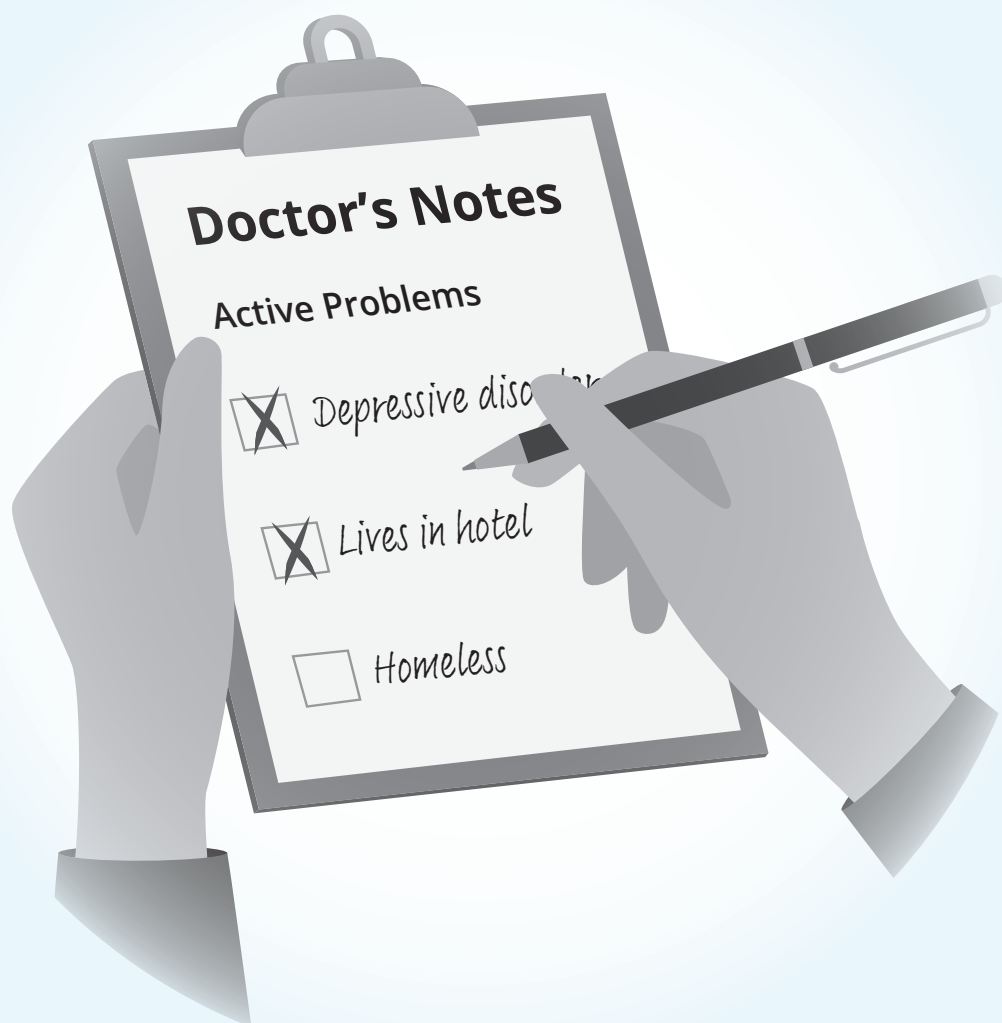


Suffering and squalor:

the impact on mental health of living
in hotel asylum accommodation



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Helen Bamber Foundation

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INTRODUCTION

For most people, the word **hotel** has positive connotations, reminding them of holidays and time spent relaxing and recharging. But this is not the case for people seeking asylum in the UK, who are forced to live in hotels for months, or even years, in dirty overcrowded rooms while relying on exceptionally low levels of financial support and substandard food. For many of them, their doctors have attributed their poor health to the terrible living conditions in these hotels – an example of which is illustrated in the cover of this report. Asylum hotels should be seen as 'institutional accommodation' and the reality of life there differs hugely from the rhetoric that people seeking asylum are living, undeservedly, in luxury.

When a person fleeing conflict, oppression, human rights abuses, and exploitation seeks protection in the UK, they are forbidden from working or accessing any mainstream benefits. Instead, they are entirely reliant on the Home Office to provide them with housing and financial support while their claim for protection – 'asylum claim' – is being processed.¹ However, due to hostile government policies and mismanagement of the asylum system, in recent years the backlog of people waiting for decisions on their asylum claims has grown to historic levels. At the end of March 2024, there were over 86,000 cases awaiting an initial decision, and 104,517 individuals in receipt of asylum support while waiting, of which over a quarter were in hotel accommodation.² As more and more people have been left in limbo and in frightening uncertainty without decisions, the number of people reliant on Home Office housing and financial support has increased.

Prior to 2019, people seeking asylum in the UK would usually spend three to four weeks – sometimes a few months – in hostel style full-board accommodation ('initial accommodation'), before being moved to housing across the country, usually on a no-choice basis to areas where properties were cheapest ('dispersal accommodation').

However in response to the increased need, the Home Office then started to use what was called 'contingency' accommodation – hotels and ex-military barracks – for asylum housing.³ Despite the then Prime Minister pledging to end the use of hotels in 2023, hundreds remain open.⁴ The Conservative government also committed to significantly expanding the use of ex-military sites⁵ and barges⁶ as large-scale asylum accommodation centres, despite this form of 'quasi-detention' been widely condemned as 'prison-like'⁷ and highly re-traumatising for survivors of torture, trafficking or other serious forms of violence.⁸

1 The government has a statutory obligation under the Immigration & Asylum Act 1999 to provide accommodation and/or financial support to anyone applying for asylum who would otherwise be destitute.

