

On hold, the lived experiences of Asylum Seekers in Hounslow's contingency hotels



Hounslow Annual Public Health Report 2022-23

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FOREWORD

Migration can improve the life opportunities for people who have little choice but to flee from their country of origin in fear for their lives, from persecution, poverty, conflict, climate and environmental disaster and seek asylum in a safe country.



Kelly O'Neill
Hounslow
Director of
Public Health

The UK government is required under national and international law to give rights and protection to people seeking asylum. With the significant rise in migration and asylum claims and the increasing frequency of climate disasters, the increase in people migrating and seeking asylum in safe countries such as the UK will continue.

Type 'asylum seeker' into any search engine, and there is no shortage of information and opinion on government policy, the challenge of increasing numbers and the associated daily cost to the UK taxpayer. There are many opinions on who is responsible, and who should take responsibility for people seeking asylum, supported by newspaper editorials that politicise the issue and on social media, images and videos maligning asylum seekers. Add into the online search the word 'hotel' and there are more extreme views predicated on the view that people seeking asylum are living in hotel luxury.

Anyone visiting the hotels being used by the UK government to 'warehouse' people seeking asylum can dispel the myth that this is luxury hotel living. Those living in these hotels have their lives on hold, waiting for the UK government to determine their future, a determination that for too many takes months and years. Eventually, more than 70% of those seeking asylum will stay in the UK. However, in that interim period time whilst the asylum process is completed, the combination of their previous experience in their country of origin, their journeys to the UK, their current hotel living environment and the asylum process

itself contributes to increasing health needs, especially affecting mental health.

Our public health report this year focuses on those people seeking asylum who are living in hotels in Hounslow. Hounslow has proportionally more people seeking asylum than almost all other areas of the UK and as a borough is committed to supporting them. We have spoken to council teams, our NHS partners, and local community and faith leaders who work with people seeking asylum and have a greater understanding and insight into the unique challenges they face, and their health and wellbeing needs.

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.....

We spoke to people seeking asylum, many of whom have been living in hotels in the borough for more than a year. They shared their experiences and described the current inertia of their lives, the impact of living in a hotel and how that environment is affecting their health and their lives. They shared their experience of language and cultural barriers, their perception of discrimination, and feelings of exclusion. The conversations highlight how "asylum seeker" is a temporary term and does not represent the entire identity of these individuals, most people will identify by their country of birth, speaking a certain language, or by their profession (e.g.,

doctor), passions (e.g., artist) or familial status (e.g., mother).

This report presents information that is well known to local authorities, the NHS and voluntary sector organisations who are currently supporting asylum seeker communities living in hotels. The information in this report is certainly known by central government, especially the Home Office. What we hope is that this report results in changed attitudes and more effective joint working across central government, and between central government and local areas. There are coordinated local services already established that are best placed to respond to the health and wellbeing needs of asylum seekers living in hotels. Local services require resources from central government

to meet those needs. This is an invest-to-save approach given the considerable number of asylum claimants who remain in the UK and the solid evidence of the long-term health risks associated with unresolved trauma and the impact of adverse experiences.

This report is a call for collaborative and resourced action and recommendations are being made. As future UK citizens, there is an economic case for investment into supporting the health and wellbeing needs of people seeking asylum, indeed, those we spoke to were committed to contributing to UK society, and they want to live lives of value.

Kelly O’Neill

Hounslow Director of Public Health

POSTSCRIPT:

The information in this report reflects April 2022-March 2023. Since April 2023, despite the now regular meetings between the local system and the Home Office, the experience of asylum seekers living in hotels has deteriorated.

The introduction of the new Home Office policy to maximise the use of the contingency hotels means there are increased beds in each room to accommodate more people; with strangers sharing rooms and an overall lack of personal space. With the changes to accommodation along with the unchanged standard of food, our public health opinion is that this further serves to adversely affect mental health and wellbeing. In addition, the timeframe has changed for the notifications of status, from 28 days to 6-10 days following which accommodation and financial support is ceased. As a consequence, many asylum seekers and refugees now find themselves homeless and destitute, requiring even greater resilience in the face of increasing uncertainty.

ACKNOWLEDGEMENTS

Many people have contributed to the development of this report. Thank you for sharing your time, your insight, and your experiences of working with asylum seekers in Hounslow. We acknowledge the support of:

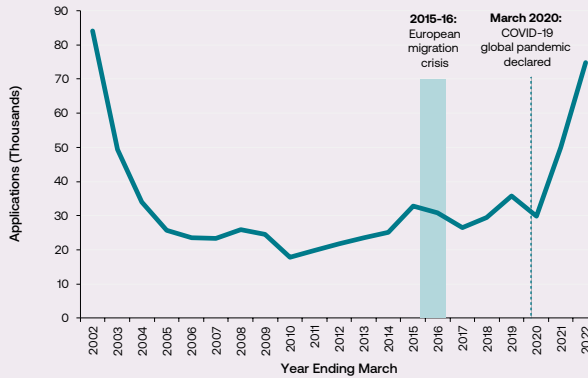
- » Our Community Faith Leaders.
- » Community Leaders.
- » Health Care Professionals.
- » Hounslow Community Directorate.
- » Hounslow Communications Team.
- » Hounslow Education Team.

To colleagues in Public Health, thank you for working with partners, bringing together the report findings, and creating an evidence base that underpins the recommendations that if implemented in part or full, could make a difference to the health and wellbeing of the many asylum seekers living in hotels in Hounslow.

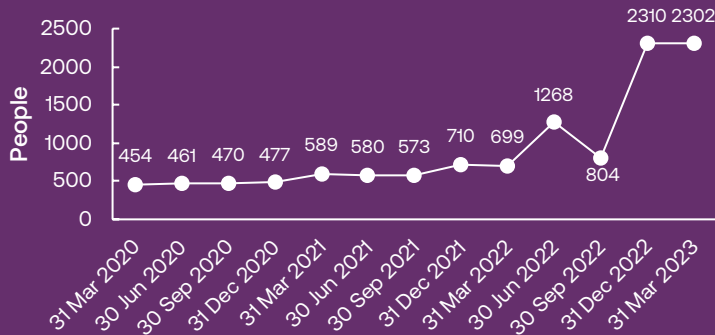
The most important acknowledgement is to the asylum seekers who had the confidence to speak to us. They shared their personal stories; their experiences that led them to the UK to seek asylum, and their day-to-day challenges of living in hotels in Hounslow.

HEADLINE STATISTICS

The UK has seen a significant increase in people seeking asylum since March 2021



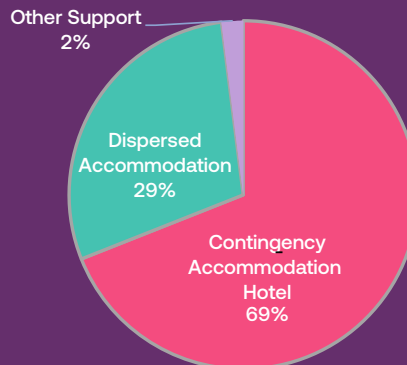
In March 2023, 2,302 asylum seekers were living in the London Borough of Hounslow, a 390% increase since March 2021⁴



As of March 2023, Hounslow has the second highest population of asylum seekers accommodated in hotels in London



Over 69 percent of asylum seekers in Hounslow live in hotel accommodation in March 2023



INTRODUCTION

The World Health Organisation report that there are more than 1 billion people on the move globally which accounts for 1 in 8 of the global population. This number of people migrating is expected to increase due to poverty, lack of security and access to basic services, conflict, environmental degradation, and climate disasters.¹

In 2022, the Home Office, the UK government department responsible for the asylum process reported 74,751 asylum applications in the UK, the highest number in almost two decades and more than twice the number in 2019.² This increase in asylum applications is simultaneous with the considerable increase in small boat arrivals to the UK which account for 45% of asylum applications. The UK received the sixth largest number of applicants compared to other European countries in 2022. The percentage increase is similar to the EU overall; the number of people claiming asylum in the EU+ increased by 48% compared to 53% in the UK between the year ending April 2022 and the year ending April 2023.

The Home Office is responsible for the welfare of people seeking asylum whilst they wait for a determination to remain or leave the UK, this includes accommodation and basic subsistence. The provision of health care is the responsibility of the Department of Health and Social Care and access to education for children and young people up to the age of 18 years old is the responsibility of the Department for Education. In the budget year 2020/2021, the cost of operating the UK's asylum system reached £1.4bn.³ With the number of asylum applications increasing in 2022 and 2023 and the time between arrival and processing of applications extending to months and often years, the financial cost to the UK is escalating. The cost is not the only issue for the Government to address, the ongoing need to adequately accommodate, and provide welfare subsistence, for example, food, education, and

health care for an increasing number of people is a logistical challenge for local areas where there are large asylum seeker populations.

Whilst the decision of where people seeking asylum are accommodated is made by the Home Office, for those who are hosted in Hounslow the borough welcomes and supports them. The geographical location, particularly the proximity to London Heathrow Airport and the associated airport hotel infrastructure has provided a solution to the Home Office as they seek to accommodate large numbers of people seeking asylum, for prolonged periods. Since 2020, the impact of the COVID-19 pandemic has led to changes in international travel, and for the hotel industry in Hounslow, underutilisation of the large capacity airport hotels. In 2021 this underutilisation led to their use by the Government as Managed Quarantine sites for travellers arriving in the UK from countries designated 'red-listed' due to enduring high rates of COVID-19. These quarantine contracts created business stability for a hotel industry faced with economic challenges, and many have been repurposed for asylum seeker accommodation, with further hotels being commissioned as asylum seeker numbers have increased. This arrangement is not unique to Hounslow. In the year ending March 2023, 43% of the total 112,294 individuals across the UK seeking asylum were living in hotel accommodation which has an impact on visitor economies across the UK. For Hounslow, like our neighbours in Hillingdon, the access to airport hotels means that the number of people needing support in our borough is

significantly greater than anywhere else in the UK.⁴

The number of asylum seekers in Hounslow supported by the Home Office has increased significantly between March 2020 and March 2023, from 454 people to 2,302 people.⁵ This number varies depending on the timeliness of the asylum determination claim processes. In Hounslow (31 March 2023), 667 asylum seekers were living in dispersed accommodation and 1,591 asylum seekers living in contingency hotel accommodation, the second highest number of asylum seekers living in contingency hotel accommodation of any local authority area in the UK, with our neighbour, Hillingdon, who have a similar hotel infrastructure, having the highest.⁶ The Hounslow asylum seeker population equates to 0.8% of the resident population, adding to the pressure on the local council, NHS, and voluntary sector organisation services in the borough.

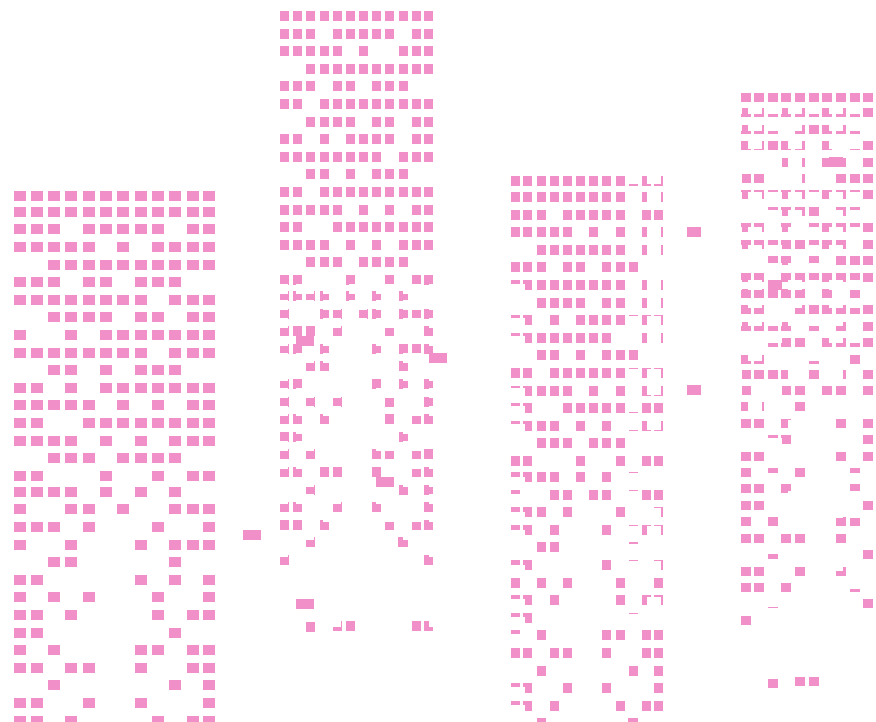
Whilst the Home Office is the Government department responsible for welfare, including accommodation, and food provision, other Government departments have responsibility for supporting people seeking asylum. Asylum seeker healthcare is the responsibility of the Department of Health and Social Care and the education of children and young people up to the age of 18 years is the responsibility of the Department for Education. The experience of local authorities coordinating support, health care and education for asylum seekers accommodated in their area is one of central government fragmentation and a lack of communication and effective joint working between the three departments involved. This fragmentation and silo working reduces the effectiveness of support offered to this large cohort of vulnerable people and places greater coordination responsibility on local areas.

