

# On hold, the lived experiences of asylum seekers in Hounslow's contingency hotels

Hounslow Annual Public Health Report 2022-23

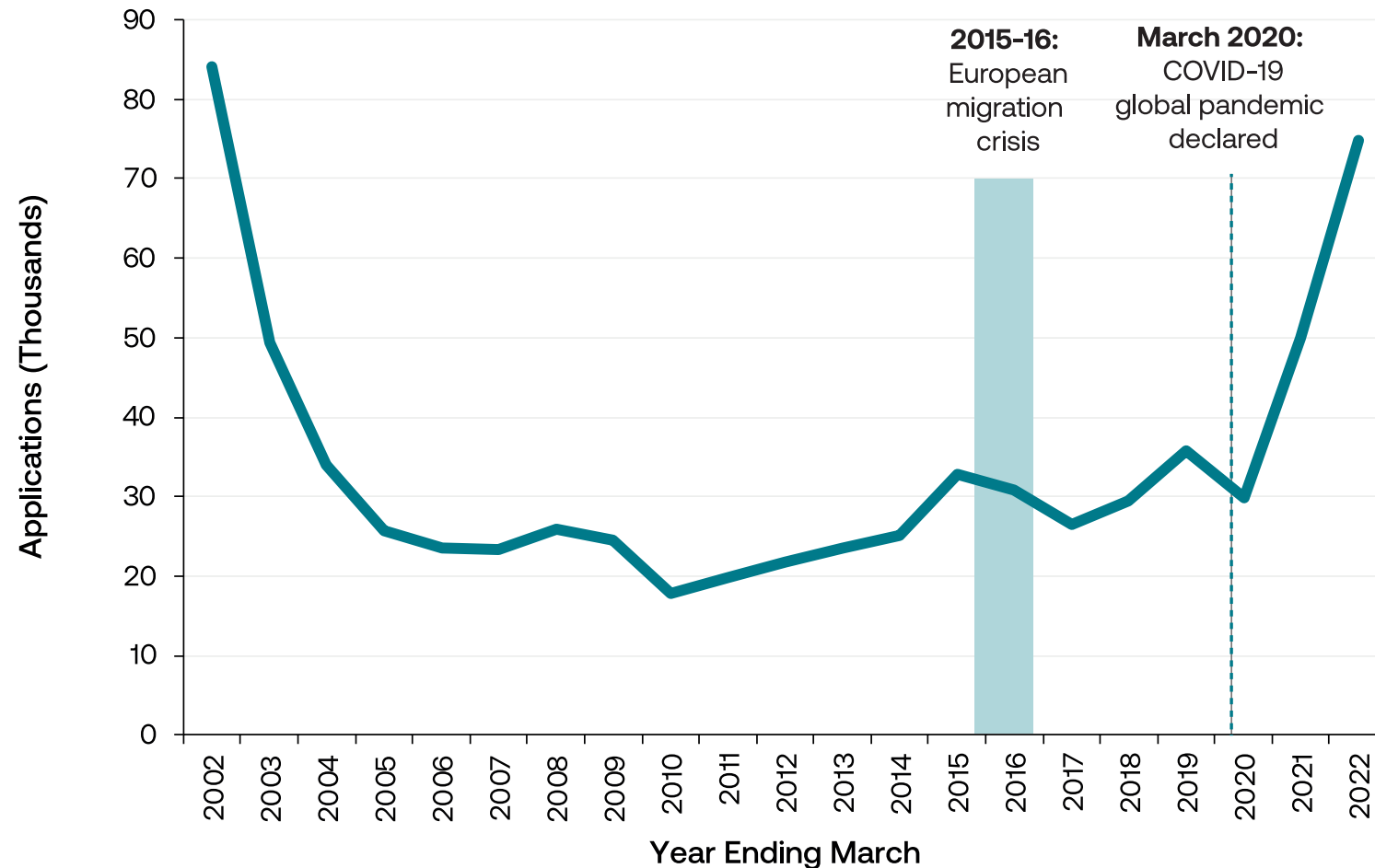
Executive Summary



# National Context

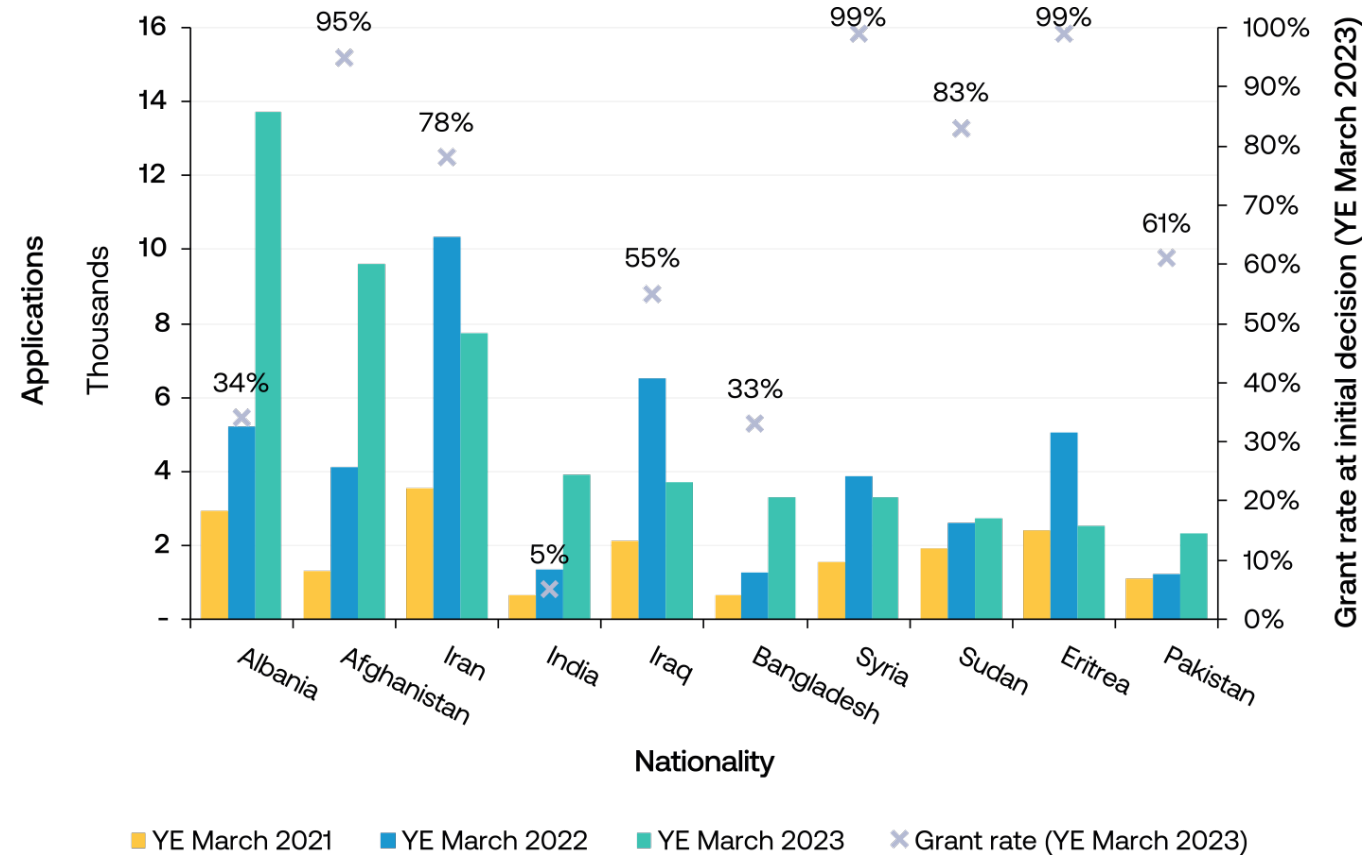
In 2022, the Home Office, the UK government department responsible for the asylum process reported 74,751 asylum applications in the UK, the highest number in almost two decades and more than twice the number in 2019.<sup>1</sup>

