

Health of asylum seekers and refugees placed in a Reading hotel during the pandemic

Full report of a Healthwatch Reading project
March 2021



Contents

Page 3: About this report

Page 4: Summary of main findings

Page 5: Chapter 1: Background Information

- About Healthwatch Reading, pg 5
- Why we carried out this report, pg 5
- Definitions, pg 5
- The UK asylum process, pg 6
- Asylum seekers' right to healthcare, pg 6
- Home Office changes during the pandemic, pg 7
- General changes to the NHS in Reading during the pandemic, pg 7
- Asylum seekers placed in Reading, pg 8
- The role of statutory agencies and other stakeholders, pg 8

Page 11: Chapter 2: Our visits and the experiences of residents

- Planning our visits, pg 11
- About the people we met, pg 12
- Health and wellbeing issues, pg 13
- Our actions to support people, pg 17
- Discussion, pg 17

Page 20: Chapter 3: Responses from stakeholders and conclusion

- Responses from stakeholders, pg 20
- Conclusion, pg 24

Introduction

About this report

This report presents the findings of a project carried out by Healthwatch Reading between July and September 2020. The aim of the project was to support the asylum seekers and refugees with any health and wellbeing needs.

In total we interviewed 43 asylum seekers or refugees all placed in the same hotel. They had originally come from 19 different countries and spoke at least 16 different languages.

We became aware that around 80 asylum seekers had been placed by the Home Office into a local hotel in March 2020 as part of the pandemic response. We wanted to check their health and wellbeing needs were being met, their rights were being upheld and to give them a voice. Neither residents or third parties were aware of how long they might be staying at the hotel.

From our discussions with the asylum seekers, it became clear that they had a number of health and wellbeing issues that they needed help with. Some residents had been transferred from other areas of England whilst others had come straight to the hotel after arriving in the UK from another country. They were at a disadvantage in terms of not being familiar with the Reading area and what services were available. Normal ways of working for NHS and care services had also changed during the pandemic so it was even more difficult for the residents to access some services. For a number of residents English was not their first language, which was another barrier.

Our report contains case studies which highlight asylum seekers' multiple or complex health and wellbeing needs and unsafe gaps in care, and details of how we and other local charities supported them.

Formal responses to questions we put to local stakeholders can be viewed from page 18. These responses indicate that local organisations got little notice of the asylum seekers arriving in Reading but once they were here, the process of linking the arrivals into local health services was slow and responsibility for their overall wellbeing was fragmented.

This report will be discussed at the Reading Health and Wellbeing Board on March 19 2021. By March 25 2021, all of the asylum seekers at the hotel were due to be moved on from Reading by the Home Office. We will submit our report to Healthwatch England so they can raise the issues involved with the Home Office, as there are lessons to be learned about how health and wellbeing needs are met and rights upheld when asylum seekers are moved around any part of England.

Summary of main findings

- We spoke with 43 asylum seekers/refugees from 19 different countries who spoke 16 different languages, all placed in the same Reading hotel
- We carried out four visits to the hotel July-September 2020 to hear their views and spent many hours afterwards trying to resolve their issues
- Most of the people we spoke with were single young men but there were some family groups including single women with babies or toddlers
- Many had been living in the hotel since March, after being moved by the Home Office from accommodation in eight other UK cities or towns, mainly London
- They were mostly experiencing dental, pain, insomnia or mental health problems
- Being moved from other parts of the UK had sometimes caused unsafe breaks in usual medication or ongoing treatment
- A Home Office weekly allowance had been stopped for some people, preventing them from buying over-the-counter medication, phone credit and other items
- A mass registration exercise with a local GP surgery only took place 16 weeks after first residents arrived,
- Their rights to free NHS prescriptions and dental care had been delayed in many cases
- We believe local and national agencies have not liaised well to meet people's needs
- Information-sharing between statutory services had been delayed or inadequate, preventing full understanding on who had arrived and left the hotel and their needs
- Local charities have been filling the gaps to provide support, visits, advice, advocacy and interpretation. Hotel staff also unofficially provide pastoral care.

Chapter 1: Background information

About Healthwatch Reading

We are the local patient and public champion for NHS and social care services. We are independent of the NHS and Reading Borough Council. People's views come first - especially those who find it hard to be heard or are unaware of their rights. We champion what matters to people and work with others to find solutions.

