

Evaluation of accommodation and support services experienced by asylum seekers
in Glasgow during COVID-19

Key findings and recommendations

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Executive Summary

1.1. Background

On Friday 26 June an asylum seeker (referred to in this report as BA) who had been provided accommodation by the Home Office in the Park Inn in Glasgow attacked a number of people in the hotel with a knife. Six people suffered serious injuries and were hospitalised as a result. Police Scotland attended the incident and shot the suspect, who died. Police Scotland declared this incident was not terrorist related. The Police are working with the Procurator Fiscal's office; the investigation is ongoing. This incident provides some of the context for the evaluation of accommodation and support services in Glasgow during COVID-19. However, this is not a review of the incident itself, or the response to the incident.

The COVID-19 outbreak was declared a pandemic by the World Health Organisation on 11 March 2020. The outbreak of the pandemic in Scotland brought about the lockdown and gradual (but not yet complete) reopening of many services in the country. On 23 March 2020, Scotland's First Minister advised the public they were only allowed to leave their homes for limited reasons, including shopping for food, exercise once per day, medical needs and travelling for work when absolutely necessary. It is not until 28th May that Scotland's lockdown begins to gradually ease, a process that is continuing as at the end of August 2020. To reduce pressure on Local Authorities and ensure asylum seekers had access to accommodation and support services, the UK Government suspended moving people on from asylum support during COVID-19. This means that people who have had their asylum claim decided and would ordinarily not be eligible for asylum support continued to be accommodated and supported by the Home Office. This resulted in an increase in the accommodated asylum population; contingency hotel accommodation has been used across the UK to provide sufficient accommodation for the increased population.

A shortage of accommodation in Glasgow before the COVID-19 pandemic resulted in people being accommodated in serviced apartments on what was intended to be a short-term contingency basis. Many of those people were moved to hotels at the start of the pandemic.

This evaluation considers whether, in the context set out above,

- Moves to hotels were appropriate, were within the provisions of the accommodation contract and were dealt with in a sensitive and dignified way.
- the impact on those who remained in self-contained initial and dispersed accommodation and
- provisions for the wellbeing and mental health support of all asylum seekers in Glasgow during COVID-19.

The Review makes 19 Recommendations for improvement. Many of these recommendations reflect actions that are underway or that are planned. Some recommendations seek to address systemic issues to improve the overall health of the asylum system in Scotland.

1.2. Terms of Reference

Aim

1. To conduct an evaluation of accommodation and support services experienced by asylum seekers in Glasgow during COVID-19.

Objectives

2. The objectives of the evaluation are to determine:

- i. Whether asylum seekers accommodated in Glasgow were in accommodation that met their needs in line with the contract.
- ii. Whether asylum seekers accommodated in Glasgow received wellbeing and mental health support in line with the contract and Home Office safeguarding provisions.
- iii. In the light of the individual case, which culminated in a serious incident at the Park Inn Hotel in West George Street, Glasgow, whether the provisions for wellbeing and mental health support included in the contract have been/are adequate during COVID-19.
- iv. Whether additional support and/or interventions are needed now and/or when restrictions are lifted to ensure provisions for wellbeing and mental health support for Asylum seekers in Glasgow.

3. In order to do this, the evaluation will consider:

- i. Whether the accommodation provided to asylum seekers during COVID-19 was suited to their circumstances, including how specific needs are identified and addressed.
- ii. Where people were moved from other asylum accommodation to hotels; the timing of moves to hotels, the notice individual asylum seekers were given of any moves and any practical and/or emotional support they received to support them through the moving process.
- iii. The role of individuals whom asylum seekers encountered during the process of moving accommodation and the training that they received to equip them to work with asylum seekers.
- iv. Whether the asylum seeker experience is in keeping with that training.
- v. The policies relating to needs, risk and safeguarding assessments.
- vi. How those policies have been operationalised during COVID-19, identifying points of best practice and areas for improvement.
- vii. The extent to which mental health literacy, empathy and understanding features amongst those who have provided accommodation and support services – including hotel staff - to Asylum seekers in Glasgow during COVID-19.
- viii. Whether there are any systemic issues that extend beyond the arrangements made to accommodate Asylum seekers during COVID-19.
- ix. Whether the assurance processes (Mears and the Home Office's) for handling complaints about any aspect of accommodation or support services provided to Asylum seekers are sufficient.

1.3. Introduction

The Immigration and Asylum Act 1999 places a statutory responsibility upon the Government to support asylum seekers at different stages of the asylum process. Support constitutes financial payments to provide essential living expenses and accommodation. In January 2019, the Government replaced six regional contracts that had operated from 2012 with seven new regional Asylum Accommodation and Support Services Contracts (AASC), these contracts became fully operational in September 2019. These contracts are based on the system of dispersal of supported asylum seekers across the UK that was put in place following the implementation of the 1999 Act. Simultaneously, a new UK-wide Advice, Issue Reporting and Eligibility (AIRE) contract was implemented. The aim of the AIRE Service is to provide impartial and independent information, advice, guidance and assistance to help Service Users to understand and navigate the Asylum Support System effectively. Mears were awarded the contract for the Scottish region. Migrant Help were awarded the AIRE contract.