2 Home Office, [Immigration statistics for year ending March 2024](#)

3 House of Commons Library Briefing Paper, [Asylum accommodation: the use of hotels and military barracks](#), November 2020

4 Public Account Committee, [Asylum Accommodation and UK-Rwanda partnership](#), 29 May 2024

5 Home Office, [Asylum seekers to be accommodated on surplus military sites](#), 29 March 2023

6 Home Office, [Vessel to accommodate migrants](#), 5 April 2023

7 All-Party Parliamentary Group on Immigration Detention, [Report of the Inquiry into Quasi-Detention](#), December 2021,

8 Helen Bamber Foundation, [Ghettoised and Traumatized: The experiences of men held in quasi-detention in Wethersfield](#), December 2023

In March 2024, over 30,000 people (over 38% of all people seeking asylum from the Home Office) were living in contingency accommodation. Over 12,000 of these people are in London.⁹ The current average length of stay is over six months,¹⁰ during which people are stuck living in often cramped rooms, with limited freedom to come and go, not enough money for essentials, and extremely limited access to healthcare, legal advice, or means of communication.¹¹ Living in this accommodation for prolonged periods can be severely damaging to health and well-being.

There are inadequate processes in place to monitor and safeguard the conditions of hotel accommodation. They are rarely registered as Houses in Multiple Occupation (HMOs) and so are not subject to the inspection regime by local authorities. Men, women and children housed in asylum support accommodation are also now excluded from the new provisions within 'Awaab's Law' designed to protect people, mainly children, from – potentially fatal – damp and mould.¹² In our experience, people are often afraid to make complaints about issues occurring in their accommodation, and even when they do, for example regarding the low quality of food provided in hotels, they see no change.

Rather than addressing the underlying systemic problem of delays in decision making, the main attempt to reduce the use of hotels has been the operation of a '*Hotel Maximisation*' policy, which has involved housing as many people as feasible in the same bedroom, with significant negative impact on those forced to room-share. Forced room-sharing can be very harmful to survivors of torture and trafficking, many of whom have significant mental health difficulties exacerbated by having no privacy and feeling unsafe. When hotels have stopped being used for asylum support accommodation, the residents have invariably been moved to another hotel or to a former barracks or the Bibby Stockholm barge.

People seeking asylum are an inherently vulnerable population because of their experiences of war, conflict, torture, human trafficking and abuse. They face significant healthcare challenges and have a high prevalence of trauma symptoms. Those who are housed by the Home Office need a home that keeps them safe, in all areas of their lives. There needs to be a trauma-informed approach to housing which means appropriate access to food, privacy, safety, being based within communities rather than in isolated rural areas, and accommodation which is suitable for their particular needs.¹³ While the Home Office has made some attempts to reduce the use of hotels, this has not been focused on providing safe and suitable housing nor relieved any of the issues outlined in this report.

The use of hotels at current levels is a very recent phenomenon and should not be necessary. Repairing the broken system of housing people seeking asylum requires addressing the broken asylum system as a whole.

9 104,517 people. See Home Office, [Immigration statistics for year ending March 2024](#)

10 Shared with members of the Asylum Strategic Engagement Group Support Subgroup

11 Asylum Matters, [In a place like prison: voices from institutional asylum accommodation](#), 2021

12 The Guardian, [Asylum accommodation to be excluded from social housing landlords crackdown](#), 15 January 2024

13 Refugee Action's [Asylum Accommodation Principles](#) exemplify this

THE COST OF HOTELS

Instead of providing housing through local authorities or housing associations, the Home Office has outsourced asylum accommodation provision to private providers. **In 2019 the government paid Mears, Serco and (in London) Clearsprings Ready Homes £4 billion to provide accommodation to people seeking asylum over the next 10 years.** These private contractors operate on a profit-based model – with, to give one example, Clearsprings making £62.5 million during the 12 months to January 2023.¹⁴ This outsourcing clearly benefits the private contractors, but does not work for the thousands of people seeking safety in the UK who are housed in terrible conditions nor the Home Office, who oversee a costly and chaotic system which has a devastating impact on people's lives.

In addition to this, the same companies are paid more than £8 million a day to provide 'contingency' accommodation in hotels. The Home Office spent around £3.6 billion on asylum support costs in 2022/23, nearly double the amount spent in 2021/22. About £2.28 billion of that was spent on hotel accommodation.¹⁵

These exorbitant costs stem from hotels being more widely used and for much longer than originally anticipated because the Home Office has failed to stay on top of asylum decision making. **In early 2020 there were around 2,800 people in initial accommodation at any one time,** of which around 1,000 were in hotels. The average time people spent in initial accommodation before being rehoused in longer-term dispersal accommodation was 26 days.¹⁶ **By the end of 2023, there were over 45,000 people in hotel accommodation.**¹⁷

The rising numbers stuck waiting are due to an increasing backlog and the percentage of asylum applications that are taking more than six months to process (meaning that people are not being granted refugee status which would allow them to move out of asylum accommodation and 'free up' space). **In 2014, over 80% of asylum cases were processed within 6 months. By 2023, that number had plummeted to less than 15% and at the end of 2023 there were over 60,000 cases that had been waiting for over six months for an initial decision (33,000 waiting over a year).**¹⁸ It is clear that a significant reduction in the numbers waiting and reliant on asylum support would ease pressure on the asylum accommodation estate and significantly reduce/remove the need for hotels and large sites.