**ASYLUM APPLICATIONS IN THE UK: MARCH 2002 TO MARCH 2023**



# National Asylum Seeker Population

## Nationality



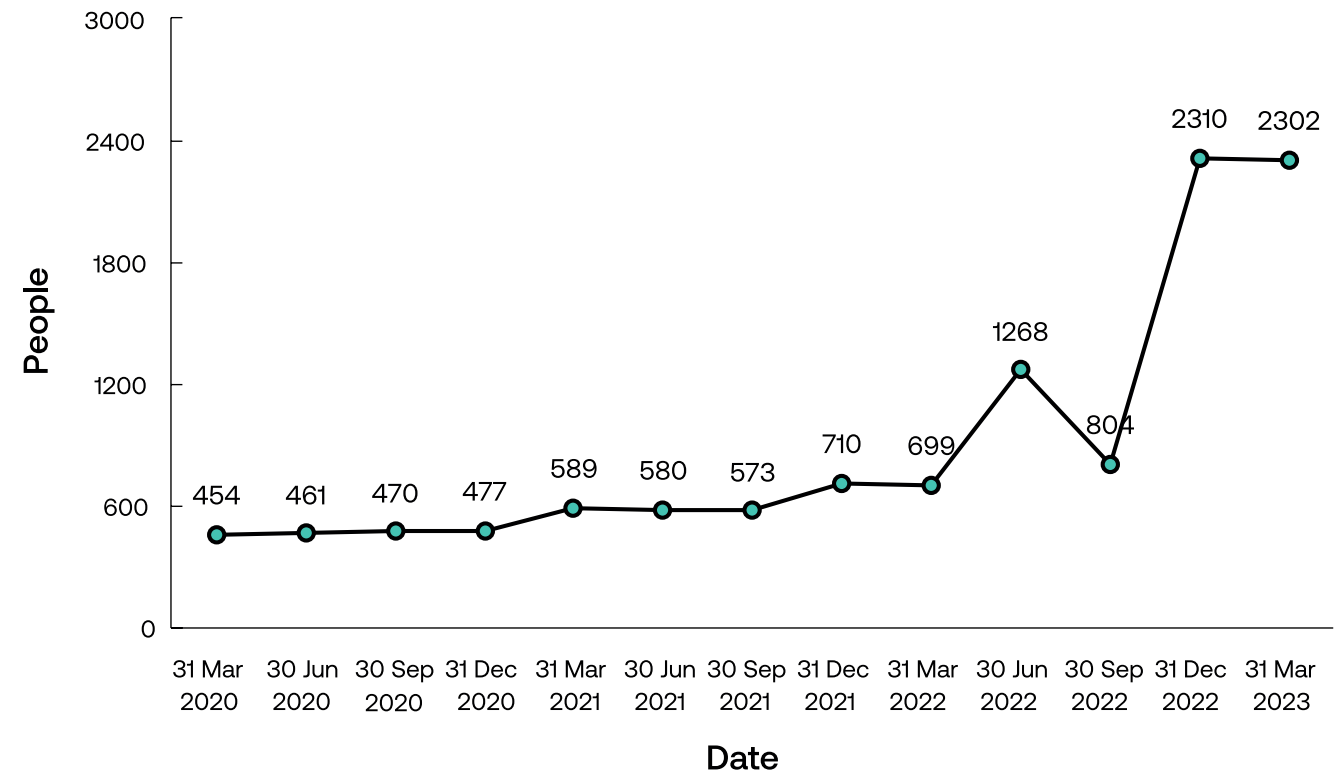
## Age and Sex

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

National Statistics

# Local Context

- As of March 2023, Hounslow had **2,302** asylum seekers in Hounslow compared to 454 in 2020. This makes up 24% of Northwest London's asylum seeker population.<sup>2</sup>
- **69% (1,597)** of asylum seekers living in Hounslow are living in hotel accommodation.<sup>2</sup>
- This is **second** highest number of asylum seekers living in hotels in any local authority in the UK (1,597), behind Hillingdon.
- The Hounslow asylum seeker population equates to **0.8% of the resident population** and at this scale creates additional pressure for local council, NHS, and voluntary sector organisation services in the borough.
- In 2022, there were **87 unaccompanied asylum-seeking children** in Hounslow.<sup>2</sup> Unaccompanied Asylum-Seeking Children (UASC) 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.



**With over 70% of those seeking asylum in the UK eventually being given refugee status, many will make their home in the boroughs in which they have been accommodated and become our residents and neighbours.**



# Local Support



There are a variety of local teams which support people seeking asylum.

Many services have raised concerns around:

1. Mental health
2. Food quality
3. Access to support
4. Access to health care
5. Domestic abuse and rape
6. Hate crimes
7. Access to data to understand need

# London research

Two reports highlight the current themes identified when speaking with people living in asylum seeker hotel accommodation:

1. **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.<sup>3</sup>
2. **'Going Full Circle report,'** which interviewed asylum seekers to identify the primary needs and concerns of refugees and people seeking asylum living in London.<sup>4</sup>

## Mental Health

High levels of distress, depression, and suicidal ideation because of their present situation. Many stated feeling powerless, without any control over their lives.