The dispersal system relies on the participation of Local Authorities across the UK. Currently there are c. 59,700 supported asylum seekers in the UK, 9% are accommodated in Scotland, which is broadly proportionate to the population of Scotland in relation to the UK. Glasgow is the only dispersal area¹ out of 32 Local Authorities areas in Scotland; no other Scottish authority has agreed to take part in the scheme so far. Over the last few years, there have been between 4,000 and 5,700 asylum seekers accommodated in Glasgow at any one time, which is above the 1 in 200 ratio of asylum seekers to general population that the Home Office usually works within; this puts pressure on the Glasgow City Council area.

Unlike other cities that accommodate asylum seekers, Glasgow does not have initial accommodation building(s) and there is a shortage of suitable dispersed accommodation. The cumulative effect of this and Glasgow's 'red line' on accommodating asylum seekers in hotels meant serviced apartments were already being used as contingency accommodation before the COVID-19 pandemic. As at 3rd February 2020, 363 asylum seekers were accommodated in serviced apartments due to a shortage of accommodation in Glasgow.

This evaluation was conducted with the cooperation of many staff in the Home Office, third sector organisations, and the Home Office's partners and supplier organisations who gave generously of their time and shared their views openly. Six asylum seekers who had lived experience of asylum accommodation before and during lockdown also shared their experience as part of this evaluation. To enable these important lived experience contributions, the Scottish Refugee Council, Freedom from Torture and British Red Cross identified people they were confident would be prepared to participate and would not experience any further trauma from doing so. Each of those interviewed received a letter or equivalent explanation

¹ A dispersal area refers to a Local Authority, which has agreed for the Home Office to procure accommodation and accommodate asylum seekers in their area

introducing the interviewer, explaining the purpose of the interview and the voluntary nature of their participation. A copy is at Annex 5.

To make it easier for people to engage, they were not asked for any references that could identify them on Home Office systems and were guaranteed any information they provided would not be shared or form any part of the consideration of any current or future claims.

I would like to thank everyone who contributed, directly or indirectly, by providing material, answering questions, and otherwise accommodating requests for information.

1.4. Summary of Key Findings

Meeting the accommodation needs of asylum seekers during the COVID-19 pandemic:

It is important to recognise that the decisions taken to accommodate some asylum seekers in contingency accommodation in hotels in Glasgow during the global COVID-19 pandemic were made in the context of unprecedented circumstances against a backdrop of existing accommodation shortages. The dispersal system in Scotland does not serve the needs of asylum seekers and puts significant pressure on Glasgow as the only Local Authority area in Scotland that accommodates asylum seekers. In the context of a global pandemic and the unprecedented scenarios that this presented, the rationale behind moving people, who had not previously been assessed as vulnerable, from serviced apartments to hotel accommodation appears sound. The decision was made primarily to maintain access to welfare services and minimise travel for service users, whilst also minimising travel and reducing exposure for Mears staff in line with Government guidelines.

The process of moving service users from self-contained to hotel accommodation:

It is clear from discussions with asylum seekers who were impacted by the moves and the organisations that have supported them that the move from self-contained accommodation to hotels could have been handled more sensitively. Communication should have been clearer, people should have been given more notice and the reason for the moves explained to them in greater detail.

Training for dealing with problems specific to asylum seekers:

The use of hotels as contingency accommodation means that hotel staff become an integral part of the onsite team that deal with asylum seekers. Following the individual case, which culminated in a serious incident at the Park Inn Hotel in West George Street, Glasgow, Mears have worked closely with Glasgow City Council Health and Social Care team to secure additional training for their staff, which will be of benefit going forward. It is clear that all of those supporting and encountering asylum seekers during their extended stays in hotels – including hotel staff - would benefit from being able to recognise escalation of mental health issues and know what action to take.

Needs, risk and safeguarding assessments and the lived experience of their

application:

Mears' approach to moving people from self-contained accommodation to hotels recognised families, those with mobility issues, elderly or in the late stages of pregnancy as vulnerable. Whilst there is evidence to support Mears' assertion that those who were classed as vulnerable were not moved to hotels, that assessment of needs was reliant on people previously having been identified as vulnerable. It became clear when examining the circumstances of the individual case, which culminated in the incident at the Park Inn Hotel and listening to the experience of other asylum seekers that individual needs changed during lockdown and there was no mechanism to re-evaluate their needs.

Migrant Help, Mears onsite Welfare Officers, the Asylum Health Bridging Team, NGOs and the Home Office safeguarding team all served to support asylum seekers both proactively and reactively in hotels and self-contained accommodation. However, they did so in the absence of a framework that joined those efforts and services up and did not have a system of proactive needs assessment reviews built in.

Mental health literacy, empathy and understanding:

The combined impact of previous trauma, being accommodated long term in hotels and the restrictions put in place to prevent the spread of COVID-19 had a significant impact on the mental wellbeing of service users at a time when it was difficult to get access to support services. Some of this was not out of step with the general population; the impact of COVID-19 on mental wellbeing is well documented². That said, asylum seekers had experienced a withdrawal of face to face services they are reliant on not only through Home Office contracts and partnership organisations but from charities and other Non-Government Organisations (NGOs) who provide support, including counselling services. Hotel staff became part of the ecosystem supporting asylum seekers and did so without experience or training that would allow them to recognise any changes to the mental wellbeing of those being accommodated.