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With a high proportion, over 70% of those seeking asylum in the UK eventually being given Refugee Status and becoming permanent UK citizens, many will make their home in the boroughs in which they have been accommodated and become our future residents and neighbours.⁷ Therefore, improving their life chances by assessing and understanding their needs soon after their arrival, and providing the most effective ongoing support is a long-term investment and a moral good.



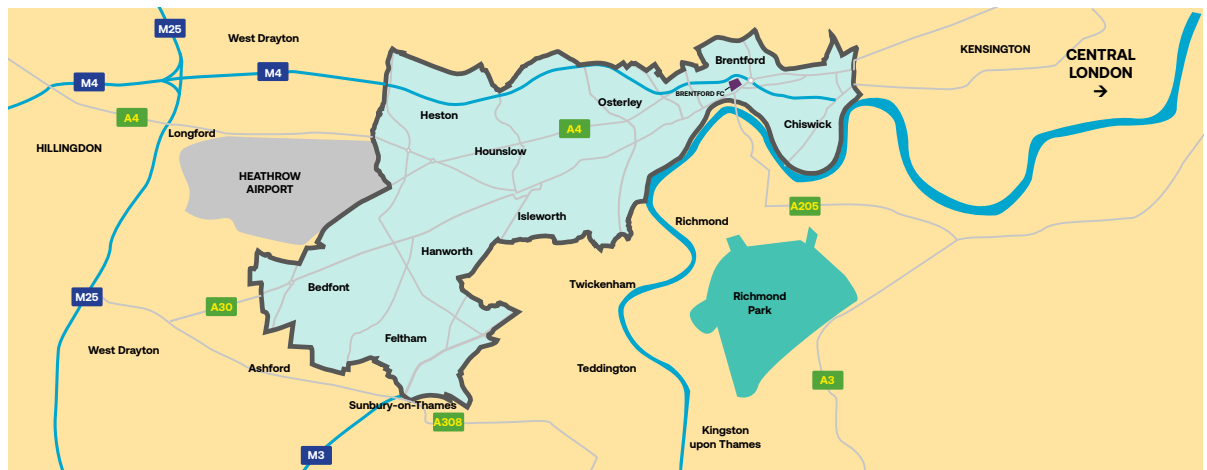
OUR HOUNSLOW ANNUAL PUBLIC HEALTH REPORT 2022-23

Hounslow is committed to supporting asylum seekers. Each person has their own unique story; there are 2,302 stories that even if a few were told would help us understand their experiences, the impact this has had on their lives, and inform their health and wellbeing needs and the support services they need. Central government resource available to local areas is limited and consequently, local authorities, the NHS and voluntary organisations have had to organise to support asylum seekers in the absence of adequate health and wellbeing provision from central government.

Hounslow's Annual Public Health Report 2022/23 focuses on the mental health and wellbeing experienced by asylum seekers living in contingency hotels in the borough. We have reviewed national and local health and care data and combined this with insight from professional stakeholders who have been supporting the Hounslow asylum seeker community. Interviews with groups of asylum seekers have helped us to understand the story of their previous lives, their journey to the UK, the families and friends they left behind and their day-to-day experience, feeling disempowered and lacking in control over their lives as they wait for a government decision on their future.

From the data and insight, priority themes have been identified. This report makes recommendations for each priority theme, which, if implemented, could mitigate the unmet health and welfare needs, through:

- » Accepted responsibility that leads to effective coordinated action by the UK Government and the central government departments to provide essential support services for the increasing number of vulnerable people seeking asylum in the UK.
- » The scope of the essential support provided addresses the health needs of asylum seekers, not only from assessment on arrival in the UK but their ongoing care provision whilst living in hotels that mitigates the additional health and wellbeing needs that living months and years in a contingency hotel has generated.
- » Adequate resources are provided by the UK Government to local areas, like Hounslow who are supporting large numbers of asylum seekers to address the increased demand for already stretched local statutory services.



AIM AND OBJECTIVES

Aim

On 31st March 2023, 1,591 asylum seekers were living in hotel accommodation in Hounslow.⁸ This is a single-day total as the number of people being accommodated in hotels is subject to significant fluctuation. This report aims to increase the understanding of the health and wellbeing needs of asylum seekers living in hotels in Hounslow; the needs that are being met, and those that are unmet, and to recommend the action needed to improve their health and wellbeing.

Objectives

- » To use available health data to understand the current health and wellbeing needs of asylum seekers and to determine whether these needs are being met.
- » To review existing evidence that has assessed the health and wellbeing needs of asylum seekers; particularly the impact, and outcomes of living long-term in hotel accommodation.
- » To gain insight from asylum seekers in Hounslow and relevant stakeholders about their direct experiences and identify any patterns of need.
- » To review the current support provided to asylum seekers and identify any gaps that increase health and wellbeing risk and vulnerability.
- » To assess the impact of the increase in the number of asylum seekers on services and communities.
- » To make evidence-based recommendations that could improve the health and wellbeing of asylum seekers living in hotels in Hounslow.

BACKGROUND

UK asylum process and definitions

Key terms

The UK has a legal obligation under the European Convention on Human Rights (ECHR) and the Immigration and Asylum Act 1999 to provide asylum seekers, who would otherwise be destitute, with accommodation and other support whilst their asylum claim is being considered.⁹

The Home Office is the central government department responsible for the welfare needs of asylum seekers and the processing of asylum claims.

An **'Asylum Seeker'** is defined by the UK Government as a person who has left their country and is unable to return because of fear or persecution and has applied to stay in the UK as a refugee but whose application has not yet been concluded.¹⁰

'Asylum' refers to the protection given by a country to someone fleeing from persecution in their own country.

While an asylum seeker is someone whose application to live in the UK is being considered, a **'Refugee'** is someone whose application for asylum has been successful.

The asylum process

To be eligible for asylum, the UK government website states the individual seeking asylum in the UK must have left their 'home' country and be unable to return because of fear of persecution.¹¹ Upon application, the asylum seeker is screened by an immigration officer, after which the Home Office decides if the claim can be considered and if it can, an asylum interview will take place with a Home Office caseworker. The Home Office states that a decision on applications is usually provided within 6 months.¹² Between April 2022 and March 2023, 75% of asylum seekers had

been waiting for more than 6 months for their decision.¹³

In this pre-decision period, people seeking asylum in the UK cannot claim benefits and are usually not allowed to work unless they have a work permit. Others seeking asylum will have savings or receive support from family or friends; for others, no additional financial support is available, and they are reliant on the basic welfare provided. People seeking asylum have access to education and basic health care and can volunteer in the local community.

If someone receives a positive decision and is recognised by the UK Government as a refugee, they have 28 days to organise their onward arrangements from the Home Office accommodation, after which their support ceases, and they are evicted. This can be a time of significant anxiety and often leads to homelessness and destitution, impacting local housing and social care services. For those who receive a negative decision from the Home Office, and are a “refused asylum seeker,” the direction is that they leave the UK. Households without children lose support and are evicted after 21 days, and those people who do not feel able to return to their country of origin, are at risk of destitution and homelessness.¹⁴

Support and resources asylum seekers are entitled to receive

In Hounslow, the Home Office sub-contracts private companies to ensure accommodation and basic welfare needs are provided to people seeking asylum. They cannot choose where they live or the accommodation they are provided.

Hotels are intended as initial accommodation for people who have recently made an asylum claim and the Home Office aims to move people into longer-term accommodation after 35 days.

Before 2020, many asylum seekers were housed in accommodation with access to a kitchen for

cooking. For those living in accommodation with a kitchen, a subsistence of £45 per person is provided by the Home Office for food, clothing, and toiletries. The allowance is accessible via a pre-loaded weekly debit card (ASPEN card), these are issued by Migrant Help and there can be a delay in receiving this card.

The significant recent increase in the number of people seeking asylum, the delays in processing asylum claims and the demand for temporary accommodation have led the Home Office to commission hotels for use as longer-term asylum-seeker accommodation. The hotel accommodation provided ranges from single, double, or family rooms and single people living in double rooms can be shared with a stranger. Some hotels have no communal areas, therefore, the basic activities of daily living, including eating, reading, watching television, and sleeping occur within the same room.

Most hotels in Hounslow do not offer access to a kitchen and consequently, the food provided to those in hotels is pre-packed, airline-quality microwave-to-heat food, sourced from external caterers. With many residents staying in these hotels and eating this standard of food for the duration of their stay, weeks, months, and for some up to two years, the reliance on this unhealthy standard of food will adversely affect health and wellbeing. The alternative is for asylum seekers to fund their food, and with a weekly allowance of £9.10 per person (accurate March 2023), this is not affordable, and therefore hotel provided food is the only option. Extra money is provided for pregnant mothers and children under the age of three.

Asylum seekers do have access to NHS healthcare, including prescriptions, dental care, optometry, and funding for glasses if needed. Children aged between 5 and 17 years must attend schools, and local authorities are required to find school places for children.¹⁵

THE NATIONAL PICTURE

Asylum Applications in the UK

The Home Office publishes national immigration data every quarter. This includes the number of people entering and staying in the UK, and the number of people leaving. There were 75,492 asylum applications in the UK in the year ending March 2023, more than double the number published in 2019, and 33% more applications than the year ending March 2022¹⁶.

Asylum seekers and refugees make up approximately 18% of UK immigrants to the UK.¹⁷

Figure 1 shows that the current level of asylum applications is higher than at the peak of the European migration crisis (36,546 in the year ending June 2016) and is at the highest level for almost two decades (since 2003). The Home Office states that the increase in applications is due to the increase in small boat arrivals to the UK, indeed, 44% of the asylum applications in the year ending March 2023 were from people who arrived at the UK on a small boat.¹⁸

In 2022, the UK had the sixth-largest number of applications for asylum per capita of any European Country, and the 22nd highest total number. Figure 2 shows the number of asylum seekers per year in Germany, France, and Spain, compared with the UK.¹⁹

Figure 1. Asylum applications in the UK: March 2002 to March 2022.

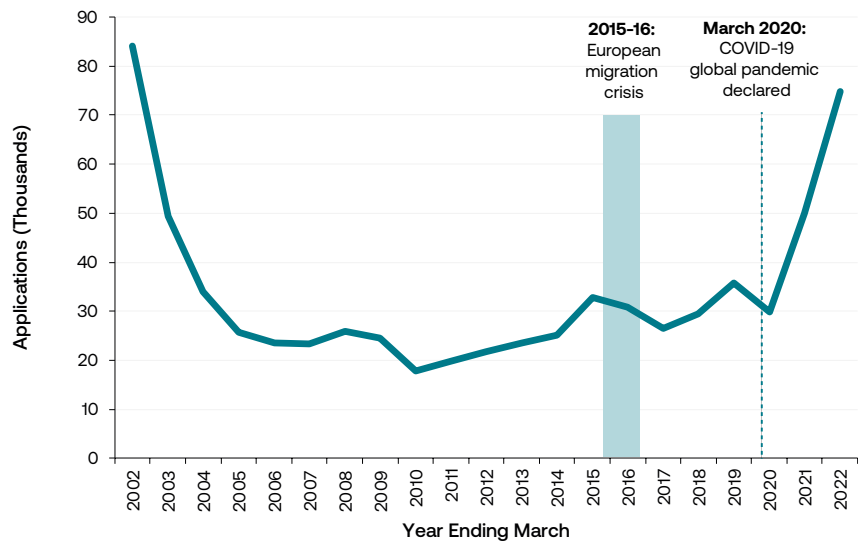


Figure 2: Number of asylum applicants to the UK compared with the top 3 countries in Europe: 2018 to 2022.