14 The Guardian, [Companies providing housing for UK asylum seekers make £113m profit](#), 24 October 2023. See also Refugee Action's ['Most Wanted' campaign information](#)

15 National Audit Office, [The asylum and protection transformation programme](#), June 2023

16 National Audit Office, [Asylum accommodation and support](#), July 2020

17 Home Office, [Immigration Statistics for year ending December 2023](#)

18 Home Office, [Immigration and protection data: Q4 2023](#)

ABOUT THE HELEN BAMBER FOUNDATION AND ASYLUM AID

The Helen Bamber Foundation (HBF) is a specialist clinical and human rights charity that works with survivors of trafficking, torture and other forms of extreme human cruelty. Our multidisciplinary and clinical team provides a bespoke Model of Integrated Care (MoIC) for survivors which includes medico-legal documentation of physical and psychological injuries; specialist therapeutic care; a medical advisory service; a counter-trafficking programme; housing and welfare advice; legal protection advice; and community integration activities and services.

All our clients live in London, many reliant on asylum support and accommodation and living in hotels. The qualitative findings in this report include the experiences of 58 of our clients and their 23 family members from April 2023 to March 2024. These findings are supported by clinical research undertaken with HBF clients (summarised on page 7).

Asylum Aid (AA), part of the Helen Bamber Foundation group, provides high-quality legal representation to some of the most vulnerable people seeking asylum in the UK, including but not limited to children, survivors of trafficking, and stateless people. AA's welfare advice service project (WASP) delivers face to face and telephone advice and information, in a community language and English, to local residents in Westminster, including refugees, other migrants and asylum seekers on issues related to welfare benefits, housing and asylum support. Many of the people we have seen over the last year have been asylum seekers living in hotels.

In March and April 2024, WASP worked with 51 clients living in hotels, over half of whom (27) voluntarily raised complaints about their accommodation. To obtain a more accurate understanding of the current situation in hotels, in early March 2024 AA staff interviewed 13 women and six men that have either called its telephone line or attended our drop-in session. The interviews were conducted in English and in the clients' native languages. Similar concerns were raised by people from different cultural backgrounds, from different parts of the world, living as single adults or in a family unit, reflecting the pervasiveness of these problems.



CLINICAL RESEARCH ON THE IMPACT ON MENTAL HEALTH OF LIVING IN HOTELS

In a clinical study undertaken with clients of the Helen Bamber Foundation in 2023, to be published later in 2024, analysis of quantitative clinical data from 110 participants¹⁹ found higher levels of mental health difficulties for asylum seekers living in hotels compared to asylum seekers living in alternative housing.

Qualitative data was also obtained from 16 clients who had lived on average in a hotel for around 18 months. Interview participants most commonly reported mental health difficulties included depression, suicidal ideation, anxiety, trauma, and sleep difficulties. This qualitative data echoed the quantitative findings, which demonstrated higher levels of depression for asylum seekers living in hotels compared to asylum seekers living in alternative housing. Participants described how hotel accommodation worsened pre-existing mental health problems (most commonly Post-traumatic stress disorder and depression) and created new mental health difficulties (most commonly suicidal ideation, depression, and anxiety). Participants also spoke about difficulties they faced in the hotel, such as difficulty sleeping due to sharing rooms with noisy roommates, and the negative impact this had on their already fragile mental health.

The key themes drawn out by this study include people in asylum hotels feeling a lack of safety (associated with a lack of privacy, re-traumatisation, impact on mental health), a lack of autonomy (associated with unmet basic needs, the feeling of being imprisoned, a lack of control, and the harm this causes children and family) and social isolation (associated with feeling disconnected from community and peers, and issues with hotel staff). The research also identified what changes that could be made to mitigate these adverse experiences, including improving food, access to services, hotel staff behaviour and the provision of alternative types of housing.

The psychological, physical, developmental and material impact of living in poor conditions is exacerbated by the length of time people remain in hotels, and the cumulative impact of this on people and their families is very clear.

¹⁹ The quantitative sample included 110 participants for the CORE-10, 111 for the PHQ-9, and 147 for the PMLQ questionnaire.

LIVING IN HOTELS BECOMING THE NORM

When the use of hotels was originally introduced, they were meant to be a temporary 'contingency' measure.²⁰ However, hotel accommodation has now almost become the norm, with many people now spending a very long time housed in full-board hotels. In some cases, people have lived for years in these hotels. In HBF's experience, clients tend to be moved out of hotels predominantly only when legal action is taken.

According to Home Office data:



Over 30,000 people seeking asylum were still housed in hotels in March 2024²¹



Over 6 months is the average length of stay in initial/contingency accommodation²²



Less than £9 per week to live on is all those living in asylum hotels receive.

Of a sample of 27 clients HBF is supporting who are currently in, or very recently lived in, hotels:

- 5 households, including a family with a child starting soon at secondary school, have lived in a full-board hotel for between 6-12 months.
- 6 households have lived in a hotel for between 1-1.5 years, including a family with children starting primary school.
- 8 households have lived in a hotel for between 1.5-2 years, including 4 families, a total of 6 children, aged from 0 to 12.
- 5 households have lived in a hotel for between 2-2.5 years, including a family with two children, one of whom is doing his GCSEs this year.
- 1 household have lived in a hotel for between 2.5-3 years, and 2 households recently moved to dispersal accommodation had lived in contingency accommodation for 21 and 11 months respectively.