Complaints handling: All asylum seekers accommodated within asylum support properties can contact Migrant Help 24 hours a day on the freephone number 0808 8010 503 if they need assistance or guidance. Service users in Glasgow and NGOs on their behalf reported being able to get through to the AIRE service during lockdown but then having to wait a long time to get help, often having to hang up in the process.

Cash:

Service users and NGOs on their behalf reported the negative impact, particularly on their mental health, of having no access to cash upon moving to hotels.

Lessons learned:

² Simply typing 'impact of COVID 19 on mental health UK' into an internet search engine yields 17.4m results, with findings and advice covering every section of society

In addition to identifying lessons learned through this evaluation, other organisations have advised that they are reviewing their role in responding to the needs of asylum seekers in Glasgow during COVID-19 and in particular responses to the incident at the Park Inn on 26th June. These include Mears, Police Scotland, The Scottish Refugee Council and Glasgow City Council.

2. Detailed Findings and Recommendations

2.1 Dispersal in Scotland

Glasgow is the only dispersal area out of the 32 Local Authorities areas in Scotland. No other Scottish authority has agreed to take part in the scheme. There are currently c. 5,400 asylum seekers accommodated in the Glasgow area.

The Home Office' is committed to working in partnership with Local Authorities and Providers for the delivery of asylum dispersal; regional forums are an essential platform for addressing local issues and provider performance. In Glasgow, the partnership board comprises:

- Local Authority representation; Glasgow City Council chair the partnership board
- Senior Home Office representation
- Mears as the providers of AAST
- Migrant Help as the providers of AIRE contracts
- Strategic Migration Partnership (COSLA)
- Scottish Government

The overriding purpose of the Regional Partnership Board is to improve outcomes for asylum seekers and communities in relation to asylum dispersal.

Currently, the Board is operating effectively at dealing with day-to-day issues. However, it is not addressing the central and underlying issue of a growing number of asylum seekers being accommodated in Glasgow, with no other areas in Scotland coming forward to become a dispersal area and restrictions on accessing accommodation in Glasgow. This limits the amount of housing that can be used to accommodate asylum seekers. The mismatch of supply and demand lays behind many of the problems identified by this evaluation and requires resolution if the situation is to be improved.

Recommendation: Widening dispersal in Scotland is a critical issue. Every effort must be made to conclude discussions that have been ongoing over a number of years to increase the areas in Scotland in which supported asylum seekers can be accommodated.

2.2 Housing stock in Glasgow

All new property acquisitions go through a formal process, overseen by the partnership board described at 2.1 above. Finding appropriate accommodation for asylum seekers in Glasgow during the global pandemic was made more difficult by the housing stock deficit that had grown before the pandemic. Glasgow does not

have dedicated initial accommodation building(s) and there is a shortage of dispersed accommodation. The cumulative effect of this and Glasgow City Council's 'red line' preventing asylum seekers being accommodated in hotels meant asylum seekers were being accommodated in serviced apartments prior to Covid-19 restrictions coming into place. As at 3rd February 2020 – before any measures in response to the pandemic were introduced - 363 service users were housed in serviced apartments in Glasgow (from an accommodated population of c.5,400 in Glasgow).

As at 21/09/2020, there were c.200 service users – just under 4% of a population of c.5,400 asylum seekers - accommodated in hotels in Glasgow and an exit plan that will see service users move out of hotels is in place. Progress in fully exiting from hotels is slow due to the lack of suitable dispersed accommodation, which has to be matched to the needs of the population, being brought on-line.

The lack of an initial accommodation building in Glasgow is sub-optimal. The 'hub and spoke' model that is currently in place provides for induction and access to advice and services by accommodating service users within 3 miles of Clyde House in the G51 area, where Migrant Help, the Asylum Health Bridging Team and Mears are co-located. This means that service users entering the support system do not benefit from an initial accommodation (IA) experience that allow them to be supported on site, orientated to the system and meet and build relationships with staff and people who are in the same position as them. Initial accommodation building(s) can form the basis of contingency arrangements, adding resilience and reducing the need to use hotels in a situation where people can't be moved on in the system. Whilst the IA experience is currently being replicated in hotels, consideration should be given to the IA position as part of a shift to normal accommodation provisions.

If an IA building could be sourced, the existing accommodation used for initial accommodation could be used for dispersal accommodation, which is currently also in short supply in Glasgow. Although, unlike initial accommodation, dispersal accommodation need not be in the vicinity of Clyde House, there is still a lack of housing supply in Glasgow. This is due to a combination of house prices and demand for housing in some areas of the city and restrictions that Glasgow City Council has placed on procuring property for asylum seekers in a number of areas in the city.

At the request of the Home Office, Mears have already conducted a piece of work to support COVID-19 hotel exit planning that identifies dispersed accommodation in Local Authority areas neighbouring Glasgow. Neighbouring areas are considered the most viable on the basis that they still provide the infrastructure that supports asylum seeker, including access to NGOs and legal representatives. In addition, some of those neighbouring Local Authorities successfully participated in the Syrian Resettlement Project, which has helped to establish community services that could be used to support asylum seekers.