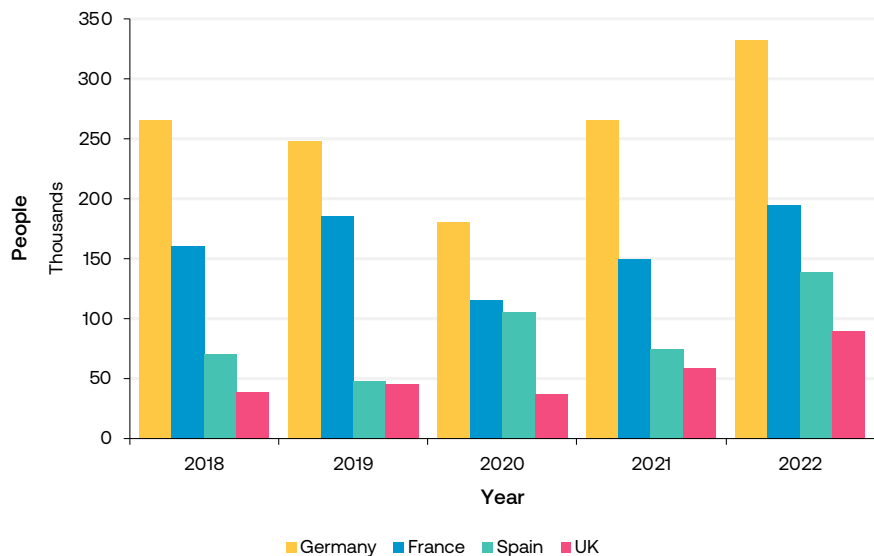


Figure 3: Number of applications awaiting an initial decision: 31 March 2014 to 2023.

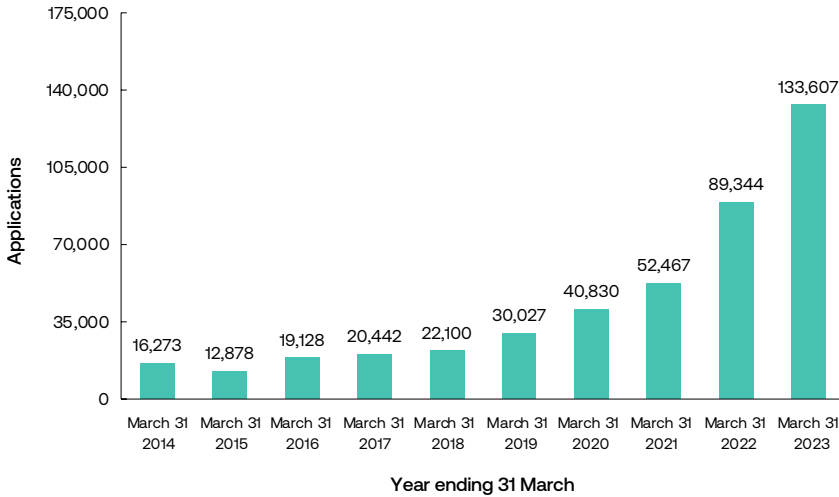
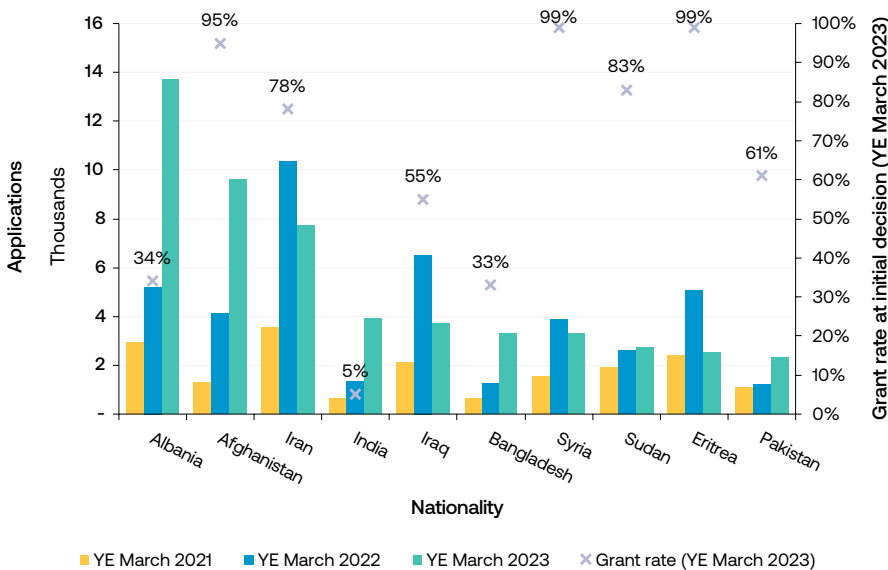


Figure 3 shows the number of applications pending an initial decision from March 2014 to March 2023. In the year ending March 2023, 133,607 applications were waiting for an initial decision, of which, 75% had been waiting for more than 6 months.²⁰

Like in previous years, 74% of people who had received an initial decision were granted refugee status, humanitarian protection, or an alternative form of leave to remain in the UK.²¹

Figure 4. Top 10 nationalities claiming asylum in the UK, March 2021 to 2023, and grant rate at the initial decision, year ending March 2023.



In the year ending March 2023, Albania was the most common nationality of people applying for asylum in the UK followed by Afghanistan, Iran, and India. Figure 4 shows the applications and grant rate at the initial decision. The grant rate at initial decision is highest for those people seeking asylum who came from Afghanistan, Syria, and Eritrea. The grant rate at an initial decision is lowest for those people from India, Bangladesh, and Albania; all considered safe countries. The grant rate based on country of origin can change depending on socio-political issues in the country of origin.

Of the over 90,000 people who applied for asylum in the UK in the year ending March 2023, 62% were males aged 18 to 49; this is the largest proportion of people who applied for asylum in the UK.²²

Children (under the age of 18) accounted for 18% of asylum applicants (see Table 1).

Table 1: Individuals applying for asylum in the UK as a proportion of the total, by age and sex in the year ending March 2023.

Age	Male	Female
Under 18	12%	6%
18-29	40%	8%
30-49	22%	9%
50-69	2%	1%
70+	<1%	<1%
Total	76%	24%

HEALTH SYSTEMS AND NEEDS IN HOME COUNTRIES OF ASYLUM SEEKERS

With 74% of asylum seeker applicants given refugee status and remaining in the UK in the year ending March 2023, understanding their health needs is essential. Insight and understanding of the health care provision and long-term health risks from their country of origin can help to inform local care provision. Using data from Figure 4 we have focused on three countries, Albania, Afghanistan and Iran, countries from which Hounslow has high asylum seeker numbers.

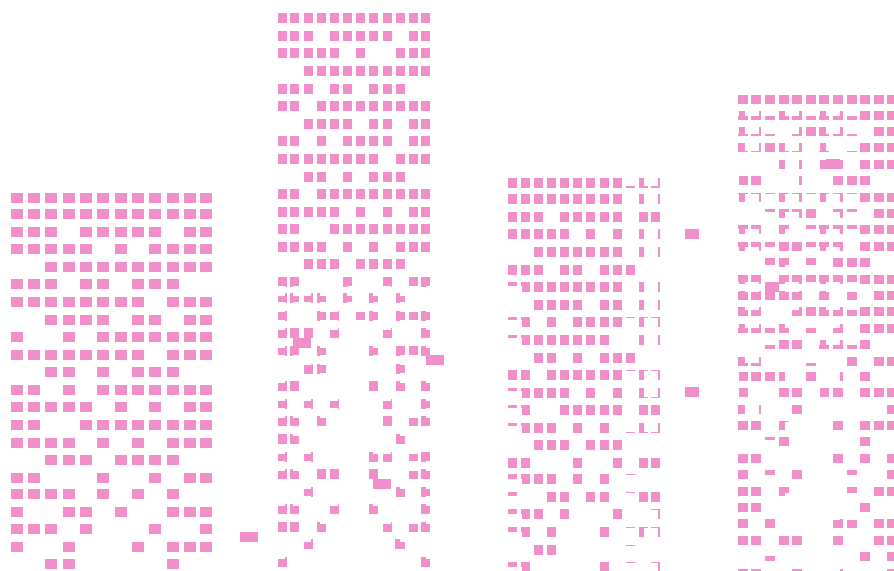


Table 2. Health systems and needs in home countries of asylum seekers compared to the UK

	1 - Albania	2 - Afghanistan	3 - Iran	4 - United Kingdom
Population size	2.7 million	38.3 million	84.3 million	67.2 million
Fertility Rate	1.9	5.3	1.8	1.7
Educational attainment	9.9 years	3.5 years	8.3 years	12.8
GDP per capita (rank of 190 countries)	\$6,492.87 (95)	\$368.75 (189)	\$4,091.21 (121)	\$46,510 (25)
Language Spoken	Albanian	Pashto, Uzbek, Dari (Farsi)	Persian	English
Universal healthcare coverage	69.6%	39.3%	69.5%	(Comparison UK 87.9%)
Average health spend per person in US dollars	\$339 of which the Government contributes \$183.7	\$84 of which the Government contributes \$4.57	\$1,082 of which the Government contributes \$518.5	\$4,892 of which Gov contributes \$3,888.12)
Mental Health: DALY for population depression and anxiety disorders per 100,000 people (2019)	Depression 386 Anxiety 368	Depression 890 Anxiety 457	Depression 890 Anxiety 696	Depression 721 Anxiety 424
Main causes of death	Cardiovascular disease, cancer, and respiratory diseases	Ischaemic heart disease, conflict, and terror (rate increasing), neonatal diseases, lower respiratory tract infections, and congenital defects	Ischaemic heart disease, stroke, road injuries, hypertensive heart disease, and diabetes	Ischaemic heart disease, stroke, COPD, lung cancer, respiratory tract infection and Alzheimer's

Table 2 (contd.). Health systems and needs in home countries of asylum seekers compared to the UK

	1 - Albania	2 - Afghanistan	3 - Iran	4 - United Kingdom
Modifiable health risk factors that contribute to death and disability (Risk and Rank 2019) » Metabolic risks » Environmental/occupational risks » Behavioural Risks	1. High Blood Pressure	1. Malnutrition	1. High blood pressure	1. Tobacco
	2. Tobacco	2. Air Pollution	2. High body-mass index	2. High fasting plasma glucose
	3. Dietary Risks	3. High blood pressure	3. High fasting plasma glucose	3. High body-mass index
	4. High body-mass index	4. Dietary Risks	4. Tobacco	4. Dietary Risks
	5. High LDL	5. High body-mass index	5. Dietary Risks	5. High blood pressure
	6. High fasting plasma glucose	6. High fasting plasma glucose	6. High LDL	6. Alcohol use
	7. Air Pollution	7. WaSH	7. Air Pollution	7. High LDL
	8. Kidney Dysfunction	8. High LDL	8. Malnutrition	8. Occupational risks
	9. Occupation Risks	9. Tobacco	9. Kidney Dysfunction	9. Non-optimal temperature
	10. Alcohol Use	10. Kidney Dysfunction	10. Drug Use	10. Drug Use
Link to profile	https://www.healthdata.org/research-analysis/health-by-location/profiles/albania	https://www.healthdata.org/research-analysis/health-by-location/profiles/afghanistan	https://www.healthdata.org/research-analysis/health-by-location/profiles/iran	https://www.healthdata.org/research-analysis/health-by-location/profiles/united-kingdom



THE REGIONAL AND LOCAL PICTURE

In March 2023, there were 26,098 people in receipt of support in the provision of either or both accommodation (dispersed or temporary) and subsistence (cash support) in London; a 380% increase compared to March 2020 when 6,855 people in London received support.²³

- » In Hounslow, there were 2,302 asylum seekers on 31st March 2023.
- » Hounslow has the third largest total asylum seeker population in London, after Hillingdon and Southwark.

Hounslow's asylum-seeker population has increased significantly since March 2020. Figure 5 shows there were 454 asylum seekers in Hounslow in March 2020, rising to 2,302 in March 2023, a 507% increase in three years.

Hounslow and Hillingdon have a significantly higher number of asylum seekers (56%) compared with the other six boroughs which make up the North West London Integrated Care System.

Figure 5: Asylum Seekers accommodated in Hounslow.