Risk factors which contribute to poor mental health:

- inadequate and poor nutritional quality food,
- feeling isolated,
- hotel overcrowding,
- the inability to work
- fear of being moved from their accommodation with no notice, a lack of permanence,
- the lack of social networks.

They also stated limited access to mental health and wellbeing services which resulted in A&E becoming their primary health support service. Barriers associated with religion including perception of mental health stigma were cited and the importance of being seen by a same gender professional.

## Children

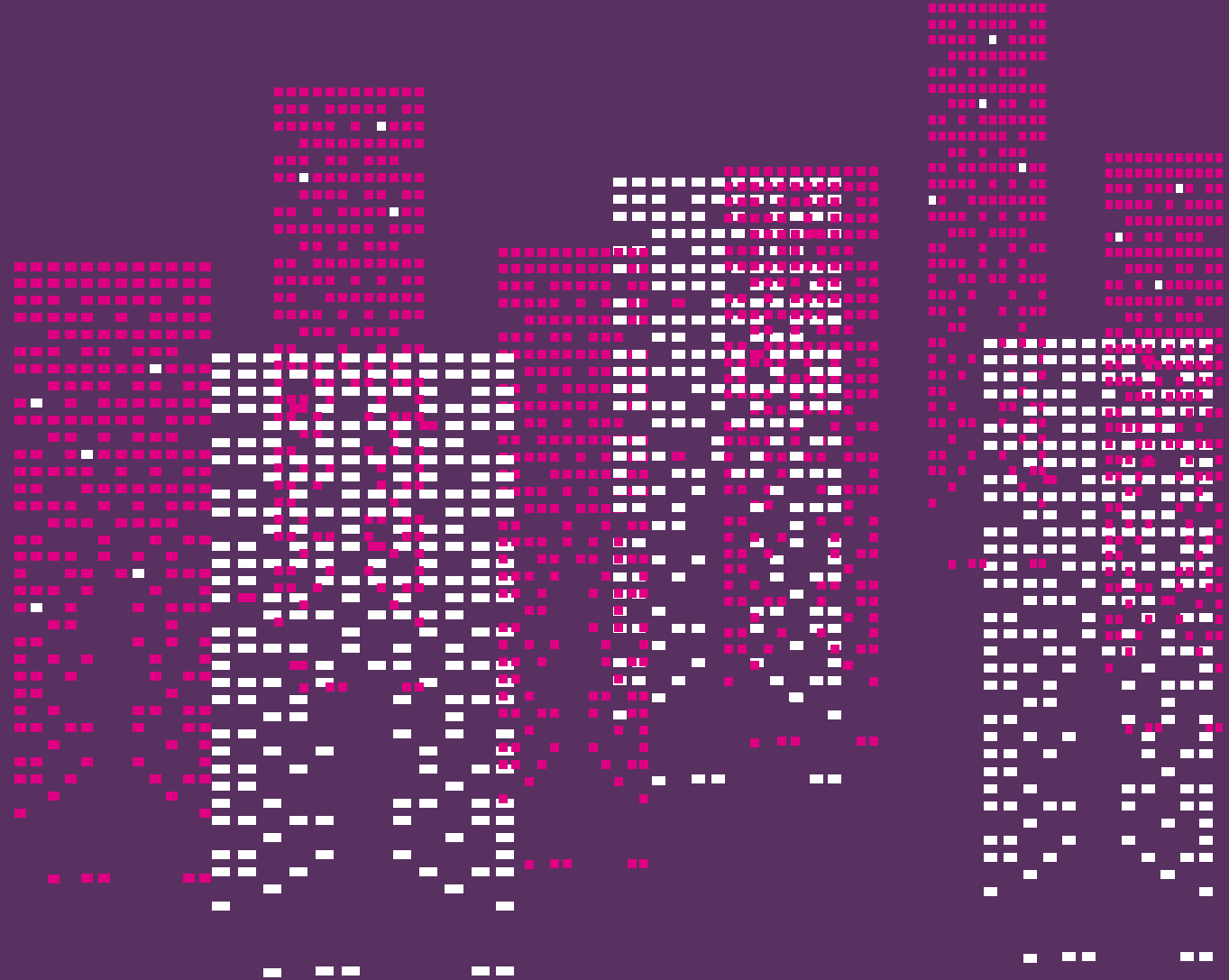
The situation was especially challenging for families with children who are living together in hotel rooms for months, with little access to space for play. Outside space for children is limited in many hotels as the external hotel green space is located close to main road routes to the airport and affected by high levels of vehicle pollution.