Recommendation: In the absence of agreement to widen dispersal, the Home Office should consider whether/how agreement could be obtained from Local Authorities neighbouring Glasgow for short term dispersal whilst a longer-term solution is pursued.

Recommendation: The Home Office, Mears and Glasgow City Council should work together to establish a dedicated Initial Accommodation building to reduce the reliance on the hub and spoke model and improve the experience of service users.

2.3 Meeting the accommodation needs of asylum seekers during COVID-19

As set out above, finding appropriate accommodation for asylum seekers in Glasgow during the global pandemic was made more difficult because of the deficit of both initial and dispersed accommodation prior to COVID-19.

Service users were moved from temporary, serviced apartments, that were in use as contingency prior to COVID 19 to hotel accommodation while Mears procured suitable dispersed accommodation. The rationale for moving service users into hotel accommodation was that it sought to assure service users access to food, onsite advice and wellbeing support, translation services and accommodation that allowed for self-isolation in the event of a service user becoming ill or developing symptoms. Moving service users to hotels minimised travel and allowed Mears staff to ensure social distancing was observed, in line with government guidance. Had individuals remained in self-contained properties, it is estimated that 6,000 individual visits³ would have been required in the initial 12-week period to provide support to the population that were moved from serviced apartments to hotels.

A brief vulnerability assessment was made based on the information available to Mears. On the basis of this assessment, 102 service users from a population of 416 (25%) who were considered to be vulnerable were moved to dispersed accommodation rather than hotels.

The hotels being used as a contingency offered service users accommodated there:

- Three meals daily to meet dietary requirements in communal dining areas – cleaned after each sitting – with staggered times to allow for social distancing or placed outside an individual's room if isolating.
- Tea/coffee/water facilities and fruit available all day.
- 24-hour reception staff on duty in case of an emergency
- Full laundry facilities available on each site.
- Space for resident welfare officer to work and daily visits conducted to every service user; if self-isolating they will be called by the welfare manger while on site.
- Space for NHS staff and medical services consultation.
- Full provision of soap, sanitiser, clean towels and linen along with toiletries and feminine hygiene products.
- Provision of Korans and prayer mats as well as late evening meals and early

³ 6,000 visits made up of 320 cash dispersals every fortnight, 320 property inspection visits, 40 welfare visits per week, 20 gas and electricity top ups per week, 50 health visits, 100 food dispersals per week and additional required maintenance visits.

morning food packets to cater for those observing Ramadan.

- TV and WIFI in each room.
- Room cleaning and repairs.

This was found to be compliant with accommodation standards set out in Annex B of Schedule 2 of the contract. Visits to the hotels found them to be of a good standard, clean, well maintained and compliant with the bulleted list above. Health professionals, the Scottish Refugee Council and representatives from WASH (Women Asylum Seeker Housing Project) had the opportunity to visit the site and discuss the service provided; they have not raised any concerns.

2.4 Service user experience of moving to and living in hotels

Common themes threaded through the discussions with those accommodated in hotels in Glasgow during COVID-19 were:

- That people were not given sufficient notice of the moves; some as little as 30 minutes.
- They did not understand where they were being moved to or why.
- The impact of having no access to cash was keenly felt and had a significant impact on the control people felt they had over the situation they were in.
- It was difficult to socially distance.
- Some of the hotels had little or no space to allow people to spend time outside of their rooms.
- There were no activities for people to engage with.
- Food was a problem for some.

Whilst the hotel accommodation secured was in keeping with the contract and could be described as suitable on a short-term basis, it is clear that there was a deterioration in the personal experience of service users as the time they were or have been accommodated in hotels has extended. Organisations including the Scottish Refugee Council, Freedom from Torture and the British Red Cross have found that to be the case, as have Home Office staff who have interacted with those accommodated in these hotels. An escalation of mental health problems in particular (see paragraph 2.4) and, for some, issues with food (see paragraph 2.5) is evident.

Recommendation: The Home Office should work closely with service users, providers, community groups and NGOs to identify and support a package of suitable onsite and local activities that people can engage with. Suggestions included a lending library, internet-based learning and activities, English language classes, materials for knitting and sewing, routes for walking and cycling and participation in local cycle hire schemes.

Recommendation: In the event that accommodation moves are necessary but fall outside of routine emergency situations, that the Home Office works with suppliers to agree:

- a minimum notice period of no less than 48 hours for service users.
- a written explanation that sets out why moves are happening and gives service users the opportunity to request a review of the decision and a vulnerability assessment.

Recommendation: That an appropriate cash allowance is paid to people who are in initial accommodation for longer periods.

2.5 Training

The training requirements set out in paragraph 1.2.4 of Schedule 2 of the contract apply to the Provider staff involved in the delivery of the contract. Mears have in place a programme that has been agreed by the Home office that covers:

- the asylum and asylum support systems;
- equality and diversity;
- data protection; and
- safeguarding.