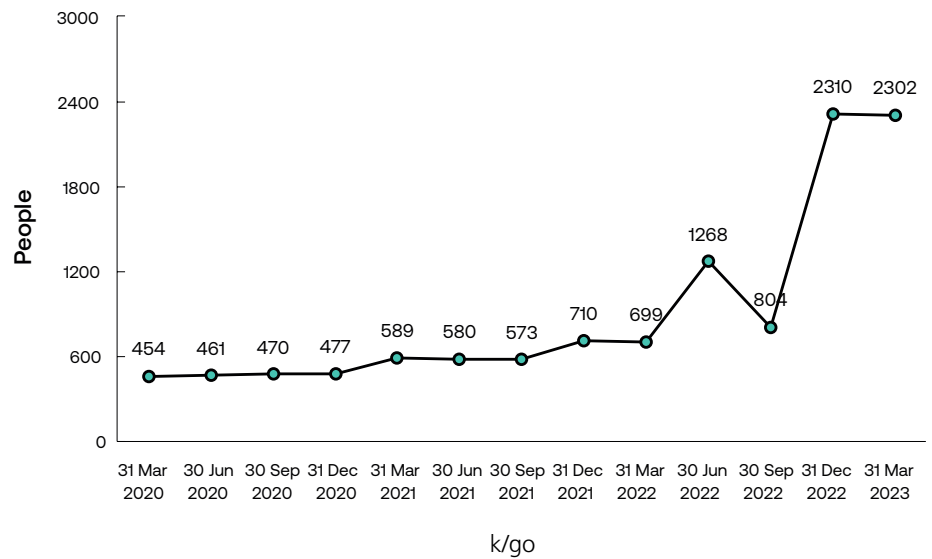
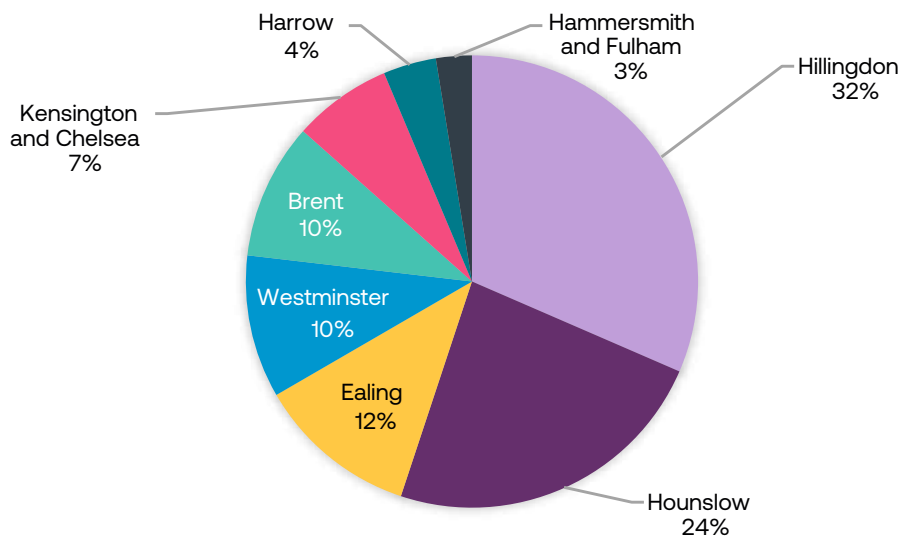


Figure 6: Percentage of Asylum Seekers in Receipt of Support by North West London Local Authority: March 2023.



Accommodation

The hotels around London Heathrow Airport have become an integral part of the Home Office asylum seeker accommodation in London, providing high volume capacity in a small geographical area across Hounslow and Hillingdon boroughs. Many of the hotels currently used to accommodate asylum seekers were previously commissioned by the Home Office during the pandemic as Managed Quarantine Sites.

Of the 2,302 asylum seekers in Hounslow on 31st March 2023, 70% (1,591) live in contingency hotel accommodation, 667 live in dispersed accommodation and 43 are provided with subsistence only.²⁴ Whilst Hounslow has the third highest population of asylum seekers in London, the asylum seeker population living in hotels in Hounslow is one of the highest in London, and in the UK overall (Figure 8).

There are currently eight hotels in Hounslow being used by the Home Office to accommodate people seeking asylum. The average hotel size has 220 beds commissioned by the Home Office for asylum seekers (as of December 2022), however, hotel bed capacity in Hounslow ranges from 12 beds to 1,100 beds.

The number of asylum seekers accommodated in hotels varies,

Figure 7: Asylum seekers in Hounslow by all accommodation type: March 2023.

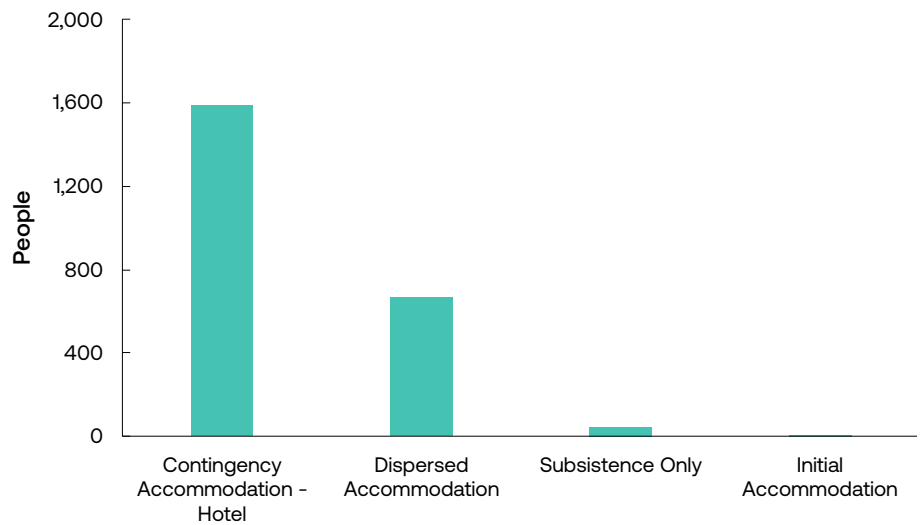
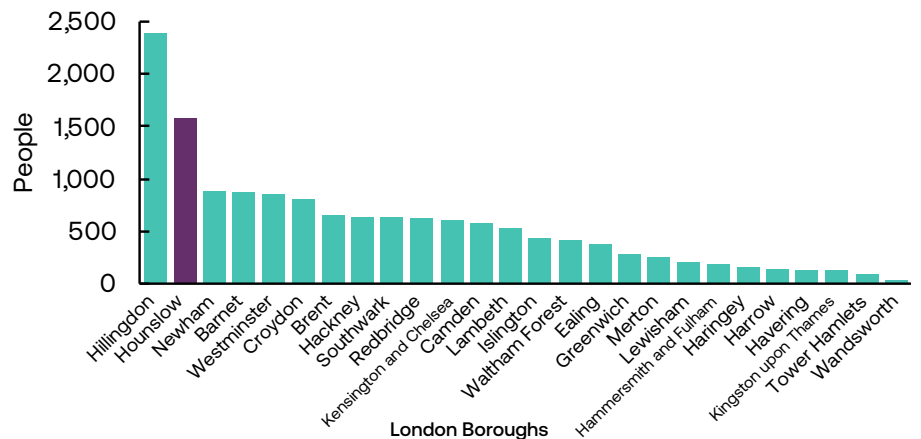


Figure 8: Asylum seekers in hotel contingency accommodation by Local Authority: March 2023.



and each hotel is designated for use by a defined population. For example, some hotels solely accommodate single adult males; others accommodate single women and families or mixed groups. The accommodation varies, some hotels have no communal areas, meaning people eat, sleep, and live in their rooms, and the services provided also differ; cooked meals that residents collect to eat in their room while other hotels offer food in a dining hall style, and a small number have self-catering. Rooms are often occupied by multiple people, either families or singles sharing a room.



Experiences of those living in contingency hotel accommodation

A report by Migrant Voice, a charity commissioned by the Home Office, interviewed more than 170 asylum seekers living in contingency hotels in London and identified the concerns, that impact individuals and families.²⁵ These concerns include the asylum process, overall, however the most common issues stated by those interviewed related to contingency hotel accommodation included; sudden and frequent changes of accommodation and location; a lack of advice and information provided, erratic health care support, poor quality food, cramped accommodation, living with strangers, challenges with hotel staff behaviour, and the lack of privacy for extended periods.

Most asylum seekers had been living in hotel accommodation for longer than 6 months, with many having lived in hotels for over a year.

The quality of the accommodation, their food, living environment, and their networks and relationships inside the accommodation and in the local community impact their physical and mental health with many of the survey respondents expressing high levels of distress, depression, and suicidal ideation. The situation was especially challenging for families with children who have been living together in hotel rooms for months, with little access to space for play. Outside space for children is limited in many hotels as the external hotel green space is located close to main road routes to the airport and is affected by high levels of vehicle pollution.²⁶

LOCAL SUPPORT

Since March 2022, the London Borough of Hounslow has received funding from the Asylum Dispersal Grant for each bed space occupied by a person seeking asylum in the borough. The cost to the council to support these communities is significantly higher than this grant allocation.

The council supports asylum seekers by working with the Home Office to ensure the needs of asylum seekers are being met locally. Local support is organised by a partnership of council teams, the police, the NHS, and local voluntary sector organisations working with Ready Homes, who have been commissioned by the Home Office to manage the Hounslow contingency hotels, and Migrant Health is commissioned by the Home Office to support the needs of asylum seekers.

A dedicated team has been recruited by Hounslow Council to coordinate asylum seeker support and work directly with the hotels. This team brings together local statutory service providers, and the voluntary and community sector to ensure essential services are available for pregnant women, children and families, and asylum seekers with acute and chronic health conditions. In addition, grant funding is provided for VCSE (Voluntary, Community and Social Enterprise) organisations to support asylum seekers. The council's environmental and housing regulatory services engage in work with hotels to ensure hygiene and environmental standards are in place, and public health professionals monitor and respond to any infection risks, including action in response to outbreaks of infectious disease.

In Hounslow, there are many community groups; faith-based organisations and community organisations, who have been proactively supporting asylum seekers. The support provided includes English language lessons, integration classes, support for form filling, and clothing banks. Many of the community groups offer space for asylum

seekers to cook, eat food together, chat, build connections, and develop skills outside of the hotels. The impact of this community mobilisation is that hotel residents are more connected with the local Hounslow communities and are better able to navigate access to support and feel greater control over their lives. Asylum seekers are also able to volunteer with community groups whilst living in the hotels which allows them to meet people and become more embedded in their local communities.

Children

Children (aged 17 and under) accounted for approximately 1 in 5 (18%) people applying for asylum in the UK in 2023.²⁷

Families with children under the age of 18 account for 17% of asylum seekers in Hounslow.²⁸ It is recognised that children under the age of 5 years can be particularly affected by the constraints of hotel accommodation and the limited space for play. Children must be supported and monitored as they develop in their early years so that when they start school, they are ready, able, and willing to learn. Their early year experiences are likely to affect their development and starting school behind their peers can mean that they may not catch up. The life opportunities that many of their families are seeking are challenged by their lack of knowledge of the services available and how to access services for the support they need.

Supporting families with young children in Hounslow hotels is a dedicated health visiting service. This team provides advice and support for infant feeding, emotional wellbeing,

attachment, safety, immunisation, physical and emotional development and other aspects of early years health and childcare. They are also able to provide support with child behaviour management, toilet training, sleep, and school readiness.

Children and young people aged between 5 and 17 years are required to attend school. School attendance not only provides education, but it also provides language development, the opportunity for play and social connection with other children that contributes to their development and a daily routine away from the hotel. Local intelligence is that when children are accommodated in short-stay hotels, the Home Office instructs the local authority not to register a child for a school place until they are placed in longer-term accommodation. However, the local experience is that this short stay can be prolonged and therefore children miss the benefit of structured education.

An asylum seeker can access further education or sixth form college unless they have a “no study” bail condition on their Bail 201 letter which is the letter that sets out their

information and rights to support within the UK. Courses are free for asylum seekers if it is more than 6 months since the asylum claim was submitted to the Home Office and no decision has been made.

Unaccompanied Asylum-Seeking Children

In 2022, there were 87 unaccompanied asylum-seeking children (UASC) in Hounslow.²⁹ Unaccompanied Asylum-Seeking Children are children and young people under the age of 18 years who are seeking asylum in the UK and who have been separated from their parents or carers. While their claim is processed, the local authority is responsible for their care. Many boroughs are also receiving increased UASC applicants from contingency hotels, including unaccompanied young people who initially have not been identified as a child, and subsequently claim to be, for whom an age assessment is required.³⁰

Many unaccompanied children and young people are at increased risk of exploitation and abuse, therefore local authority protection is required to ensure that a child is identified and not at risk.^{31,32}



ABUSE AND HATE CRIMES

Hounslow stakeholders have raised concerns about higher rates of physical abuse, domestic violence and hate crimes experienced by people seeking asylum. These findings are consistent with pan-London research.

Domestic Abuse

In the research conducted by the Refugee Council, 15% of respondents reported having experienced domestic violence, with more women than men reporting experience of domestic violence.³³ Research studies highlight that asylum-seeking women are at risk of domestic abuse as well as other forms of abuse and harm including being sexually exploited.³⁴

Hate Crimes

National, regional, and local intelligence provides evidence of harassment and racism towards people seeking asylum within criminal justice records. Additionally, 27% of asylum seekers stated that they had experienced a hate crime, described as a crime that is motivated by prejudice based on race, religion, or sexual orientation.³⁵ Similar findings were reported by asylum seekers in the Migrant Voice report that highlighted that many asylum seekers reported being subjected to verbal abuse, racist comments, and threats in some hotels.