In his 2021 inspection of contingency accommodation, the former Independent Chief Inspector of Borders and Immigration noted multiple issues with the long-term nature of this so-called contingency accommodation, stating in particular that problems with food provision "are exacerbated when service users are accommodated for long periods in contingency accommodation" and that "accommodation in hotels was not suitable for families with children over prolonged periods of time".²³ The High Court has made a similar finding.²⁴

²⁰ House of Commons Library Research Briefing, [Asylum accommodation: hotels, vessels and large-scale sites](#), July 2023; Home Office guidance, Asylum hotel summary and FAQ, March 2024

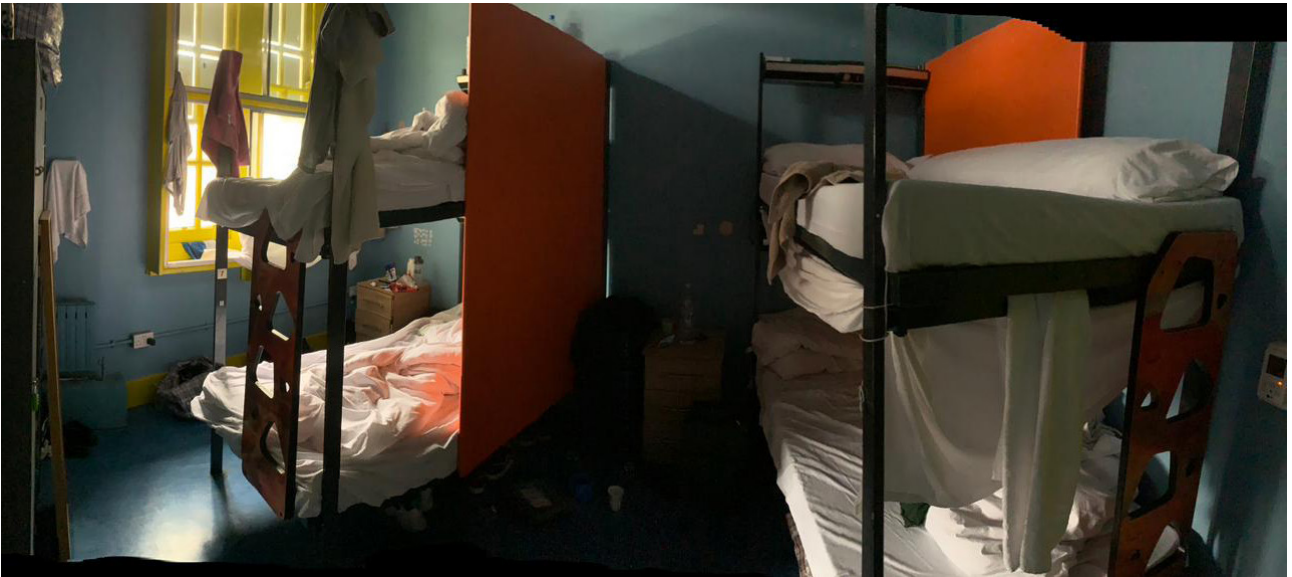
²¹ 104,517 people. See Home Office, [Immigration Statistics for year ending December 2023](#)

²² 191 days. Home Office, Asylum Support Update for - National Asylum Support Forum (NASF), March 2024

²³ Independent Chief Inspector of Borders and Immigration, [An inspection of contingency asylum accommodation May 2021 – November 2021](#)

²⁴ [SA v SSHD \[2023\] EWHC 1787 \(Admin\)](#). In this case the judge considered the question of adequacy in relation to the hotel accommodation provided to the mother bringing the legal challenge and her children. He concluded that the accommodation in that case was inadequate, due to the cramped room, the lack of separate eating areas or space for the children to play or do their homework. If this situation had subsisted for a short period of time then it may have been tolerable, but the length of time that the family had to endure these conditions, of over a year and with no idea of when it might end, rendered the accommodation unlawful.

POOR LIVING CONDITIONS



This panoramic photograph sent to HBF by a client shows the lack of privacy and overcrowding amongst four unrelated strangers, having to share a bedroom, the only space they have to themselves.

The majority of the people supported by HBF and AA have reported a range of issues relating to poor conditions within hotels. These include unhygienic and dilapidated living conditions; overcrowding and lack of privacy; surveillance; and not having access to a quiet place to do homework and study.

"It was a depressive space because there were too many people and not enough space."

AA supported cases where a single mother had to share a room with her 15 year-old son and another adult son; another single mother had to share a room with three children aged 13 to 17; and a couple (mother and father) had to share a single room with a 14 year-old and a 16 year-old.

Clients have reported rooms with mould; rotten carpets; unclean bedding; rooms smelling of sewage; broken beds; worn-out mattresses; mice and bed bugs. The presence of mice in rooms is of course also a serious problem for residents who have small children or allergies.



One client had rats running around his accommodation. As well as being unhygienic, this was particularly distressing for this client because the prison where he was detained and tortured was overrun with rats and the sound of them triggers him and causes flashbacks. He frequently found dead rats in his room, and sent HBF the above picture, at a time of significant distress. He was eventually moved out of the hotel, after legal action.

Many clients have reported that the general areas in hotels are not cleaned frequently, with no clear instructions to where to place nappies and sanitary towels in different languages. Carpets in the rooms are dirty and smelly which is particularly problematic for parents with small crawling children.