In addition to the requirements described above, the training programme for Provider staff with regular or face-to-face contact with Service Users, and/or responsibility for the safety and security of Service Users and dependent children, covers, as a minimum, the following:

- ethnic diversity and cultural awareness;
- suicide and self-harm awareness and prevention;
- basic first aid;
- gender based violence;
- fire safety;
- health and safety;
- vicarious trauma;
- unconscious bias;
- counter terrorism;
- modern slavery;
- training relating to required housing standards and relevant regulatory requirements; and
- any other relevant training as specified by the Authority.

In addition, Glasgow City Council Social Work Department are working with Mears to provide additional training for Mears staff covering:

- adult Protection Services referral process;
- legislation for Adult Protection; and
- thresholds for intervention

Once this roll out is complete, the Home Office should review all training that is in place, **identify any good practice** that has been developed as a result of that joint

working and work with suppliers to develop and roll out a national programme.

Recommendation: The Home Office should conduct a review of the standard and quality of training that Provider staff involved in the delivery of services receive, identify any good practice, agree training packages based on the list of requirements set out in the contract, agree the nature and frequency of refresher training and build in regular reviews to ensure best practice is being incorporated.

Where hotels are in use, it is apparent that staff in hotels become a significant part of the team that look after service users. The ability of hotel staff to understand and recognise any issues that may arise during is wholly dependent on any training and previous experience the individual member of staff has. As things stand, training for hotel staff is not built into the requirements when a hotel is stood up for use.

Recommendation: Agree the training requirements for hotel staff who will be interacting with service users within hotels and incorporate this to the standard operating procedure for setting up a hotel.

2.6 Food in hotels

Where full board accommodation is provided, the food service requirements are defined within paragraph 4.1.4 of Schedule 2 of the contract. The food service must meet the nutritional standards – in this case, the NHS England Eatwell guidelines - and satisfy the relevant dietary, cultural or religious requirements.

Some of the 6 hotels Mears acquired to accommodate service users during COVID-19 did not have the facilities to undertake catering onsite and other hotel groups opted not to include the catering delivery as part of the contractual agreement. In response to this, Mears engaged the services of <REDACTED> the owner of <REDACTED> which provides catering services in Glasgow and the North of England. <REDACTED> were contracted to deliver catering services on behalf of Mears in the hotels accommodating service users in the Glasgow and North East, Yorkshire and Humberside area.

One of the hotels - <REDACTED>- had chosen to include catering at the start of their contract with Mears. Feedback from service users there was particularly problematic and it was clear their needs were not being met. Mears intervened to work with the hotel and <REDACTED> to deliver catering facilities in line with the other hotels, which addressed the issues service users were having. <REDACTED> himself is a refugee and was an asylum seeker in Glasgow with his family in 2002. He has first-hand experience of the system and demonstrated real empathy for the service users when he met with Home Office officials. He demonstrated a real willingness to align menus to the cultural mixes within each hotel and is passionate about the representation of refugees within his own business. <REDACTED> also employs people who have a care services background to ensure vulnerabilities are recognised and understood. He works closely with the Mears team to receive

feedback on the food being offered and cited an example from one of the Glasgow hotels where Kurdish service users refused to eat from the hotel as the food was not culturally aligned. <REDACTED> responded by bringing in a Kurdish chef who worked with the service users on menu choices trained the inhouse chefs on preparing food for the Kurdish service users, which met with positive feedback.

The menus are on a three-week rotation and continue to be reviewed and updated based on service user feedback. All meat is halal and sourced locally. Outside the standard mealtimes of breakfast, lunch and dinner additional snacks are provided in the hotels for service users. These include fruit, cereal bars and sandwiches. Tea, coffee and drinking water is available in all hotels 24/7. Home Office officials were able to observe these provisions. Copies of the menus are included at Appendix 3.

Some of the service users cited particular challenges during Ramadan, saying they were only receiving snacks. <REDACTED> countered this, explaining that he had worked with service users to ensure the packed food offered enough variety and substance and were culturally appropriate. Feedback from service users informed the nature and variety of sandwich fillings. Evening meals were prepared and delivered at different times based on the Ramadan calendar.

The efforts being made by Mears and their providers are **noteworthy** and the evidence cognisant with the observations of Home Office officials during site visits. It is reasonable to assume some of the early issues with food were attributable to the mix of catering arrangements. The shift to a single provider has ensured consistency and improved the ability to respond to specific cultural needs. That said, the time that service users have been unable to choose and cook food for themselves has undoubtedly had an impact on them. Other than expediting the move out of hotels, it is difficult to identify a solution for this.

Recommendation: Catering arrangements improved as the external supplier Mears use became embedded and engaged with service users to deliver improvements. Other suppliers should review their catering arrangements using the approach Mears have taken as their benchmark.

2.7 Mental and physical health

Mental health is as a common theme running through the case studies, for both those accommodated in hotels and in self-contained accommodation. Migrant Health reporting shows the number of contacts related to suicide and self-harm escalating from 21 in April 2020 to 75 in July 2020 across the total supported population; contact about mental health related issues across the asylum population rose from 12 to 53 in the same time frame. It is not possible within the constraints of the current Management Information to look at trends in individual areas, so this is not Glasgow specific. NGOs reported their clients increasingly presenting with depression and the escalation of existing psychological conditions. Broadly speaking, they found the temporary nature of the living conditions in hotels in particular combined with existing

indicators to create extreme vulnerability for some.