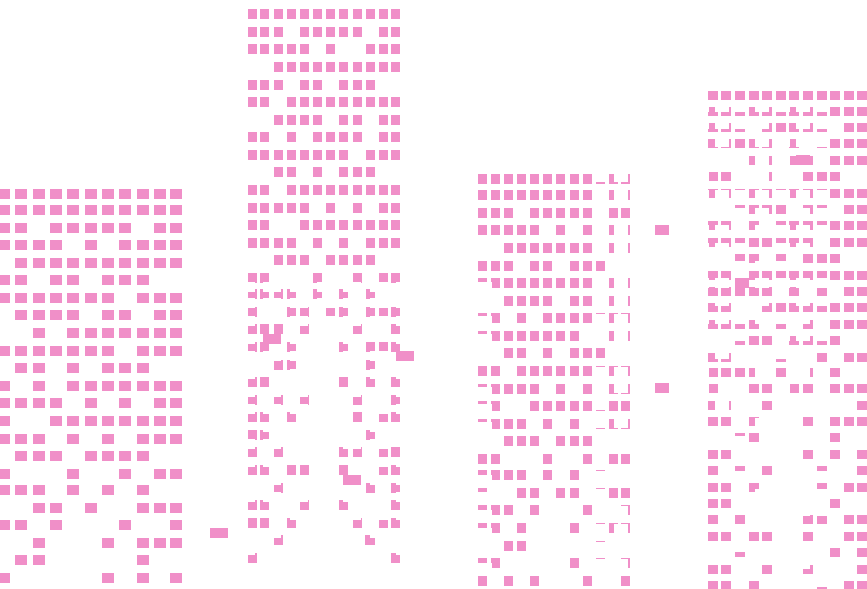
HEALTH STATUS AND ACCESS

Primary Care

Asylum seekers and refugees are entitled to access NHS services including Primary Care services under the Immigration and Asylum Act 1999.³⁶ Many asylum seekers arriving in the UK have pre-existing health conditions and have previously been dependent on the health care services in their country of origin. The initial health assessment on arrival into the UK can determine immediate healthcare needs that may have been affected by their journey or hiatus in access to medication. Their experiences at the time of their arrival in the UK may also have affected their mental health.

Previous mental health and wellbeing combined with living in contingency hotels, exacerbated by the pressures of the asylum process can have a considerable effect on mental health. It is therefore in the best interests of local health and care services to assess health needs early, and based on immediate need, take action to address health conditions, prevent avoidable exacerbation of health conditions and reduce risk to health and wellbeing.

High numbers of asylum seekers densely accommodated in hotels can create pressure on local services. For Hounslow, the number of asylum seekers living in hotels and the need for services to support health and wellbeing has added considerable pressure on local health and social care services. Despite minimal NHS England funding for health services on a cost per new arrival, designed to fund General Practice (GP) registration, and access to NHS services based on need and eligibility, funding is inadequate for the care needs assessed. In addition, the funding for Primary Care services is not universally available to all asylum seekers, it is dependent on the type of accommodation provided, which therefore limits some asylum seekers from accessing unplanned NHS services for minor conditions



that could be managed through GP services. As local areas have recognised and responded to the gap in healthcare provision for asylum seekers, the current Primary Care service provision for Asylum Seekers in North West London has become complex and inequitable. Understanding what is effective and tackling the disparity of provision should be the role of the regional Integrated Care Board, responsible for the organisation of healthcare services in liaison with the DHSC (Department of Health and Social Care).

Health care professionals working with asylum-seeker communities state that not all asylum seekers engage with Primary Care services. Two reports highlight how asylum seekers and refugees face barriers to accessing local health and care services. The barriers include a lack of information about the services available to them that should be provided as part of their local orientation on arrival to a Hounslow hotel, lack of digital access and digital literacy, lack of language to state their health and wellbeing needs, and the perception of discrimination relating to their race, religion, and their status as an asylum seeker.^{37,38} Transport is also identified as a barrier to accessing Primary Care, and although transport is available, organised and paid for by the hotel for health care access, the stakeholders have stated that the hotel process for transport agreement can require at least three days' notice for booking.

Quality of Primary Care Data

Whilst this research states that asylum seeker engagement with Primary Care services is low, Hounslow Primary Care data recorded 3,327 patients registered with an asylum seeker status designated (data extracted 30 June 2023). This number is significantly higher than the recorded numbers in hotel accommodation and in receipt of support.

The higher number in the Primary Care health data may indicate data inaccuracies where registered new patients have been moved outside of Hounslow without registering with a new GP, or their immigration status has changed. Data on GP systems is recognised as incomplete, often missing vital information, for example, immunisation status and previous mental health needs, and is reliant on information disclosed at the initial health assessment. Information about the frequent movement of asylum seekers particularly arrivals and departures in and out of the short-term hotel accommodation means that the hotel population changes rapidly, and this is not known to health care providers. GP data is the most accepted valid information available, despite the caveat that it is not informed by timely changes in those asylum seekers being accommodated, due to this information from Clearsprings ReadyHomes not being readily available or easily interpreted by frontline staff working in high-pressure environments.



From information on GP databases (SystemOne) the demographic profile; the age and sex of asylum seekers (Table 3) and recorded ethnicity (Figure 9) of asylum seekers in Hounslow are:

Table 3: Age and sex profile of Asylum Seekers registered in Primary Care data

Age	Male	Female
Under 18	7%	7%
18-29	17%	14%
30-49	20%	24%
50-69	4%	5%
70+	1%	1%
Total	50%	50%

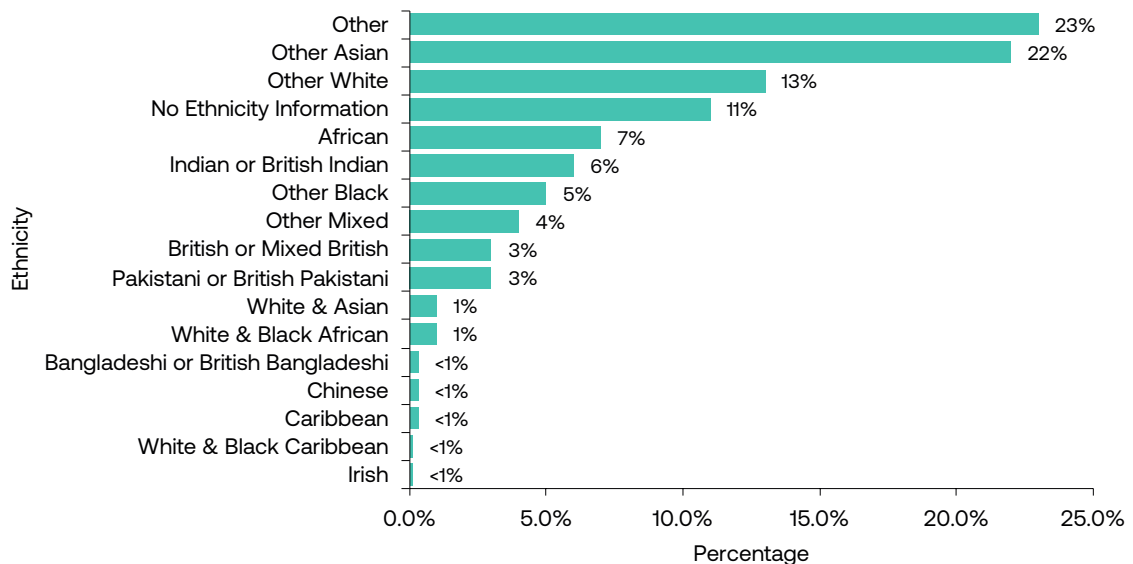
Whilst there are similarities between the local Primary Care data and the national data on the age and sex of asylum seekers, it appears that the Primary Care data shows a higher proportion of women compared to national data. This difference could be due to the increased need for women to engage with Primary Care for things such as maternity care.

Many of the countries with high numbers of asylum seeker applications in the UK (e.g., Afghanistan, Iran, Albania) are not represented by UK Primary Care ethnicity data categories. This is reflected in the high proportion of ethnicities (over 50%) being categorised as 'Other', 'Other Asian' and 'Other White.'

From a review of the health data available for long-term conditions, whilst there are unsurprisingly higher recorded rates of anxiety and depression in the registered asylum seeker population compared to the resident Hounslow population, there is a lower proportion of people with long-term conditions, lower smoking rates and similar rates of obesity, anaemia, and other mental health conditions compared with the resident Hounslow population. This information is caveated by the need for improved quality of Primary Care data and data sharing by the Home Office and Ready Homes with Primary Care providers to ensure GP data is accurate.

Asylum seekers are vulnerable to increased health risks that if not met can significantly affect their health, or in the case of an infectious disease, can transmit rapidly through the hotel community,

FIGURE 9: Ethnicity profile of asylum seekers registered on SystemOne



especially through a hotel with a large, unprotected asylum-seeker community that originates from countries where vaccination is either not available, or uptake is low. The risk increases if environmental health and infection control standards in the hotel are not being maintained.

A Hounslow local pilot of Primary Care services was funded and set up in 2022 to provide on-site outreach GP services for urgent health care needs in short-term hotels which are not part of the NHS England reimbursement scheme. This pilot demonstrated the impact of on-site clinics, which created opportunities to build rapport and trust with the hotel communities, increase their confidence in health services, which led to an increase in vaccination uptake, and reduced the risk of outbreaks of vaccine-preventable infection in high occupancy locations. Primary Care schemes have used their relationship with the hotel communities to introduce wider health and care partner organisations to asylum seekers, leading to improved collaboration with other services such as health visiting, midwifery, sexual health, and mental health services.

In addition, a social prescribing pilot has been in place in Hounslow between September 2022 and March 2023 which included four weeks of face-to-face conversations with asylum seeker hotel residents, and four weeks of activities. The pilot engaged more than 60 people aged 16 to 66 years and provided mental health support, space for physical activity and play, care for pregnant women and nutrition for children which were the priorities stated by those who participated. Guided walks and English language courses were offered following discussions with 19 attendees. Attendees reported an improvement in mood following each activity. Following the completion of the pilot, the Primary Care service has continued to refer those who will benefit from social prescribing for one-to-one support.

Mental Health

Regional research combined with insight from the experiences of Hounslow stakeholders, including primary and secondary health care staff and community and faith leaders is that mental health care and support is the most stated need by asylum seekers living in hotels. This is reinforced by Primary Care data which records a higher rate of anxiety and depression compared with the resident Hounslow population, and data from hospital emergency and urgent care services. However mental health care is not being provided at the level required to support this community.

Across North West London there was a significant spike in October 2022 in the number of attendances at Urgent Treatment Centres and A&E (Accident & Emergency) departments by people with asylum seeker status. This coincided with the increase in the number of asylum seekers in North West London. The most common recorded needs were psychological and psychiatric health needs including suicidal ideation, support for an existing mental health condition, and ongoing long-term health



condition management due to exacerbation of a pre-existing health condition that has not been effectively managed. Over 30% of those who accessed these acute services attended multiple times. Other care required included pre- and post-natal maternity care, immunisations, and vaccinations in response to an infectious disease outbreak, and access to health services for minor skin infections including scabies. In the absence of access to planned physical, mental health, or minor illness services, urgent and emergency health services are the only option available for asylum seekers.

Within Hounslow, there are services which aim to support people with mental health needs including Improving Access to Psychological Therapies (IAPT) services, a crisis support line, and digital services. However, clinical stakeholders recognise that many of these services and the wider services which support asylum seekers are not trauma-informed and therefore are not suitable for the specific needs of this population.

The recent 'Going Full Circle report,' which interviewed asylum seekers to identify the primary needs and concerns of refugees and people seeking asylum living in London, identified that 22% of respondents stated they experienced mental ill-health and more than half of that 22% reported they had not accessed any health support or treatment.³⁹ Reported risk factors that contribute to poor mental health include the fear of being moved from their accommodation with no notice, a lack of permanence, cramped living conditions, and the lack of social networks. Overall

experiences with GP services, hospitals and NHS111 were stated as positive unless there were communication barriers, particularly if the use of interpretation services was not available at a GP or hospital attendance, or when using NHS 111 services.⁴⁰

Those asylum seekers interviewed by Migrant Health stated that they experienced depression because of their present situation. Interviewees referred to inadequate and poor nutritional quality food, feeling isolated, hotel overcrowding, and the inability to work as factors that exacerbated their physical and mental health. The asylum seekers interviewed consistently reported feeling powerless, without any control over their lives. They also stated limited access to mental health and wellbeing services which resulted in A&E becoming their primary health support service.⁴¹ Barriers associated with religion including the perception of mental health stigma were cited and the importance of being seen by a same gender professional.