## Asylum Process

These concerns include, the asylum process, overall, however the most common issues stated by those interviewed related to contingency hotel accommodation and 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 of time.

# Local conversations

To understand more about the unmet needs of asylum seekers' mental health, we organised focus groups and one-to-one interviews 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.





# Mental Health

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.

“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 #1]

# Mental Health

**Challenging and stressful elements of asylum seeker everyday life compounds asylum seekers mental distress:**



## Access to opportunities

- 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 easily resolve practical issues related to personal official documentation



## Uncertainty of residence

- 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



## Accessing Health Care

- medical care challenges and not receiving appropriate medical care



## Integrating into the community

- 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

# Hotel Accommodation & Mental Health

## Food and diet

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. 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 own foods was linked to loss of personal, social, and cultural identities. The loss of identity can be a significant source of grief and mental distress.

## Other needs

- **personal hygiene and cleanliness** in terms of washing clothes and cleanliness and pest control in some hotels,
- **safeguarding concerns** both within the hotel and in relation to 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,
- 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.

“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 #2]

# Accessing mental health support

## Asylum Seekers

- **long waiting lists** for counselling and talking therapy
- **a medicine-centric approach, 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 has made it hard for a talk-therapy service referral
- **language barriers and the lack of interpreters**
- 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.

“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 #1]

# Challenges faced when supporting Asylum Seekers

lack of **specialist support** bespoke to the needs of this population

**Language barriers**

**Limited knowledge of patients' health history**

**Related costs**, including participation or travel costs to attend talk-therapy.

Issues with **hotel management**

**Lack of support from the Home Office**

**Unsuitable and/or inadequate services** evident by the lack of services or lack of sufficient funding to meet the capacity of need.

**lack of private spaces** to see patients' during on-site visits

“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”

[stakeholder #2]

# What could good support look like?

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

**Social prescribing service** dedicated to serving their unique needs to support including to:

- **learn and understand the social norms of UK society and how to navigate the system.** 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
- Support to find **meaningful occupation** that supports contributing to society, learning new skills, gaining knowledge, integrating into British society, and practicing English.

“Because I went to that community college and I saw you know...there is the data bootcamp, but the asylum seekers don't know about them. Okay, I came here. 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 I try to, you know, be my best. But lots of people didn't know ...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 #2]