Asylum seekers access mental health support via mainstream services. Glasgow City Health and Social Care Partnership (GCHSCP) is responsible for the Asylum Health Bridging Team (AHBT), which provides all asylum seekers with screening health assessments, access to GP services, dental registration, access to specialist mental health services and onward referral to specialist health services as appropriate.

The Initial Health Assessment undertaken by the AHBT nurses is a comprehensive health assessment which encompasses blood-borne virus testing for each individual and enhanced enquiry particular to this client group, which will include screening for FGM, trafficking, rape, torture, and other forms of trauma. If mental health needs are identified from the initial assessment, a referral to the Community Practice Nurses (CPNs) is made to arrange a further mental health assessment. Once patients are dispersed to their permanent asylum accommodation GP registration will be facilitated by the service. During lockdown, GCHSCP continued to operate a reduced casework service and a reconfigured AHBT focussing particularly on the hotel population.

GCHSCP cite a close working relationship with partner organisations; Migrant Help who provide support and guidance for asylum seekers, Mears as the accommodation provider and the Home Office. The AHBT are co-located with Mears and Migrant Help in Clyde House in the G51 area of Glasgow. NGO's support and supplement mental health services for asylum seekers in Glasgow and work closely with GCHSCP. Whilst much of the focus has been on the provision of services to those in hotels, the need for counselling and psychological support and the impact on mental health also came through clearly in the conversations with those who remained in self contained accommodation. They particularly felt the absence of those face to face mental health counselling and support services they received from NGOs.

There is credible and consistent evidence that access to specialist mental health services is limited in capacity and it is clear that this situation has been exacerbated by the response to COVID-19. The shut down or changes to many of the face to face counselling, psychological and support services asylum seekers access via the NHS and/or NGOs, combined with the uncertainty around lockdown clearly had a significant impact on service users. It is difficult to say whether that impact was more significant than for the general population; just googling 'impact of covid 19 on mental health UK' returns 17.4m results that cite the impact on all groups in society.

All of those working in partnership to deliver mental health services for asylum seekers note a significant increase in requests for help within a system that is already under strain. They cite the impact on a population who have already experienced trauma – such as victims of rape, torture and human trafficking - and who cannot access the support services they use regularly in the normal way as

significant.

Recommendation: The Home office should work with NGOs and Glasgow City Council to map access to physical and in particular mental health services in Glasgow, assess whether any additional resources are required and whether any additional funding is available/required to supplement e.g. the AHBT.

Recommendation: Physical and mental health services are signposted/accessed by service users in different ways, depending where they are in the UK. An extension of the recommendation above that is specific to the Glasgow area would be a complete review of those services to identify areas of good practice and make recommendations – including for funding where appropriate – to ensure service users can access physical and mental health services as required for their wellbeing.

2.8 Safeguarding responsibilities

Migrant Help reported the number of safeguarding issues having increased from a low of 18 in January 2020 to 252 in July 2020, with the most significant increase between June and July 2020.

Reviewing the contact BA had with the Home Office, Mears and Migrant Help in the period leading up to the incident of 26 June 2020 at the Park Inn, the enquiries individually and cumulatively (when considering the content of the contact) are not indicative of any elevated risk. However, the number of times he was in contact with the Home Office, Mears and Migrant Help - 72 times - about accommodation and his health should have acted as a warning. He also complained to staff in the hotel and was in touch with the Home Office about an assisted voluntary return. Each of those enquiries was dealt with appropriately and in keeping with the relevant operating procedures. There was no joined up view that allowed a comprehensive view of escalation in the nature and frequency of BA's contact.

Recommendation: Consideration should be given to the development of a system that allows for a person centric view of interactions across the system and identifies patterns of contact that may be indicative of behaviours that may be cause for concern.

It is clear that there are situations where people drop out of the system, usually as absconders or failed asylum seekers. In these circumstances, people may be supported by NGOs or charities and the Home Office 'lose sight' of them. It is unclear in such circumstances who has a 'duty of care' for those that are no longer supported within the asylum system or how the safeguarding needs of vulnerable individuals can be met in a comprehensive way.

Recommendation: That there is a review of the safeguarding systems that extends to the role of NGOs and charitable organisations to assess whether/how the safeguarding needs of vulnerable people being cared for outside of the asylum

system are met.

Recommendation: Develop an appropriate training package in collaboration with Health and Social Care partners and NGOs that will help all providers who will work with or encounter asylum seekers to recognise and respond to any issues around mental health.

Recommendation: Ensure an appropriate level of mental health awareness and de-escalation training is provided to hotel staff as part of the process of onboarding hotels.

2.9 Advice, guidance and complaints

All asylum seekers accommodated within asylum support properties can contact Migrant Help 24 hours a day on the freephone number 0808 8010 503 if they need assistance or guidance. Service users in Glasgow and NGOs on their behalf reported being able to get through to the AIRE service during lockdown but then having to wait a long time to get help, often having to hang up in the process, meaning relevant issues were not being escalated or addressed.