Professionals recognise that Hounslow asylum seekers have considerable unmet mental health needs, and there is a gap between the mental health services available and the level of support needed, especially for those people living in hotel accommodation. There is a lack of local data to quantify the scale and scope of mental health and wellbeing needs, however, the starting point is improved access to mental health assessment to understand need.

To address this gap in data and local knowledge, through conversations with asylum seekers and relevant stakeholders were carried out.

LOCAL CONVERSATIONS: IMPACT OF LIVING IN HOTELS ON MENTAL HEALTH

To understand more about the unmet needs of asylum seekers' mental health, we organised listening sessions with twenty-two local participants: eight asylum seekers living in contingency hotels in Hounslow and fourteen stakeholders who provide health and care services to Hounslow's asylum seeker contingency hotels.

The listening sessions aimed to explore asylum seekers' mental health, their experiences of mental health services and how living in hotel accommodation affects their mental health. The sessions explored how mental health services could more effectively support them, and what action could be taken to improve their emotional wellbeing.

The stakeholders included primary and secondary care NHS staff, health visitors, education leads, and community, and faith group leaders.

Several ethical concerns were considered and addressed through the design. These included potential psychological harm, for example, stress from reflecting on traumatic experiences, data confidentiality, and a potential unequal power dynamic between asylum seekers and interviewers. Focus groups with asylum seekers were held with local trusted faith or community leaders which provided a familiar, supportive,

and psychologically safe environment. Further safeguards were implemented, use of pseudonyms, careful wording of questions, a considerate approach to interviewing and clear and simple explanations of the study's objectives.





For the analysis, reflexive thematic analysis was used with an inductive and descriptive approach. This allowed us to explore the accounts of asylum seekers and stakeholders and create themes based on their experiences and views. The findings are presented below.

Mental health status of asylum seekers

When asked about their current mental health, the interviewed asylum seekers stated that they experienced depression, low mood, panic attacks and anxiety and they described their traumatic experiences in their country of origin and during their transition journeys. They described these experiences as having resulted in their current fragile psychological base. This means that they find themselves feeling more vulnerable and less able to cope with the anxieties that come from seeking asylum in a foreign country which inherently entails uncertainty about the outcome. Furthermore, challenging, and stressful elements of asylum seeker everyday life compounds asylum seekers' mental distress.



Table 4. Four themes impacting mental health of asylum seekers in hotels taken from listening sessions

	<p>Access to opportunities</p> <ul style="list-style-type: none"> » Lack of funds/money which leads to lack of opportunities to participate in social life and education. » Not being engaged in any meaningful activities such as a job, education, or volunteering. » Bureaucracy and not being able to resolve easily practical issues related to personal official documentation.
	<p>Uncertainty of residence</p> <ul style="list-style-type: none"> » Uncertainty about being moved to other parts of the UK. » Uncertainty about other people they have become familiar with being moved and being separated from support networks they might have built in Hounslow. » Families being split up and allocated to different hotels. » Uncertainty about their asylum seeker request outcome. » The global asylum seekers and refugee situation and how this might impact others who are seeking asylum in the UK.
	<p>Accessing Health Care</p> <ul style="list-style-type: none"> » Medical care challenges and not receiving appropriate medical care.
	<p>Integrating into the community</p> <ul style="list-style-type: none"> » Difficulties with language barriers and lacking language skills and/or lack of interpreters' provision. » Lack of cultural familiarity and the challenges this can bring in everyday communication. » Negative attitudes towards asylum seekers.

Asylum seekers and stakeholders highlighted the everyday life challenges they face, and what worried them. They spoke about four themed areas of need, presented in Table 4.

The four themes are interrelated and impact each other. For example, the lack of access to opportunities meant not being able to progress professionally, which also led to fewer opportunities to socialise. This acts as a barrier to social integration and developing or using an individual's skills and knowledge in the local community. The result is a lack of agency, mastery and creativity, boredom, lack of purpose and social isolation. Social isolation is exacerbated for certain asylum seekers groups due to their circumstances such as:

- » Being new parents, especially for mums.
- » Singles and couples without children.
- » Those who do not speak English at all, especially teenagers and
- » Those who lack digital skills.

“Everything that affects a normal person’s mental health, it will affect an asylum seeker 10 times (more) because they’re dealing with an anxiety that they can’t cope very well. For example, I need to go to the GP for something that is very, very, like, emergency thing, but because of the receptionist, which is rude to me, I can’t deal with it. When I go there, I literally go there, open the door, if I see her, I will close the door and come back. I don’t have the energy to cope with someone that is rude to me. Which wouldn’t happen to me like in my country, I would go like excuse me.”

[Asylum Seeker]

“I think it’s just a whole catalogue of things. I’d say they have very, very high level of stress in comparison to what most people have to cope with. And also, just following on from that, is if you’ve been through trauma and you’ve been through probably a traumatic journey to escape, whatever trauma, you know that there’s a lot of very serious mental health issues that people are dealing with. Whether or not they’re hanging around and waiting, you know, these are people that are very, we class them as, vulnerable. So, you know, people are carrying all sorts of baggage.”

[Community Leader]

“I saw a little boy a couple of weeks ago who his parents reported that he doesn’t want to leave the room and I’ve never seen a child like that I before, that I would say he was depressed. He was four years old. And I felt he was depressed, and I’d seen him before, and he was quite different, and his dad was saying how different he had become. He doesn’t want to leave the room and I think his parents are desperate to leave the hotel. They’ve been there for over a year, and I think part of it for him is that he’s hearing his parents and seeing their stress.”

[Health Visitor]

Hotel accommodation and the effect on mental health

The accounts of asylum seekers and stakeholders living in hotel accommodation and how prolonged stays might impact mental health were similar. One of the main concerns was poor nutrition because of the poor food quality provided. Food is supplied to most hotels from airline food suppliers, delivered daily and microwave-heated in the hotel. Those asylum seekers interviewed stated that the meals were too spicy, not heated properly and at times served still chilled and frozen, and the quantity was inadequate. Asylum seekers and stakeholders linked the poor nutritional value of the meals provided to their health issues. The lack of choice and inability to prepare their food was linked to the loss of personal, social, and cultural identities. The loss of identity can be a significant source of grief and mental distress.

Other needs not being met stated by both asylum seekers and stakeholders related to:

- » **Personal hygiene and cleanliness** in terms of washing clothes and cleanliness and pest control in some hotels.
- » **Safeguarding concerns** both within the hotel and about the location of some of the hotels. The examples stated feelings of safety and privacy and experiences of bullying by hotel staff.
- » **The lack of personal space** and having to share rooms between whole families and/or sharing with strangers.
- » **Inadequate provision of necessities** such as nappies and sanitary towels, examples were given of hotel staff withholding nappies and milk for babies.
- » **Lack of exercise and play areas** as many of the larger hotels are adjacent to airport approach roads, affected by air pollution and therefore have restricted safe spaces for play.

“And so, the thing is the food was so bad that people just ate a bit to, I don’t know, reduce the hunger and then [they] just ate fruit. So, they took a lot of fruit. A lot. I mean if they for example, took 10 bananas because they wanted to eat fruit instead of food. One of my friends in hotel she just ate fruit for months and she was sick all the time. So, they, fortunately after a lot of complaining, they changed the food provider and so it’s better now than before, but not always. But it’s good, better than before.”
[Asylum Seeker]

- » **limited provision of facilities for children and parents** to accommodate the needs of infants and new mothers and lack of communal spaces to come together to socialise with peers.

The above pressures are exacerbated by other elements which include the conditions of the hotel accommodation and group dynamics including:

- » **Hotel staff attitudes** which are described as a mixture of respectful and disrespectful. Some asylum seekers described their experience of being mistreated in the form of discrimination, citing examples of hotel staff showing preferences to asylum seekers of specific nationalities; incidents where staff were unhelpful and/or derogatory, and even threatening comments were made. Asylum seekers also mentioned a lack of understanding of asylum seekers’ unique circumstances and psychological experiences. There was also reference to a lack of accountability, and no clear pathway

for reporting incidents of mistreatment. In some hotels, there had been a change in management, and this had brought in new staff with more positive attitudes.

- » **Movement restrictions** of asylum seekers where they are required to sign in and out of the hotel and are not allowed to stay somewhere else overnight.
- » **Conflicts between asylum-seeker groups** within accommodation sites.

“Culturally it’s women, in these countries that they come from, they see their role is to be providing, you know, healthy meals, home cooked, culturally appropriate meals. I think that is a problem for them, that they can’t do that you know that sort of ritual of cooking and sitting together as a family, they’ve completely lost that.

We do see women who become pre-diabetic have gestational diabetes and I think this is partly related to the diet at the hotel and perhaps lack of exercise.
[Health Visitor]

Positive aspects of hotel accommodation were also spoken about, including the opportunity to meet and be close to peers and not having to worry about paying bills and other financial commitments.

Overall, there was clear direction that living in hotel accommodation contributed to a perceived loss of control, agency, dignity, and identity; loss of autonomy and basic physiological, safety and psychological needs such as a sense of belonging were not being met.

Coping Strategies

Asylum seekers employ a variety of strategies to reduce mental distress. They described utilising intrapersonal skills and employing internal abilities to help them manage emotions, cope with challenges, and reduce mental distress.

The intrapersonal coping strategies they referred to included:

- » **Reflection and personal emotional growth** by recognising the positive sides of their current experience accepting the inherent unknowns of their situation and
- » **Employing optimism** about the future.

In employing these strategies, they also described finding support that helped develop intrapersonal skills such as receiving support from psychologists where they had the opportunity to process emotions and cultivate further intrapersonal skills.

Stakeholders described the resilience they have seen amongst other asylum seekers and how this contributes to their ability to overcome the personal challenges they are facing.

Asylum seekers and stakeholders also referred to the everyday activities that asylum seekers engage in to support their mental health and reduce mental distress. These include activities that are provided locally but need to be optimised to reach a greater number of the local asylum seeker population:

- » **Attending various courses and studying** which gives a sense of progression and purpose through learning something new and preparing for their future.
- » **Physical exercise** which helps expend energy, engage in a carefree activity, and improve physical and mental health.
- » **Volunteering** which helps to keep people busy and not dwell too much on challenges. It also gives a sense of purpose through being involved in and giving back to the local community.
- » **Talking to family in their country of origin.**
- » **Creating community in this country** by cultivating relationships with peers or people they have met in wider community networks in their local area.



Accessing mental health services: experiences and barriers

The main barriers to accessing mental health services that asylum seekers stated from their direct experience are:

- » **Long waiting lists** for counselling and talking therapy.
- » **A medicine-centric approach**, which asylum seekers stated was not always appropriate for their needs.
- » **Language barriers and the lack of interpreters** which means that sometimes general medical support might not be delivered or is sub-optimal.
- » Their legal status means that they have **less access to opportunities** and pathways than others. For example, some community groups offered support to refugees but not asylum seekers.
- » **Support from services due to long waiting lists**. They described how prescribing medication was the first line of treatment rather than psychological support. This was due to the transient nature of the population and
- » The **lack of awareness of how long they would be accommodated locally** and therefore the need by clinicians to support them immediately for a short-term period. This example of not knowing how long they were staying in Hounslow made it hard for a talk therapy service to be available to patients. Language barriers were also highlighted.

Stakeholders expressed similar issues about the lack of support from services due to long waiting lists. They described how prescribing medication was the first line of treatment rather than psychological support. This was due to the transient nature of the population and the lack of awareness of how long they would be accommodated locally and therefore the need by clinicians to support them immediately for a short-term period. This example of not knowing how long they were staying in Hounslow made it hard for a talk therapy service to be available to patients. Language barriers were also highlighted.

Further systemic barriers identified by stakeholders include:

- » Lack of specialist support bespoke to the needs of this population.

“Your GP will give you some medication, but they’re not the thing that you really need because they make you sleepy. It will make you stay in the hotel room which makes you feel more isolated and it’s not good. So, I didn’t want to take that medication, you know, even when I had like suicidal thoughts. I was sleepy but I couldn’t sleep so I was just staring at the wall. What is the point of living like this?”

So, when I was having panic attacks, I went to get some support. And I think it’s more than a year now that I have been on a list for counselling, but I just gave up. I used to call the agencies, but nobody called me back. And other organisations that they’re willing to help, I found that they only help refugees, not asylum seekers.

[Asylum Seeker]

- » Asylum seekers not being registered with a general practice, limited knowledge of patients' history, and inhibiting identifying pathways to access specialist care.
- » Any related costs, including participation or travel costs to attend talk therapy.

Other internal and cultural barriers were also noted:

- » Fear of seeking mental health support might impact their asylum seeker request, housing requests, or parental rights.
- » Presence of shame that is common in trauma survivors which entails the individual not being ready to engage.
- » The stigma that surrounds mental health support in general and which runs across cultures and
- » cultural perceptions of mental health and what constitutes a mental health problem.