"It was not clean, safe or good. Was the worst moments of my life there."

There is insufficient provision for laundry so many people living in hotels have to dry their clothes in their rooms. Families have reported having to dry their clothes on the bed in the day and then pile them up where they can during the night so that they can sleep – with all the associated problems that the additional humidity and damp causes.

Digital poverty is frequently a problem in hotel accommodation. There is often no access to the internet or reception for phones, and people living in hotels have no space to socialise or watch TV. Children are confined to their rooms. Restricted access to the internet negatively affects children's progress at school. It also has a considerable effect on adults and contributes to depression and feeling of isolation as they are unable to communicate with relatives left behind, some of whom are living in precarious situations and moving from place to place or living in refugee camps. People living in shared rooms do not have anywhere to make private calls which can make confidential discussions, with for example lawyers, impossible.

"I felt like I was in a prison, when I used to go out there were lots of security which made me feel like it was a prison"

INADEQUATE NUTRITION

"[We are given] food that even animals will not eat."

The quality, service, and type of food is different in each location, but the majority of our clients housed in hotels report finding the food very problematic. People housed in a full-board hotel cannot cook in the facilities that exist, and so are wholly dependent on the food provided there. Many people describe the food as low quality, unhealthy, inadequate in portion size, repetitive and frequently inedible. In some instances, it is too spicy, which is particularly difficult for those suffering from serious illness and children.

"[I] Felt unwell because [I] couldn't eat the food."

The food is provided in plastic or Styrofoam containers, usually served in a communal canteen or to be eaten in a person's room, depending on the hotel. There is very little choice, and reportedly little variation between the meals themselves, and due to the very limited subsistence support provided (£8.86 per person per week), people have no autonomy to buy any other food for themselves. Clients have reported using their very low subsistence allowance to buy basic staples, such as bread and eggs, in order to not have to eat as much of the food provided at the hotel. Families with children in particular often spend much of their very meagre allowance on food from outside of the hotel, so that their children will actually eat anything at all if/when they will not eat the hotel food. This means they will have less/no money to spend on other essentials, such as toiletries.

The food appears to be rarely freshly cooked and is warmed up by hotel staff in a microwave. Clients have reported to us that they have received cooked meals from their friends but have not been permitted to heat this food in the hotel microwave. This means that NGOs and other supporting agencies cannot even meaningfully help by issuing foodbank vouchers, given that food from a foodbank usually needs to be cooked.

"The food was badly prepared. He had stomach aches from it. Everyone threw food away and did not like it."

In one case, sympathetic church members cooked meals for an HBF client, as they were aware that she was struggling to eat the food at the hotel and already at a very low weight. She too was not permitted to heat up this food. 14 months later, she has continued to lose a significant amount of weight and is now also being tested for anaemia. She and her GP attribute this to the poor food provided at the hotel, and she cannot supplement her nutritional intake with the meagre asylum support she receives.



There is a lack of fresh fruit and vegetables in the food provided in hotels, and often the meals provided are unhealthy and lack nutrition. HBF frequently sees letters provided by GPs on behalf of their patients, requesting improvements or modifications to the food given to them in the hotel. HBF has seen reports from local GPs concerned about children losing weight or not growing as expected and recommending healthier diets, and letters from specialist doctors concerned about weight loss and the effect that unhealthy eating is having on their patients suffering from different diseases. For a client recently diagnosed with iron deficiency anaemia, the GP advised that she will *'need to incorporate iron rich foods in her diet. Please consider this when providing her with food and please try to incorporate foods including – lentils, beans, spinach, dried fruits, red meats etc into her diet.'* Months later, this request has still not been adequately responded to by hotel caterers.

One of our clients diagnosed with a rare form of cancer, and undertaking proton beam radiotherapy whilst at the hotel was diagnosed with 'disease related malnutrition' and prescribed supplements. Whilst this was partly because of the cancer and its treatment, the oncology dietician noted that as he lives in a hotel he has *'no access to suitable foods to maintain stable weight during treatment. Current dietary intake causing abdominal pain and gastrointestinal issues.'* In a later oncology review, it was noted that he had contracted scabies yet again, and that he remained living in a hotel. Despite legal proceedings and extensive medical evidence, this client was not moved to dispersal accommodation by the Home Office, and was also asked to share a room with strangers, despite his significant physical and mental health conditions. He had still not been moved from the hotel at the point that he was finally granted refugee status, and instead remains in the hotel awaiting his eviction notice, as he cannot obtain his own accommodation independently with his current health issues.

Other clients have reported fasting on specific days of the week (for religious reasons), and have asked the hotel staff to save them a meal (which is often issued in plastic containers, and should therefore be easy enough to set aside), for when they break their fast at 4pm. Hotel staff have declined to do this, telling them they must wait until the evening meal time at 6-7pm, leaving people choosing whether to practise their faith, which is essential to their life (and often a protective factor in terms of their mental health) and going without meals. One client could often not make his appointments with HBF or community activities because they clashed with meal times and the hotel staff refused to give him food any earlier or later. He had to choose between accessing support services and eating.

"The staff in the hotel is very racist and they hide the food from us..."

For children the food is often unsuitable, and breakfast is served at a time that does not work for those who need to attend school before 9am, meaning children go to school without breakfast. Nothing is provided to enable parents to give children a snack when they come in from school, so they are forced to spend the little money they receive on milk or snacks for their children.