There are three main Key Performance Indicators Migrant Help are measured against to assess the call times and response to calls service users experience:

1. KPI 4a. The time taken for the First Response Centre (FRC); that KPI is 90% of calls answered within 60 seconds over a month. During COVID this KPI has been relaxed to 90% of calls answered within 180 seconds and this relaxation continues until 31st October 2020.
2. KPI 4b. The time taken for the FRC to direct more complex queries and all support application queries through to the Eligibility Advice and Guidance Line (EAGL), which is manned by immigration qualified MH staff. This KPI is 80% of calls routed to an Agent within 3 minutes. During COVID this KPI has been relaxed to 80% of calls routed to an agent within 10 minutes and this relaxation continues until 31st October 2020.
3. KPI3. The timely dissemination of issue reporting by the FRC to the relevant responsible party. For example, any maintenance issues on accommodation need to be disseminated to the relevant Accommodation Provider and ASPEN queries disseminated to the Authority. This KPI is 99% of issue details disseminated to the correct party within 30 minutes following completion of the report.

Performance improved against KPI3 from March 2020 to achieve 99.09% in July 2020, so it appears that issues reported by service users are actioned timeously. The ability to get through to the FRC (measured by KPI4a) looks to be good with over 98% of calls answered within the relaxed 180 second timeframe. The challenge for service users looks to be with more complex queries getting to the next stage as

measured by KPI4b, with performance against this KPI already poor going into lockdown. Remedial action by Migrant Help and the relaxation of the time to routing has seen this improve month on month, but the Home Office should seek assurances that normal service will be resumed at the end of October, when the relaxation will end.

Feb 20	Mar 20*	Apr 20*	May 20*	June 20*	Jul 20*
12.63%	50.34%	44.22%	71.23%	74.60%	86.05%

The data is not captured in such a way that performance by geographical location and/or accommodation type can be assessed, so it is not possible to say if the performance against the AIRE contract had specific impact outside of the national trend on service users in Glasgow.

Recommendation: The Home office should work with service providers to develop comprehensive MI provisions with supporting analysis that allow for issues in geographic areas or by accommodation type to be identified and incorporated to monthly reviews, or otherwise escalated in the event of urgent matters.

Recommendation: The Home Office should work with Migrant Help to conduct an assessment of readiness to return to standard performance from the end of October 2020.

2.10 The role of the Home Office

In response to the incident at the Park Inn on 26 June 2020, the Home Office set up a Gold Command structure, which was used to mobilise and record the response to the incident. Service users were transferred to the <REDACTED> hotel, where Mears, Glasgow City Council and the Scottish Refugee Council worked in partnership to meet the needs of those affected. No Home Office staff were present at the scene and the physical absence of the Home Office was felt and noted by other responders. The visibility of the response since is also arguably somewhat lacking. Whilst providers and NGOs are working to support those affected, there is no visible evidence of the Home office has stepping in to ensure those affected by the incident at the Park Inn have access to the support they need following the trauma.

Recommendation: The Home Office should consider a 'place-based approach' that means senior staff based locally can respond to significant incidents as required, liaise with other responders and ensure the needs of service users during and post any incidents are being met.

Recommendation: The Home Office should review the circumstances of individuals involved in the Park Inn incident to ensure they have access to support services.

The Independent Chief Inspector of Borders and Immigration (ICIBI)⁴ raised the role of the Home Office in assuring the safeguarding policies and procedures suppliers have in place. He recognised that whilst providers delivering those services under commercial contracts are best placed to monitor the wellbeing and respond to the individual needs of asylum seekers, they remain a statutory Home Office function. The ICIBI further highlighted the need to ensure information sharing was improved. The relevant recommendations are set out in full at Appendix 1. Whilst they were accepted, it is not clear to what extent they have been delivered.

Recommendation: Revisit the recommendations the ICI made about the role of the Home Office in safeguarding asylum seekers and assess any actions taken for completeness, particularly those that relate to the role of the Contract Compliance Managers, the introduction of Standard Operating Procedures (SOPs) and the collection and sharing of data.

Conclusion

Whilst the context for this was the experience of asylum seekers in Glasgow during COVID-19, it is clear that there are systemic issues to be addressed. Due consideration should be given to publishing the recommendations. It would be prudent to revisit the recommendations from the ICIBI's report and any relevant recommendations from the other lessons learned that are underway and bring them together to form a single programme of work that is managed through the Partnership Board.

⁴ in his report 'An Inspection of the Home Office's management of asylum accommodation provisions' - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757285/ICIBI_An_inspecti_on_of_the_HO_management_of_asylum_accommodation.pdf

Annex 1

Summary of recommendations

Dispersal in Scotland	Widening dispersal in Scotland is a critical issue. Every effort must be made to conclude discussions that have been ongoing over a number of years around whether wider dispersal should be mandated or incentivised.	Critical
Housing stock in Glasgow	In the absence of agreement to widen dispersal, the Home Office should consider whether/how agreement could be obtained from Local Authorities neighbouring Glasgow for short term dispersal whilst a longer-term solution is pursued.	Urgent
	The Home Office, Mears and Glasgow City Council should work together to establish a dedicated Initial Accommodation building to reduce the reliance on the hub and spoke model and improve the experience of service users.	Urgent
Food	Catering arrangements improved as the external supplier Mears use became embedded and engaged with service users to deliver improvements. Other suppliers should review their catering arrangements using the approach Mears have taken as their benchmark.	Urgent
Meeting the needs of asylum seekers	The Home Office should work closely with service users, providers, community groups and NGOs to identify and support a package of suitable onsite and local activities that people can engage with. Suggestions included a lending library, internet-based learning and activities, English language classes, materials for knitting and sewing, routes for walking and cycling and participation in local cycle hire schemes.	Important
	In the event that accommodation moves are necessary but fall outside of routine emergency situations, that the Home Office works with suppliers to agree:	Important