“But it’s so specialist support we need and the support we have is not specialist. It’s probably aimed at the general population of Hounslow, not aimed at people who have experienced trauma and adverse experiences. It’s uncertain and they’ve been in a hotel for over a year, so it’s no wonder they have poor mental health really. When you put all that together, I don’t think there’s any bespoke service that’s appropriate for them, apart from the odd charities here and there.”

[Health Visitor]

Challenges Faced When Supporting Asylum Seekers

Stakeholders described many challenges in their efforts to support asylum seekers and in delivering the services they could offer.

The challenges they spoke about include:

- » **Issues with hotel management** were mentioned such as hotel staff attitudes or hotel staff managing the hotels as they would manage a regular hotel rather than recognising this was a different, highly vulnerable group. Additionally, stakeholders stated hotel staff not being responsive to the specific difficulties that asylum seekers face; a lack of consistency in communication with medical staff in terms of sharing critical information for residents which raised safeguarding concerns, and medical staff being unable to find asylum seekers on visiting days.
- » **Language barriers** include a lack of interpreters and lack of signal to use phones for translations or to call an interpreter.
- » **Lack of private spaces** to see patients during on-site visits.
- » **Fragmentation:** They cited issues regarding services such as **fragmented services and a lack of continuity**. This includes a lack of coordination between, local charities, GP surgeries, and the Local Authority. This included a lack of understanding of each other’s roles.
- » This fragmentation is also evident in the **lack of knowledge about referrals**. Stakeholders lacked knowledge of community organisations that were offering services to asylum seekers. Conversely, some stakeholders stated that they were uncertain how asylum seekers might have been referred to the service they were working for.

- » Health providers mentioned a lack of continuity of care where there was no system to allow professionals to be able to understand what the outcomes were following support (e.g., whether they accepted referrals).
- » **Lack of support from the Home Office** was also highlighted as an issue in terms of resources, capacity, and access to information and data to support local response.
- » **Unsuitable and/or inadequate services** are evident by the lack of services or lack of sufficient funding to meet the capacity of need. In the case of Council staff, the lack of funding was particularly relevant when arranging child school placements. As a result, many front-line staff felt that they were unable to do their jobs efficiently and effectively because of the presence of complex and multiple needs that did not fall within their role remit. This distress is augmented by the increased demand which stretches capacity. Many people stated the lack of adequate services to support mental health specifically, due to the complex nature of the mental health of asylum seekers.

“Also, some of the children have undiagnosed special needs. You know, we’ve seen that as well which means that could be that you get to the stage of these special needs team doing an assessment and observing the child in a school setting and just at the point that you’re about to say this is what we’ve determined in terms of the school placement for them, they’ve gone and then that’ll start all over again. And so, the child’s need won’t be met because they’ll have moved on before anything was in place for them.”

[Education Support Officer]

Finally, stakeholders noted the lack of direct **support for staff** who support asylum seekers. Many of them are exposed to challenging information without having time and space to process it. They are working in an environment of stress with a vulnerable group of people who have experienced recent distress.

“It would be good to have some sort of way that we can maybe attach like our medical notes to their immigration notes, that should be like a process. So that their medical notes follow them through along their immigration paperwork. Yeah, that’d be quite good because otherwise it gets lost. That should be happening from the moment they come into the country. They should get a health check and some sort of health record created with immigration papers, and it should follow them through it, because otherwise we’re giving vaccinations, but are we even sure that that information will go through to the next hotel where they’re going to go?”

[Local GP]

“We had a particular family, a brother and sister who came to complete their form because they were secondary (school) age. My colleagues said that we had a list of the family members and she said oh, where is your mum? We knew the mum was in the hotel and they said “Oh mum’s not well. She’s very sad.” And they started to tell my colleague who was completing the form that their father had been beheaded in front of them and that their sister, she was 10 years old, getting on the plane had got separated from them so they didn’t know where she was. Whilst we listen to it, we’re not experts in dealing with that and we just allow it to be. But when you’ve got a parent who’s up in a bedroom who can’t bring herself to come out and talk and you’ve got two young children just telling you all that, and yet there is no support for that.”
[Education Support Officer]

“Nobody tells you what to do when you arrive to the UK. You know, we just have to ask our friends. Other people came here before us, and they gave us the information to find this charity or to go to this college. A council I think can make this process better for people in the hotels, those newly arrived.”
[Asylum Seeker]

What does good look like when it comes to supporting asylum seekers?

Asylum seekers identified key interventions that could help lessen the mental distress they are experiencing, and could be supported at a local level:

- » Support to **learn and understand the social norms of UK society**. This could be through classes or facilitating peer support to share learnings of those who have been in the country for a while.
- » **Opportunities to learn English** and develop their language skills and
- » being engaged in a **meaningful occupation** that supports contributing to society, learning new skills, gaining knowledge, integrating into British society, and practising English.

Interviewees stated that to improve mental health support, access is needed to:

- » **Mental health support provided in a first language** and/or therapists with a similar cultural background. Language creates a barrier, to cultural familiarity and prohibits full emotional expression especially when dealing with traumatic experiences. Access to translators offers part of the solution, however, this poses questions of patients’ privacy and can restrict the sharing of traumatic and shameful experiences.

“Because I went to that community and I saw you know, because the cool features most of that is for asylum seekers, and there is the data bootcamp to say, you know, but the asylum seekers don’t know about them. Okay, I came here as so. They give me accommodation, they give me money, they save my life. The minimum things I have to return to this country, be a good citizen. And then if they accept me if they didn’t accept me. And I try to, you know, be my best. But lots of people didn’t know and they just waste their life. You know, because they just didn’t know maybe they are more talented in some, you know, way and they can’t find their pathways because they didn’t know how, and I think all of that starts with English. If they can have this opportunity where someone comes to the hotel to teach us English. First of all is English.”
[Asylum Seeker]

» **Trauma-focused counselling support** is essential.

Stakeholders presented the same interventions as central to their effective support of asylum seekers and reducing mental distress. They acknowledged the need for:

» **A social prescribing service** dedicated to serving their unique needs and

» **Educating asylum seekers in terms of navigating the system** and sharing information about services, activities, work opportunities or classes available locally they were eligible for. These can help asylum seekers find meaningful occupations and increase social integration and access to services and resources they are entitled. This could be delivered through:

- » Offering classes on understanding how the wider system works (e.g., how to navigate the NHS).
- » Dedicated staff in the hotel who understand the needs of those living there and direct them according to their individual needs to the right services, acting as a consistent point of contact for asylum seekers and primary and hospital staff.

In terms of mental health support, stakeholders identified the same elements that were put forward by asylum seekers, adding that services should be:

- » Provided for different levels of need and life stages such as for early years and
- » The need for mental health and trauma training for front-line staff including health professionals, council staff, local voluntary organisation staff (and hotel staff) was also noted so they are in a better position to react to and process challenging experiences shared by asylum seekers.

“I think something that might be useful is getting like a social prescriber in to do like a class. So that might be a useful way. But because I think a one to one wouldn’t work because everyone’s situation is so different. But things like there’s this service, there’s that service, these are your kind of rights, and this is how the NHS works cause there is an expectation that they think they have come to a first world country and they’re going to get surgery tomorrow. So yeah, I think a lot of it is about education and about what they can and cannot access.”
[Local GP]

- » Framed in a more inclusive way such as “sharing sessions” to support overcoming stigma about mental health support and exploring the option to offer it through peer groups.

Stakeholders also identified improvement actions that need to be taken which are not directly in the remit of local organisations including the local authority. These include:

- » Improving the quality of the food offered to match cultural expectations, with nutritional value and in the right quantity; fresh and not heated up; and where possible, creating opportunities for asylum seekers to cook their food or access food of their choice. The Home Office is responsible for the commissioning of improved food standards.
- » More financial support for local organisations so they can provide more services. These include financial support for schools to ensure timely school placements; schools often must cover costs that parents cannot afford (e.g., school uniforms and sportswear).
- » Quicker processing of asylum seekers’ claims by the Home Office and
- » work visas to allow paid work to create purpose and income.

“It’s difficult or more complicated because they’re navigating a completely different system from what they used to in a different language.”

[Mental Health Doctor]

“It would be good if you had volunteers, right at the very beginning being in there like the Red Cross, being in there as soon as you can. Because not everybody has trauma, there’ll be levels of anxiety and I think having someone that knows about their country, knows about what’s happened. You know, knows enough to understand what they might be feeling, can speak their language. You want a friendly face, someone that understands. Having someone that’s just able to say: “It’s OK. I’m going to sit with you. This is what we’re going to do, this is what’s going to happen. And don’t worry. These people are going to help with the school. Let’s get that sorted and then we can talk about this.” Taking people through things and just knowing they’ve got someone that they can go and talk to.”

[Education Support Officer]

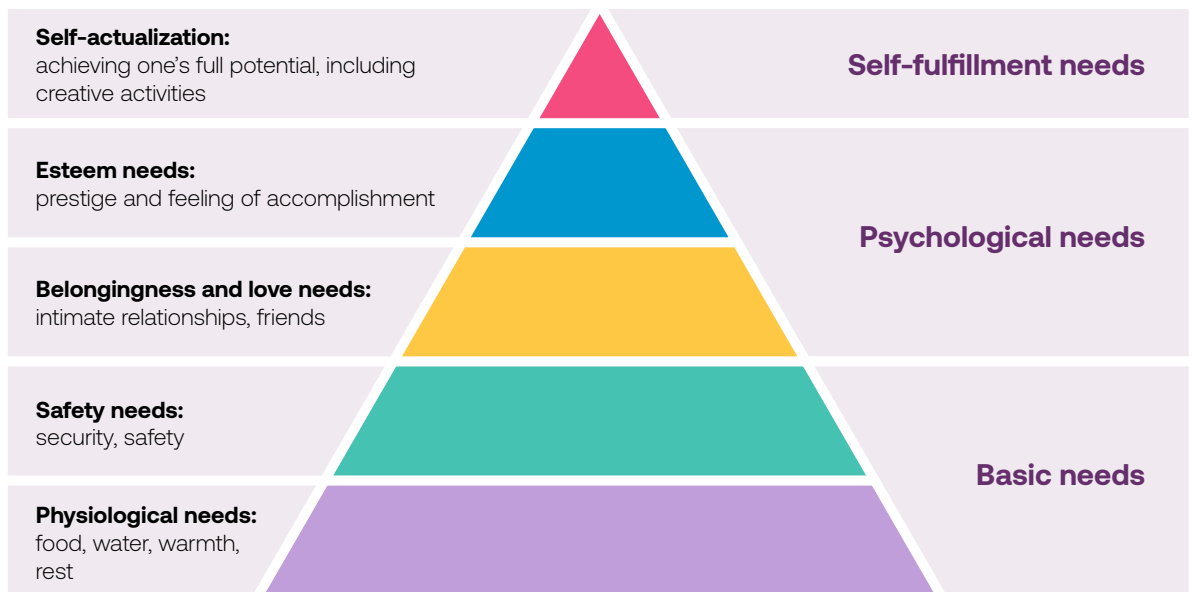
DISCUSSION OF FINDINGS

The conversations with Hounslow asylum seekers and stakeholders who work with them reinforce that services are not meeting the current physical and mental health needs of asylum seekers. Health and wellbeing need is increased by the conditions in which they are forced to live. The mental and psychological needs described vary from basic physiological needs including food provision, and safety needs such as feelings of control and security to more complex psychological needs such as a sense of belonging and accomplishment. These unmet needs can be mapped to a variety of theoretical frameworks which can help determine potential recommendations for solutions.

Maslow’s (1943, 1954) five-stage model of needs is one way to contextualise the findings to explain in more depth the experiences of asylum seekers and their basic needs that must be met.⁴²

Maslow’s model classifies human needs into themes, with physiological (survival) needs at the bottom, and the more creative and intellectually oriented ‘self-actualization’ needs at the top. The percentage to which these needs are met varies over time and by person. Overall, the interviews highlighted how many of these survival needs are not being met.