# What could good support look like?

## Mental Health Support

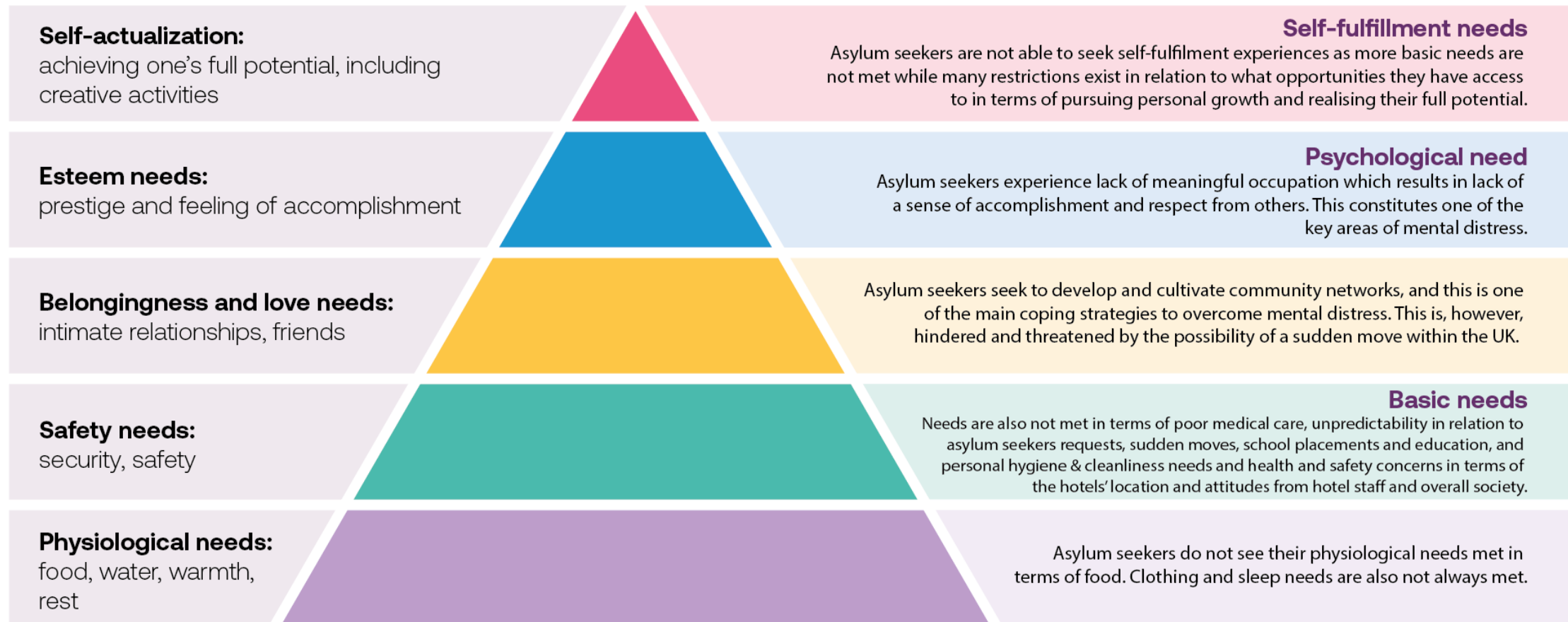
- **Mental health support provided in a first language** and/or therapists with a similar cultural background. Language creates a barrier, in cultural familiarity and prohibits full emotional expression especially when dealing with traumatic experiences. Access to translators offers part of the solution,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

“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 #3]

# Summary of Findings

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 are unmet.<sup>5</sup>





# Recommendations

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

**Social prescribing service** dedicated to serving their unique needs to support including to:

- **learn and understand the social norms of UK society and how to navigate the system.** 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 **meaningful occupation** that supports contributing to society, learning new skills, gaining knowledge, integrating into British society, and practicing English.



# Report Recommendations

## **That 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 hinders local areas coordination of local services required to support asylum seekers.
3. Recognise that supporting support asylum seekers, especially 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.

# Report Recommendations

## That the Home Office:

5. Share information with local areas to better understand health risk of the asylum seeker communities accommodated locally. This intelligence allows local statutory services to more effectively coordinate local services based on health risk, health status and be more responsive to health and care needs.
6. Ensure that their commissioned provider of services for asylum seekers provide training for hotel staff that increases their understanding and empathy towards the needs of asylum seekers, awareness of cultural, social and trauma needs, and recognise mental health risk and how to respond to a crisis.
7. Improve 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 initial health assessment where NHS numbers are provided, alongside provision of translated education to asylum seekers on 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. Improve 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. Commission an independent advocacy organisation in each area to establish local forums that listen to the voices of asylum seekers, shared with confidence that speaking out is to improve health, wellbeing and lived experiences and does not harm their future asylum claim.

# Report Recommendations

## **That 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 crisis and long-term mental health needs. This support should not be solely pharmacological but includes 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 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 sets out the available support for asylum seekers that allows support to be offered in a systematic and proactive way, preventing exacerbation of health risks.

# Citations

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3. Migrant Voice. (2023, April). NO REST. NO SECURITY. Migrant Voice. [https://www.migrantvoice.org/img/upload/No\\_rest,\\_no\\_security\\_Report\\_into\\_the\\_experiences\\_of\\_asylum\\_seekers\\_in\\_hotels\\_-\\_Migrant\\_Voice\\_2023\\_.pdf](https://www.migrantvoice.org/img/upload/No_rest,_no_security_Report_into_the_experiences_of_asylum_seekers_in_hotels_-_Migrant_Voice_2023_.pdf)
4. Refugee Council. (2022, July). Going full circle - refugee council. Refugee Council. <https://www.refugeecouncil.org.uk/wp-content/uploads/2022/08/Going-Full-Circle-1.pdf>
5. Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50 (4), 370-96

# Postscript

## **The information in this report reflects April 2022-March 2023.**

Since April 2023, despite the now regular meetings between the local system and 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. Consequently, many asylum seekers and refugees now find themselves homeless and destitute, requiring even greater resilience in the face on increasing uncertainty.