Under Healthwatch legislation, organisations must provide a written response to our reports and recommendations¹.

Why we carried out this project

We became aware through local intelligence that a hotel in Reading was being used to house a large number of asylum seekers and refugees as part of the government's Covid-19 pandemic response.

We knew from a 2018 project we carried out with Reading Refugees Support Group, that this group of people faced many barriers to accessing health care². So as the first lockdown of the pandemic eased slightly in early summer 2020, we planned Covid-safe visits to the hotel to meet people temporarily living there. We wanted to understand their health and wellbeing issues and their access to services; to provide information, advice and informal advocacy; and to understand what statutory agencies had done to ensure their needs were being met and their rights were being upheld. Chapter 2 of this report sets out our visits in detail.

Definitions

An **asylum seeker** is a person who has left their country of origin and formally applied for asylum in another country - because they fear persecution if they return - but whose application has not yet been concluded.

In the UK, a **refugee** is a person who has had their asylum application accepted and been granted refugee status, usually for an initial five years.

A **refused asylum seeker** is someone whose asylum application is unsuccessful. They may leave voluntarily or be forcibly returned by the government.

A **migrant** is someone who comes to the UK for other reasons such as to find work³.

¹ <https://www.legislation.gov.uk/uksi/2012/3094/part/6/made>

² <https://healthwatchreading.co.uk/report/2018-05-01/our-top-3-priorities-joint-report-reading-refugee-support-group>

³ Refugee Council website: <https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/the-truth-about-asylum/>

The UK asylum process

Asylum seekers are screened by an immigration officer and have an interview with a caseworker, according to the UK government website, with decisions ‘usually’ taking six months⁴.

However, Home secretary Priti Patel has described the asylum system as “fundamentally broken”, saying “almost half of these claims take a year or more to reach a decision”.⁵

While they wait for decisions, asylum seekers are not allowed to work, even if they have useful skills. They can get free housing (which could be a flat, house, hostel or bed and breakfast) but have no say in where they can live in the UK, and a weekly allowance of £37.75.⁶ (This was changed later in 2020 to £39.63 as well as some backdated payments to cover various costs).

Asylum seekers’ rights to NHS healthcare

Asylum seekers and refugees can access free:

- **primary care**, whether as a temporary or fully registered GP surgery patient
- **hospital care**, such as appointments with specialists (via GP referral), necessary operations and A&E
- **maternity care**
- **dental care**, but only if they have obtained a HC2 certificate (granted to people on low incomes to exempt them from healthcare costs)
- **prescriptions**, but only if they have obtained a HC2 certificate (granted to people on low incomes to exempt them from healthcare costs)
- **testing and treatment for infectious diseases**, such as Covid-19 and TB.⁷

Refused asylum seekers and migrants cannot access the full range of NHS care, particularly hospital care, and could be subject to charges for treatment. But are still entitled to free:

- **primary care**
- **A&E care**
- **Family planning (not terminations or fertility treatment)**
- **Testing and treatment for infectious diseases**
- **Treatment for conditions** caused by certain types of violence, such as torture, domestic violence or sexual violence.⁸

⁴ Government website: <https://www.gov.uk/asylum-support>

⁵ Conservative Party website: <https://www.conservatives.com/news/home-secretary-priti-patel-fixing-our-broken-asylum-system>

⁶ <https://www.gov.uk/claim-asylum/help-you-can-get>

⁷ British Medical Association, Refugee and Asylum Seeker Patient Health Toolkit: <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit>

⁸ NHS website: <https://www.nhs.uk/using-the-nhs/nhs-services/visiting-or-moving-to-england/how-to-access-nhs-services-in-england/>

Home Office changes to the asylum process during the pandemic

The Home Office changed the way it dealt with asylum seekers' application and housing in response to the Covid-19 pandemic. These changes included:

- Suspending face-to-face interviews for asylum applications
- Housing asylum seekers in temporary accommodation such as hotels to ensure social distancing was in place and providing meals and toiletries to them
- Continuing to accommodate failed asylum seekers to avoid them becoming homeless (a separate government policy was introduced to ensure all homeless people could be housed during the pandemic)
- Pausing decisions that rely on medico-legal reports, to avoid putting extra pressure on doctors needed to ensure the NHS can cope with the pandemic.⁹