A recent report on the food provided to people seeking asylum housed in hotel or hostel accommodation in London emphasises the themes our clients raise on a regular basis.²⁵ The research found that people found it very difficult or impossible to meet their and their children's nutritional needs, that inadequate food access had a negative impact on physical health, and that experiences of food in such accommodation were broadly experienced as degrading and dehumanising. People reported universally low-quality food with no consideration for dietary needs, that the structure and timings of meals at hotels were constrictive with no consideration for religious fasting, and that there was no effective or transparent complaints mechanism, with no accountability for the standards of food provided.

25 Sustain, [Food experiences of people seeking asylum in London: areas for local action](#), March 2024

HARM CAUSED TO CHILDREN

This room is for a family of three, two adults and a nine-month-old. Their baby is close to having lived the first year of her life here and this is the family's only room.

HBF requested a relocation for them on the basis that the space is too small, and the family received a letter from the Home Office stating:

"Having fully considered your circumstances, the Secretary of State does not consider that the factors you have outlined are sufficient to make it appropriate to allocate you accommodation."



Research clearly shows that children living in temporary accommodation experience health and educational inequalities.²⁶ Families with children need the ability to cook; adequate sanitation and laundry provision; safe spaces to play and learn; and assured environmental health. Children and young people should not have their nutritional intake dictated to them by hotel caterers subcontracted by the Home Office and should have living conditions in which they can thrive. This is not possible within hotel asylum accommodation.

The former Independent Chief Inspector of Borders and Immigration (ICIBI) has already highlighted that *"long-term hotel accommodation is not suitable for families with children. A hotel car park does not constitute a safe or appropriate play area, nor does it provide the variety of activities required by children"*²⁷ The ICIBI's recommendations in his 2022 report were all accepted by the Home Office, yet far too many families are still living in hotels waiting for some semblance of 'normal' accommodation.

Living in such close proximity with many family members, some of whom have mental health difficulties, can also increase the risk of child traumatising as well as domestic violence (this was widely evidenced during the pandemic).²⁸ Also, for children with special needs, such as learning disabilities and autism, living in such overcrowded conditions can be particularly unsuitable and clients have reported bullying by hotel staff and/or other residents.²⁹

²⁶ Annals of Public Health and Research, [Barriers to Optimal Health for Under 5s Experiencing Homelessness and Living in Temporary Accommodation in High-Income Countries: A Scoping Review](#), February 2021; Human Rights Watch, ["I want us to live like humans again": Families in temporary accommodation in London, January 2022; Children's Commissioner for England](#), Bleak houses; tackling the crisis of family homelessness in England, August 2019

²⁷ Independent Chief Inspector of Borders and Immigration, [An inspection of contingency asylum accommodation May 2021 – November 2021](#)

²⁸ The Childhood Trust, [Children in Lockdown: The consequences of the Coronavirus Crisis for Children Living in Poverty](#), 2020

²⁹ [Expert report on the impact on the children of asylum seekers of living for extended periods in temporary asylum accommodation in hotels and/or hostels](#), Prepared for the court by Dr Julia Nelki, Gillian Hughes and Ellie Kavner

MEAGRE FINANCIAL SUPPORT

Whilst the conditions are often poor within the hotel accommodation itself, the extremely low rate of subsistence support provided to people living in full-board hotels compounds and exacerbates them.

Prior to 2023, the weekly rate of financial support for people seeking asylum living in full-board hotels was £8 per week. After a legal challenge and court order, this was increased to £9.10 in January 2023, and then to £9.58 in July 2023. However, after the Home Office concluded their most recent review of asylum support rates in December 2023, this rate was decreased to £8.86 per week.

This rate of support is calculated by the Home office to provide for *'essential items that are not met by their accommodation provider (clothing, non-prescription medicine and travel)*'.³⁰ In HBF and AA's clients' experience, it is not possible for a person to be able to cover these needs specified by the Home Office within the amount of £8.86 per person per week, let alone the other needs which are not practically nor adequately provided for in hotel accommodation (including communication, food, sanitary products and other toiletries).³¹

Communication: Communication for those in full-board accommodation is not considered to be *'essential need'* by the Home Office. People seeking asylum need to be able to have contact with their legal adviser, their GP and other healthcare professionals, their children's school, among many others, especially their family, which they cannot do reliably with only £8.86 per week.

Some clients who are traumatically separated from their families spend the entire weekly amount on calling their family for several minutes; in several cases, the family separation was a cause of chronic suicidality, and the person's limited contact with their family was the singular protective factor in terms of mitigating risk to themselves.

Spending the very low full-board rate on this purpose, whilst vital for the person's mental health and family/private life, also means that people go hungry when they are not able to eat the hotel food; go without non-prescription painkillers when in pain; wear the same pair of clothes for months; and either walk to or are unable to attend essential appointments. Many people living in hotels report spending the majority of their time in their room, in part as a result of not being able to afford to travel.

Travel: The current full-board rate provides, were someone to spend the entire amount on just travel alone, for five bus journeys within Greater London. People need to be able to access their GP, mental health services, legal representative and other support as necessarily (which may be regularly and/or frequently), which they cannot do within such financial constraints. While not all journeys will be needed on a weekly basis, people who attend college, or need to accompany their children to school, do have a regular need to travel, and, again, they cannot afford this when in receipt of only £8.86 per week.