Figure 10. Maslow’s Hierarchy of Needs



SOURCE: <https://www.peakframeworks.com/post/maslows-hierarchy>

Table 5. Local findings mapped to Maslow's Hierarchy of Needs

Needs	Description	Asylum Seekers in Hounslow
Self-actualization needs	The realization of a person's potential, self-fulfilment, seeking personal growth, and peak experiences. This level of need refers to what a person's full potential is and the realization of that potential. Maslow (1943) describes this level as the desire to accomplish everything that one can, and "to become everything one is capable of becoming". This is expressed in a very individualized manner for each person.	Asylum seekers are not able to seek self-fulfilment experiences as more basic needs are not met while many restrictions exist in relation to what opportunities they have access to in terms of pursuing personal growth and realising their full potential.
Esteem needs	Self-worth, accomplishment, and respect. Maslow classified esteem needs into two categories: esteem for oneself (dignity, achievement, mastery, independence) and the desire for reputation or respect from others (e.g., status, prestige). Esteem presents the typical human desire to be accepted and valued by others. People often engage in a profession or hobby to gain recognition. These activities give the person a sense of contribution or value.	Asylum seekers experience lack of meaningful occupation which results in lack of a sense of accomplishment and respect from others. This constitutes one of the key areas of mental distress.
Love and belongingness need	Emotional need for interpersonal relationships, affiliating, connectedness, and being part of a group. Examples of belongingness needs include friendship, intimacy, trust, acceptance, receiving and giving affection, and love.	Asylum seekers seek to develop and cultivate community networks, and this is one of the main coping strategies to overcome mental distress. This is, however, hindered and threatened by the possibility of a sudden move within the UK.
Safety needs	People wanting to experience order, predictability, and control in their lives, and these can be fulfilled by the family and society (e.g., police, schools, business, and medical care). For example, emotional security, financial security (e.g., employment, social welfare), law and order, freedom from fear, social stability, property, health, and safety (e.g., safety against accidents and injury).	Needs are also not met in terms of poor medical care, unpredictability in relation to asylum seekers requests, sudden moves, school placements and education, and personal hygiene & cleanliness needs and health and safety concerns in terms of the hotels' location and attitudes from hotel staff and overall society.
Physiological needs	Biological requirements for human survival, e.g., air, food, drink, shelter, clothing, warmth, sex, and sleep. If these needs are not satisfied, the human body cannot function optimally.	Asylum seekers do not see their physiological needs met in terms of food. Clothing and sleep needs are also not always met.

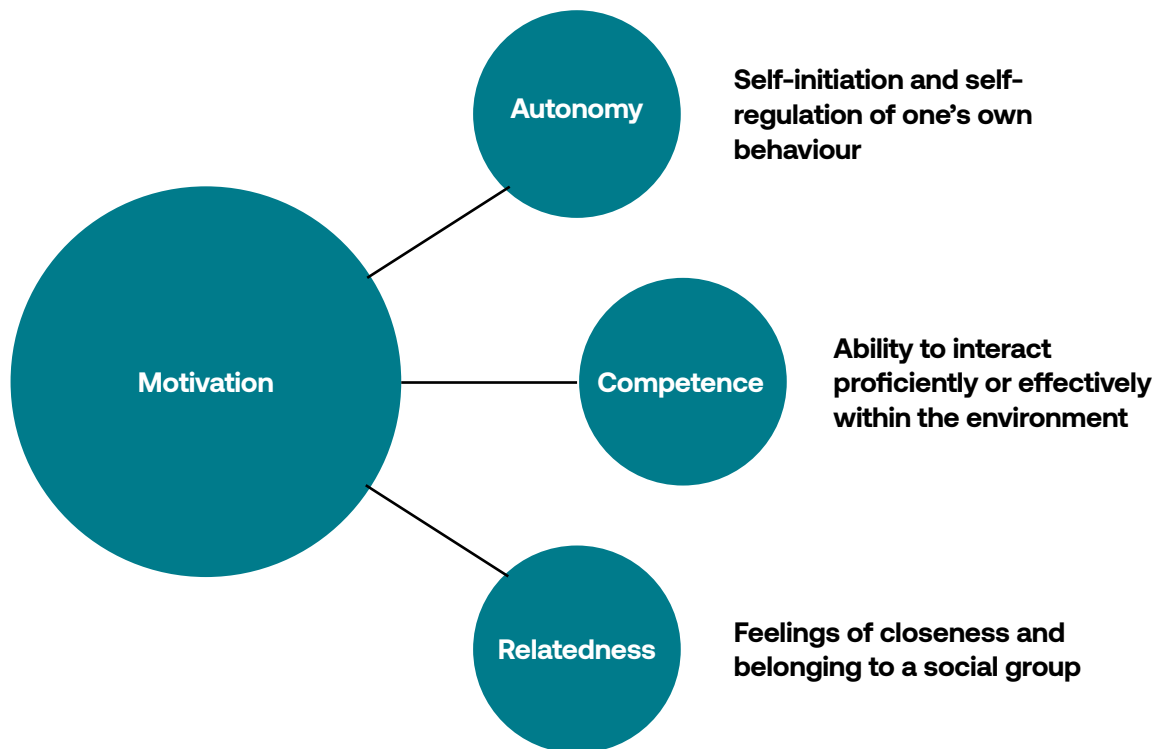
The unmet needs of asylum seekers in Hounslow can be further understood through the self-determination theory (SDT). Self-determination theory refers to three innate and universal human psychological needs:

- » Autonomy.
- » Competence and
- » Relatedness.

When social and contextual conditions allow for these basic psychological needs to be fulfilled, the individual feels self-realised.

Further research highlights the negative impact that environments which do not support these needs have on an individual's overall well-being. The contingency hotel environment does not support autonomy, competence, and relatedness and this impacts negatively on asylum seekers' physical and mental health and overall wellbeing. However, the above needs can be supported to a degree through the provision of services and information at the local level.

Figure 11. Self-determination theory



LIMITATIONS OF THIS REPORT

Some limitations should be applied to the interpretation of the data presented and the findings of the local research undertaken.

Data quality in Primary Care data

There is limited data and evidence available on the health and social needs of asylum seekers and refugees at a local level, therefore it is difficult to identify the level of need and the inequalities in health amongst this population wider than insight and 'common sense.' Asylum seekers and refugees are often not registered or accessing services because of issues such as lack of documentation, language barriers and lack of government and healthcare entitlements. In effect, this means that they may be underrepresented in this data.

Recruitment of asylum seekers: language and engagement

Recruitment for the listening sessions was organised through existing community groups. Those who took part in the interviews were actively engaged with community groups. Therefore, the findings may not represent the views of those who have not been able to engage with community groups. Engaging with community groups increases wellbeing and support.

In addition, many asylum seekers do not speak English as a first language. Those interviewed did speak English at a basic conversational level but may not be sufficiently proficient to express complex views. Therefore, this group may not be representative of peer views, particularly those without any English language. Those who can speak English probably have higher wellbeing and access to support. It would have been worthwhile to include in conversations a more diverse group of asylum seekers from different accommodation sites, with interpretation services available.

Representation of those in dispersed accommodation

These findings represent the unmet needs of those people seeking asylum who are living in hotels in Hounslow. It does not represent the views of those living in dispersed accommodation. There has been a gap in knowledge of the needs of this group. These individuals and families are more isolated from the support and advice that is offered in hotels which can lead to living in isolation from the wider community. The London Borough of Hounslow has commissioned research to understand the needs of people who are living in dispersed accommodation.



CONCLUSION

Over the last two years, the number of asylum seekers in Hounslow and the UK has increased significantly.

To meet the accommodation needs of this large population, the consignment of hotels by the Home Office to house asylum seekers has resulted in outer North West London boroughs, with large capacity hotels especially those that support the infrastructure of London Heathrow, disproportionately supporting a higher number of asylum seekers. Additionally, the length of stay in hotels has significantly increased, and those seeking asylum remain living in these hotels for extended periods, years rather than months. Any view that the hotel experience for an asylum seeker is comparable to the hotel experience of a UK citizen would expect to be immediately dispelled. These hotels are large-scale roomed dormitories with inadequate food, a lack of government-funded support services, and many lack the basics, for example, communal space for families to eat and socialise. Their proximity to the airport and their previous function was never one of leisure, they are located on main roads around the airport with limited space for physical activity, poor transport links other than by car, and are located at a distance from local amenities. This can reduce how included this asylum seeker community can be in local communities.

The extended length of stay and lack of amenities impact health, wellbeing, and resilience. The question to the Home Office is whether this is necessary, and what are the barriers to processing asylum claims more efficiently given the high level of leave-to-remain applications in the UK. If the majority will eventually become UK citizens, sensibility would indicate that the sooner they are supported, their health needs assessed, and they are assimilated into local communities; schools, training, and employment, there is a benefit for both the asylum seekers and the UK, including economically.

This report set out to understand the health needs of asylum seekers living in contingency hotels in Hounslow, we have gone as far as we can with limited data. We aimed to build on the foundations of previous research and investigations regarding the care and provision for asylum seekers which has focused on their unmet needs. This includes poor food provision, and lack of support, particularly for mental health needs. The findings of these reports continue to be the experience of Hounslow asylum seekers accommodated in hotels.



Whilst experiences vary, interviews with asylum seekers and stakeholders in Hounslow have consistently recognised that asylum seekers' physical, psychological, safety and wider needs are not being met, and this impacts their physical and mental health. This report links the accommodation provided in hotels, and the environment that asylum seekers are living in, and concludes that it is contributing to mental ill-health. Asylum seekers and stakeholders made recommendations for future health and wellbeing support that could be implemented at a local level; stakeholders reiterated this

needed to be funded through additional central government funding, especially for areas with higher asylum seeker numbers. If implemented, these recommendations are an invest to save; to address the health and wellbeing needs of asylum seekers, now. This requires central government departments to work together more effectively, and with local authorities to start to tackle the risk of long-term health inequalities experienced by refugees to the UK. Many of the current asylum seekers living in Hounslow hotels, and hotels across the UK will be future citizens and our neighbours.

RECOMMENDATIONS

The recommendations made are directed at national and local sector organisations.

The UK government:

1. Directs the Home Office as the lead government department responsible for the coordination of the asylum process, to work with local areas as equal partners more effectively, to inspire greater confidence and trust than previously experienced. This would result in more collaborative approaches that more effectively operationally deliver central government policy in local areas.
2. Commits to tackling the fragmented, siloed working relationships between the Home Office and other central government departments, including the Department for Health and Social Care and Department for Education that hinder a local area's coordination of local services required to support asylum seekers.
3. Recognise that supporting asylum seekers, especially in local areas with high numbers of people living in hotels requires adequate resources and aligned funding commensurate with need.
4. Whilst determining the future policy for the use of hotels, to take immediate action and hold organisations commissioned to support asylum seekers to account for providing accommodation, welfare support, including food that ensures a safe and living environment where health and wellbeing standards are maintained, and there is access to communal space inside and outside the hotel. This requires that those who are employed in hotels, and who work with asylum seekers, are trained to understand and respond to the needs of asylum seekers.

The Home Office:

5. Shares information with local areas to better understand the health risks of the asylum seeker communities accommodated locally. This intelligence allows local statutory services to more effectively coordinate local services based on health risk, and health status and be more responsive to health and care needs.
6. Ensures that their commissioned provider of services for asylum seekers provides training for hotel staff that increases their understanding and empathy towards the needs of asylum seekers, awareness of cultural, social and trauma needs, and recognising mental health risks and how to respond to a crisis.
7. Improves continuity of care processes for asylum seekers, achieved through improvement in health data records that leads to timely communication between services in the areas where an asylum seeker is located. This should begin at the initial health assessment where NHS numbers are provided, alongside the provision of translated education to asylum seekers on the use of NHS numbers and how to use them. This would allow health records to be obtained from primary and secondary care as asylum seekers move across the country.
8. Improves communication, including the translation and interpretation offer that ensures the translation of information which orientates new asylum seekers. Local areas need to be funded to increase access to translators for health and care services. English language classes should be available to all asylum seekers in hotel accommodation.

9. Commissions an independent advocacy organisation in each area to establish local forums that listen to the voices of asylum seekers, sharing with confidence that speaking out is to improve health, wellbeing and lived experiences and does not harm their future asylum claim.

The local authority, local NHS and voluntary sector organisations are enabled with adequate central government funding to:

10. Improve multi-agency partnership working with the asylum seeker communities in hotels to coordinate current and any future resources available to maximise support physical and mental health needs of asylum seekers in hotels.
11. Improve local services to asylum seeker hotels based on assessed need that includes regular and frequent outreach services that include primary care, mental health and social prescribing services, that could start to address unmet health and wellbeing need and identify health protection risk at the earliest opportunity.
12. Develop specialist mental health support for asylum seekers to prevent crises and long-term mental health needs. This support should not be solely pharmacological but include wider psychological support and community or peer-led support. This will prevent immediate and long-term impacts, including long-term mental health demand on already stretched services.
13. Provide trauma-informed training to relevant stakeholders including health staff and wider community support networks.
14. Expand the use of third-sector organisations to support the needs of asylum seekers. This could include the use of peer supporters, including the use of people with language skills and lived experience.
15. Improve knowledge of existing services amongst stakeholders that set out the available support for asylum seekers that allows support to be offered systematically and proactively, preventing exacerbation of health risks.

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