At the start of October 2020, around 9,500 asylum seekers were being accommodated in 91 hotels across the UK, up from around 1,200 up from 1,200 at the end of March 2020, 4,400 at the end of June 2020 and 8,000 at the end of August 2020. The Home Office has also use military barracks for this purpose.¹⁰

General changes to the NHS in Reading during the pandemic

When England went into the first national lockdown in March, GP practices moved much of their operation to phone, email or video consultations with patients, with face-to-face appointments only carried out for the most clinically necessary cases.¹¹

Pharmacies remained opened but faced lengthy queues due to social distancing rules, demand from people wanting to secure extra supplies of their usual medication, or people turning up in person because they couldn't get through on the phone.¹²

Dental surgeries closed and people with serious dental issues were channelled through NHS 111 to be triaged into urgent treatment hubs if clinically necessary.¹³

Planned operations were cancelled at the Royal Berkshire Hospital, outpatient clinics were replaced with phone or video calls and two A&E areas were set up to keep Covid patients away from other people.¹⁴

⁹ <https://homeofficemedia.blog.gov.uk/2020/07/03/factsheet-asylum-accommodation-and-applications/>

¹⁰ <https://commonslibrary.parliament.uk/research-briefings/cbp-8990/>

¹¹ <https://healthwatchreading.co.uk/news/2020-03-20/reading-gps-switch-different-ways-working-cope-coronavirus>

¹² <https://healthwatchreading.co.uk/news/2020-03-18/be-patient-pharmacies>

¹³ <https://healthwatchreading.co.uk/news/2020-04-24/local-guide-nhs-care-services-time>

¹⁴ <https://healthwatchreading.co.uk/news/2020-03-25/royal-berks-gears-cope-virus-cases>

Asylum seekers placed in Reading

Asylum seekers were accommodated in Reading due to pandemic arrangements, in one central Reading hotel from March 2020. Some people have arrived and left but overall numbers have stayed at between 80-86 (and are still at this level at the time of this report's publication in January 2021).

Most have been single adult males but there have also been some women and babies and family groups staying at the same time.

People were placed in their own single bedroom unless they were sharing with family. Free meals were delivered to their hotel room door as no indoor communal areas were open, in order to maintain social distancing. Residents were told to leave rubbish bags outside doors for collection.

Healthwatch Reading has chosen not to identify the hotel, to safeguard the residents. Asylum seekers in other hotels in the UK have been targeted by far-right extremists during the pandemic in Bromsgrove and Newcastle¹⁵ and Epping¹⁶.

The role of statutory agencies and other stakeholders

We identified a wide range of organisations responsible for, or working to meet the needs of, asylum seekers in Reading, including:

Reading Refugee Support Group: A charity that has provided practical help and legal advice for refugees and asylum seekers since 1994¹⁷ and which has been advising and supporting those people placed there;

Reading Red Kitchen: A solidarity collective that has been providing hot meals, snacks, toiletries, phone credit, clothes and items donated by the public to the hotel residents¹⁸;

The Home Office: processes asylum applications, and applications for 'asylum support' (accommodation and a weekly cash allowance);

Clear Springs Ready Homes: Contracted by the Home Office to provide short-term accommodation to asylum seekers¹⁹, including those placed in Reading;

Migrant Help: A national charity contracted by the Home Office to provide advice and support to asylum seekers via a website, free helpline, webchat²⁰;

¹⁵ <https://www.theguardian.com/world/2020/aug/28/far-right-activists-filmed-hassling-asylum-seekers-in-hotels>

¹⁶ <https://www.theguardian.com/uk-news/2020/aug/23/migrants-housed-in-essex-hotel-find-themselves-at-mercy-of-local-hostility>

¹⁷ <https://rrsg.org.uk/>

¹⁸ <https://bit.ly/3qiRYms>

¹⁹ <http://www.ready-homes.co.uk/>

²⁰ <https://www.migranthelpuk.org/>

Berkshire West Clinical Commissioning Group (BWCCG): Plans and funds NHS services for Reading people such as hospital and emergency care and oversees the work of GP surgeries including Reading Walk-In Centre²¹;

Reading Walk-In Centre (RWIC): The centre runs both a walk-in urgent care service for the general public (suspended during the first lockdown) as well as a GP surgery with registered patients from the central Reading area²². It has taken on some of the asylum seekers from the hotel as new patients;