30 Home Office, [Report on review of weekly allowances paid to asylum seekers and failed asylum seekers: 2021](#), April 2022

31 Helen Bamber Foundation, [Submission to the 2023 Home Office review of asylum support rates](#), September 2023

A client recently reported that he walks 40 minutes there and back to his local adult education college to study English; he walks because the full-board rate is not enough to enable him to afford the travel there. His classes are from 9am-5pm, three days per week, meaning that he misses breakfast and lunch provided at the hotel for each of these three days. Whilst this person attempts to integrate better into the UK and advance their understanding of English, they are significantly inhibited from doing so, and they arrive and leave college each day very hungry.

Healthcare: Many medications are advised by GPs but not officially prescribed, meaning that they cannot be provided for free, even if accompanied by a HC2 certificate. Changes implemented in 2018 mean that since then *'a GP, nurse or pharmacist will generally not give you a prescription for certain medicines that are available to buy in a pharmacy or supermarket, even if you qualify for free prescriptions.'*³² The list of conditions is extensive; were someone to need these on a regular basis (e.g., a sore throat over several weeks, or coughs/colds throughout several months of the winter) the sum involved would amount to a significant proportion of the person's weekly allowance. The amount allocated for non-prescription medication does not consider these changes. There is also no obligation for a pharmacy to offer a generic formulation of an over-the-counter medication, leaving patients seeking asylum with very limited income at risk of buying a more expensive equivalent of the medication they need. As we have seen written in a person's NHS record for a patient who lived in a full-board hotel: *'this may increase risk to mental health as can't afford OTC [over the counter] medication'*. This was written in the context of a client of ours experiencing several suicidal ideation, whilst in a hotel for several months.

Other costs: The paucity of the full-board rate does not allow people any autonomy or to meet urgent, possibly one-off, needs as they arise; even with meticulous budgeting, this is impossible to manage. For example, clients living in very cold rooms in hotels during December last year, who had no individual control of the heating or temperature of their room, were unable to afford additional blankets or warm clothes.

FORCED ROOM SHARING WITH STRANGERS

Room-sharing has long been used in the asylum support estate, with adults required to share rooms with strangers, sometimes many people in the same room. HBF and AA do not believe that shared bedrooms are appropriate for people seeking asylum in any circumstances, particularly for those with severe mental or physical health issues, survivors of torture, trafficking and other violence, amongst other groups.

Room-sharing is unsuitable for many reasons; it can put people, many of whom are already exceptional vulnerable, at risk of (further) harm from abuse and anti-social behaviour, and cause a deterioration in people's mental health, including for reasons of lack of privacy and a profound inability to feel safe in one's own bedroom.

Many survivors' mental health difficulties, such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety, include sleep problems, exaggerated startle responses, difficulties trusting others, and hypervigilance. Sharing a room often worsens such symptoms and prevents the person from feeling stable or safe enough to engage with activities instrumental to their recovery, such as therapy or education.

Sharing a room with a person who has severe mental health symptoms can also be distressing; many of our clients have severe PTSD, including regular nightmares in which people scream or shout whilst asleep, as they relive a traumatic event or experience a disturbing nightmare.

One HBF client slept on an armchair in the corridor every night after having moved to a shared room as he felt safer there than in a room shared with a stranger. This young person had experiences of sexual victimisation in childhood.

Yet, in mid-2023, the Home Office announced 'Operation Maximise', intended to accommodate more people within the existing hotel estate by forcing people to share rooms, in order to reduce the cost of providing accommodation.

The Home Office's implementation of 'Operation Maximise' has been chaotic, with miscommunication and misadministration throughout, leading to people being forced to share rooms even where they should be exempt according to the Home Office's own 'Allocation of Asylum Accommodation' policy. Decision-making responsibilities regarding the suitability of a person's accommodation needs have been delegated to subcontracted accommodation providers, resulting in poor decision making.

Even where clients have shown evidence to accommodation providers of their clear eligibility for exemption from room-sharing (i.e. a positive Reasonable or Conclusive Grounds decision from the National Referral Mechanism for survivors of trafficking), this has been deemed insufficient as evidence. Accommodation providers have demonstrated a lack of understanding of existing policy and do not appear to have been sufficiently trained to make assessments as to whether a person should be exempted from room-sharing as a result of their physical or mental health, or experiences of trafficking/torture/domestic abuse, amongst other factors. In many cases relevant information is already held by the Home Office, and therefore a person should be able to be exempted without having to speak about very difficult and distressing things with a staff member of subcontracted accommodation providers.

Specific groups (with relevance to particular protected characteristics within the Equality Act 2010) have been left out of the above policy, including people who are pregnant, people who identify as LGBTQI+ and age-disputed children. These groups are particularly at risk when forced to share a room with a stranger.

Those in hotels received no individual communication as to whether they would be required to room-share, nor any notification of when they would have to be moved (if room-sharing required transfer to a different hotel). The communications that were sent by accommodation providers were misleading.

In some cases, clients had received a previous decision in writing from the Home Office that their request for a single occupancy bedroom had been approved, and yet they were still moved – at short notice – to a new hotel, in which they were to share a room with a stranger. In all cases, our clients forced to share rooms experienced a deterioration in their mental health; in one case, NHS emergency services were required the same day.

Other clients were told that they would be locked out of their rooms (i.e. have their entry key cards blocked) until they 'agreed' to share a bedroom. Many people complied with this to avoid becoming street homeless, however vulnerable people reliant on asylum support should never have had been coerced into agreeing to share a room, by blocking access to their bedroom.