	<ul style="list-style-type: none"> • a minimum notice period of no less than 48 hours for service users. • a written explanation that sets out why moves are happening and gives service users the opportunity to request a review of the decision and a vulnerability assessment. 	
	That an appropriate cash allowance is paid to people who are in initial accommodation for longer periods.	Urgent
Training	The Home Office should conduct a review of the standard and quality of training that Provider staff involved in the delivery of services receive, agree training packages based on the list of requirements set out in the contract, agree the nature and frequency of refresher training and build in regular reviews to ensure best practice is being incorporated.	Important
	Agree the training requirements for hotel staff who will be interacting with service users within hotels and incorporate this to the standard operating procedure for setting up a hotel or other short term initial accommodation facility.	Urgent
Mental and physical health	The Home office should work with NGOs and Glasgow City Council to map access to physical and in particular mental health services in Glasgow, assess whether any additional resources are required and whether any additional funding is available/required to supplement e.g. the AHBT.	Critical
	Physical and mental health services are signposted/accessed by service users in different ways, depending where they are in the UK. An extension of the recommendation above that is specific to the Glasgow area would be a complete review of those services to identify areas of good practice and make recommendations – including for funding where appropriate – to ensure service users can access physical and mental health services as required for their wellbeing.	Important
Safeguarding	Consideration should be given to the development of a system that allows for a person centric view of interactions across the system and	Important

	identifies patterns of contact that may be indicative of behaviours that may be cause for concern	
	That there is a review of the safeguarding systems that extends to the role of NGOs and charitable organisations to assess whether/how the safeguarding needs of vulnerable people being cared for outside of the asylum system are met.	Urgent
	Develop an appropriate training package in collaboration with Health and Social Care partners and NGOs that will help all providers who will work with or encounter asylum seekers to recognise and respond to any issues around mental health.	Urgent
	Ensure an appropriate level of mental health awareness and de-escalation training is provided to hotel staff as part of the process of onboarding hotels or any other short-term accommodation facility.	Urgent
Advice, guidance and complaints	The Home office should work with service providers to develop comprehensive MI provisions with supporting analysis that allow for issues in geographic areas or by accommodation type and/or other thematic issues to be identified and escalated	Important
	The Home Office should work with Migrant Help to conduct an assessment of readiness to return to standard performance from the end of October 2020.	Important
The role of the Home Office	The Home Office should consider a 'place based approach' that means senior staff based locally can respond to significant incidents as required, liaise with Important other responders and ensure the needs of service users during and post any incidents are being met.	Important
	The Home Office should review the circumstances of individuals involved in the Park Inn incident to ensure they have access to support services.	Urgent
	Revisit the recommendations the ICI made about the role of the Home Office in safeguarding asylum seekers and assess any actions taken for completeness, particularly those that relate to the role of the Contract Compliance Managers, the introduction of Standard Operating Procedures (SOPs) and the collection and sharing of data.	Important

Annex 2

Interviews held and visits undertaken

20/07/2020	<REDACTED>, <REDACTED>
21/07/2020	<REDACTED>; UKVI
21/07/2020	<REDACTED>, <REDACTED>; UKVI Safeguarding
30/08/2020	<REDACTED>; Mears
31/07/2020	<REDACTED>, <REDACTED>; Scottish Refugee Council
03/08/2020	<REDACTED>; Mears
03/08/2020	<REDACTED>, <REDACTED>; Migrant Help
04/08/2020	<REDACTED>; UKVI
10/08/2020	<REDACTED>
10/08/2020	<REDACTED>, <REDACTED>; Freedom from Torture
11/08/2020	<REDACTED>; UKVI
12/08/2020	<REDACTED>, <REDACTED>; Glasgow City Council
12/08/2020	<REDACTED>, <REDACTED>, <REDACTED>, <REDACTED>, <REDACTED>; British Red Cross
14/08/2020	Mears Office, Clyde House, Glasgow
	Property visit (family) G51
	Property visit (couple) G51
	<REDACTED> hotel, G5
	<REDACTED>, G31
	Park Inn, G2
18/08/2020	Interview asylum applicant: case study 1
18/08/2020	<REDACTED>; Freedom from Torture
19/08/2020	Interview asylum applicant: case study 2
19/08/2020	Interview asylum applicant: case study 3
20/08/2020	Interview asylum applicant: case study 4
20/08/2020	Interview asylum applicant: case study 5
20/08/2020	Interview asylum applicant: case study 6
	Interview asylum applicant: case study 7

21/08/2020

Alison Thewliss, Carol Monaghan, Stewart McDonald, Patrick
Grady, David Linden, Anne McLaughlin, Christopher Stephens:
Glasgow MPs