports of over 100 children going missing from such accommodation highlight the stark risks to children of being trafficked and exploited.[30] As pointed out, frequent changes to vulnerable children and adults' jurisdictions limit local authorities' ability to manage safeguarding concerns. Professor of Disasters and Health at University College London (UCL) Ilan Kelman has written on natural disasters: "There's no such thing as a natural disaster, hazards are natural, disasters are man made".[31] We can apply the same thinking to this setting: what is often referred to in the press as a 'migrant crisis' is a crisis of the government's making.

Those seeking asylum in the UK do not do so in a political vacuum. Migration patterns reflect previous and current flows of money, goods and arms – people choose their destination for often practical reasons, such as family, language or cultural and historic ties. This needs to be recognised and reflected in humane immigration policies.

As clinicians, and members of the wider community, we have a responsibility to support the health of those around us. Supporting the most vulnerable is not just beneficial for their health, but the health of us all.

What we are calling for

Given the concerning context of refugees and asylum seekers struggling to meet basic needs such as access to nutritious food and access to legal and other services, facing barriers to healthcare registration, movement restriction and frequent moves, and being transferred at short notice, we call on the Home Office to urgently undertake the following:

- Commit to the immediate reduction in the use of contingency accommodation
- Provide a strategy for safe and adequate placement of refugees
- Reduce the waiting time for people to have their asylum claims processed

Whilst reducing the numbers of people in contingency accommodation may not be immediately realised, we call for the following interim measures:

- Ensure those living in contingent accommodation have access to basic rights including supported registration with GPs, registration of children in schools, access to legal advice, and that these are automatically transferred when migrants are moved on
- Ensure those living in contingent accommodation have access to a cash allowance to buy essentials, clothing, a telephone, and appropriate and nutritious food
- Safeguard those living in contingent accommodation against harassment and abuse, and assess needs such as requirement for mobility support, and implement robust systems to ensure children's safety
- Stop the movement of people between contingency accommodation sites, currently done with less than 24 hour notice

What you can do

It is important that we raise awareness of the policies around contingency accommodation that are detrimental to people's health. Please spread this report, and get in touch if you want to join our campaign.

- Join Medact's Migrant Solidarity Group for action to support those living in contingency accommodation
- Join an organisation against immigration detention
- Join an anti-raids network
- Support local community groups
- Oppose the extension of borders within the NHS and join the Patients Not Passports campaign
- Sign up to the campaign to demand universities divest from companies that profit from border violence
- Join or follow one of the other organisations working in this space: Migrants Organise, SOAS Detention Support, the Joint Council for the Welfare of Immigrants, the Refugee Council, Doctors of the World, Detention Action, or many other local solidarity organisations where you live.

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