One hotel provider (SBL) sent an email to residents stating that only people who are pregnant, disabled, or due for an eviction soon would not have to share a bedroom. This does not actually reflect the Home Office's policy. No individual assessments were made as to a person's suitability for room-sharing and they were told their room card would be blocked if they refused to share, unless they meet one of the criteria listed above.

Where people have been asked/told to share a room despite meeting the criteria to be exempt, they have been advised to contact Migrant Help, who would then submit a 'change of circumstances' request with any evidence attached. Should this request then not receive a response and require escalation, third sector organisations have been advised to escalate via the usual routes. Given the safeguarding issues inherent in requiring vulnerable people seeking asylum to share bedrooms with strangers, it is vital that there is a consistent and reliable and rapid way of reporting issues, including where people have wrongly been forced to room share. Submitting documents to Migrant Help is insufficient where there is no clear information as to how quickly they will submit correspondence to the Home Office, and in what time frame the Home Office should respond.

The link between room-sharing and safeguarding/mental health incidents has been illustrated in the Home Office's own data - since June 2023, the Home Office has recorded room-sharing as a potential factor in safeguarding incidents and by the end of January 2024 "it had identified 857 incidents where room-sharing was considered as a potential factor including nearly 283 incidents involving suicide or self-harm".³³

Rather than address any of the concerns raised, in February 2024, the Home Office significantly revised the 'Allocation of Asylum Accommodation' policy³⁴ to raise the threshold and level of evidence required before a person can be deemed unsuitable to share a room with a stranger. Previously, people who are disabled, elderly, have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence and those who have an infectious/active communicable disease, serious mental health issues including a high risk of suicide, or HIV, were automatically seen as unsuitable. Under the new guidance, such people still may be unsuitable for room-sharing, but only if (a) they "provide evidence that they have had an individual evaluation of their situation that confirms they have special needs" and (b) those needs cannot be met at the relevant accommodation site. The evidence of "an individual evaluation" should be "verifiable expert or professional evidence". The burden placed on people seeking asylum to show that they are not suitable for room-sharing is disproportionate; and this high evidential burden will significantly increase the need for help from professionals supporting asylum seekers.

The introduction of this revised policy is a further degradation of the asylum support estate and presents significant safeguarding risks to the mental and physical health and wellbeing of people who are already vulnerable and those who will become at risk, at least in part due to the unsafety and unsuitability of the accommodation they are provided with.

33 National Audit Office, [Investigation into asylum accommodation](#), March 2024

34 Further minor changes were made in March. See Home Office, [Allocation of Asylum Accommodation policy, version 12](#), March 2024

CONCLUSION

People seeking asylum and their families need to be housed in safe, appropriate accommodation in the community, that supports their recovery, facilitates their engagement with the asylum process and allows them to integrate.

Housing people in hotels for months and years on end, with meagre financial subsistence, poor quality food and accommodation, does the opposite. It has a significantly negative impact on people's mental health and overall quality of life and there are thousands of survivors of torture, trafficking and other forms of extreme violence, and children who are living in these conditions.

Repeated calls have been made for adequate financial subsistence and accommodation which is fit for purpose. Hotels are not a cost-effective way to house people seeking asylum, and yet the government has decreased the financial support provided to people in full-board hotels, sought to exclude people seeking asylum from legal protections for basic standards in housing, and pivoted to increasingly expensive (and harmful) types of accommodation.

The Home Office has been wasting millions on a housing policy that is cruel, unsafe and degrading. Thousands of people, including children, are housed in hotels across the country in unacceptable conditions, for very long periods of time, with a serious impact on their health, wellbeing, education and quality of life. This situation is not pre-determined and has instead been a political choice. It should not be this way.





RECOMMENDATIONS

- **The Home Office should recruit, resource and train decision makers to ensure that quality asylum decisions are made as soon as possible** – which should normally mean within six months.³⁵ Efficient management of the asylum system will reduce and then eliminate the need for hotels to be used.
- **All accommodation centres on ex-military sites/barges should be closed immediately**, with all plans to open further similar accommodation abandoned. **Reliance on hotels should be phased out entirely as a matter of urgency**, with strict time limits on people's stays there while they continue to be used.
- **People seeking asylum should be housed in communities.** This should be facilitated by urgently addressing the long-standing structural issues in the management and monitoring of contracted provision, and by significantly investing in improvements to the current stock of dispersal housing.
- **Asylum accommodation and support should not be a for-profit enterprise** – instead central government resource should be invested in the expansion of accommodation in communities through work with local authorities, charities and other stakeholders.
- **While contracted for-profit accommodation continues to exist, accountability and reporting mechanisms should be put in place immediately** with financial penalties for providers who fail to comply. This includes the introduction of licensing of hotel asylum accommodation, with stronger enforcement of licensing and regular inspections of HMOs by local authorities.
- **A robust and accessible complaint mechanism should be implemented** for people in asylum support accommodation.
- **Comprehensive support needs assessments should be completed by the Home Office** (not by sub-contracted providers such as Clearsprings) and used to ensure suitable asylum accommodation placements for people with physical and mental health conditions.
- **Asylum support rates should be set at a level that allows for an acceptable standard of living, at a minimum of 70% of the rate for mainstream benefits.** People living in hotels should receive the full rate of asylum support.
- **Catered food standards should be increased** to meet the standards for school meals, and at least adequate standards of hygiene and nutrition, particularly for people during infancy, childhood, pregnancy, breastfeeding, and people with medical dietary requirements.
- **No families should be housed in hotels without kitchens** in which they can cook their own food.

³⁵ As required by paragraph 333A of the Immigration Rules.