NHS England (NHSE): Plans, funds and oversees the work of all NHS dentists in Reading as well as nationally overseeing the health service²³;

NHS 111: The NHS helpline or website for any member of the public calling about a health need, especially out of hours or if they don't know where to get help²⁴;

Reading Borough Council (RBC): Statutory duties to assess social care needs and/or human rights' needs of asylum seekers, arrange social care for eligible adults, undertake adult safeguarding investigations in relation to various types of abuse including modern slavery and trafficking adults²⁵. The council also gives grants or has contracts with voluntary sector organisations that support vulnerable people, provide information and advice, provide statutory advocacy or promote community cohesion. *[RBC has asked us to clarify this section as follows: 'The Care Act (2014), in relation to its duties and responsibilities, in this instances reference to assessment of care and support needs, is not quite the same as if an asylum seeker being ordinarily resident in RBC. As the individuals are accommodated by the Home Office, their status is determined by them. Of course, all individuals must be treated with respect, fairly and within the legislation and guidelines which protects them and we are mindful of this. The process for determining care and support needs in this instance is different when urgent needs occur, and the individual is accommodated by the Home Office as in these circumstances. RBC accept their responsibilities, however the duty to assess social care needs is via the Provider as detailed in the Home Office document "Asylum seekers with Care Needs," Version 2, 3rd August 2018²⁶. We of course have a responsibility under Section 42 (1) of the Care Act - often referred to as section 42 enquiries, which applies where a local authority has reasonable cause to suspect that an adult, in its area (whether or not ordinarily resident) is subject to abuse as determined under this legislation.]*

²¹ <https://www.berkshirewestccg.nhs.uk/about-us/our-responsibilities/>

²² <https://readingwalkinhealthcentre.nhs.uk/>

²³ <https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/>

²⁴ <https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/>

²⁵ <http://guidance.nrpfnetwork.org.uk/reader/practice-guidance-adults/> (endorsed by Local Government Association)

²⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731907/Asylum-Seekers-With-Care-Needs-v2.0ext.pdf

Brighter Futures for Children: The company contracted by RBC to provide children’s services, including statutory duties to arrange schooling for eligible children, including any asylum seeker children in Reading and to undertake safeguarding investigations into any local child at risk of abuse²⁷;

South East Strategic Partnership for Migration (SESPM): provides a leadership, coordination and advisory function for migration in the South East. SESPM is hosted by South East England Councils while its work is funded by the Home Office²⁸.

²⁷ <https://brighterfuturesforchildren.org/about/>

²⁸ <https://www.secouncils.gov.uk/about-us/about-sespm/>

Chapter 2: Our visits and the experiences of residents

Planning our visits

We had been advised early on in the first lockdown, by our national body Healthwatch England, not to undertake any face-to-face visits with local people or at NHS or social care services, to protect ourselves and others from Covid-19 and to avoid putting pressure on services.

However, after the first lockdown was eased from the beginning of July 2020, we made the decision, based on a rigorous risk assessment, that it was in the interests of the people staying in the hotel to engage with them directly. We knew from previous work they were likely to be experiencing language and communication barriers and potentially lacked access to mobile phones, computers, laptops or tablets - tools that the public generally were needing to access the NHS virtually under service changes caused by the pandemic changes.

We wanted to ensure they had access to information and advice about local health and care services, their general rights and any practical support we could provide.

We spoke in advance with hotel staff, who confirmed they could accept our staff as visitors and who helpfully identified a safe, socially distanced area within the hotel that would act as a meeting point with residents, one by one, or by family unit. (There was no outside area in the hotel grounds that was suitable to ensure confidentiality of people's health issues and personal information).

The hotel staff agreed to circulate posters we delivered in advance to promote our visits. We translated these into the most common languages spoken as advised by hotel staff.

We also notified a Clear Springs representative that we were visiting the hotel.

Two Healthwatch Reading staff wearing personal protective equipment (PPE) attended each of our four planned visits, to ensure we could converse and take full notes. Hotel staff compiled a list of people who said they wanted to speak to us for each visit and collected them each in turn to bring them to the meeting area. On some visits, additional residents queued up outside the area wanting to speak with us, and hotel staff helped us ensure they were socially distanced.

We spent approximately two hours at each visit.

Our visit dates:

- 24 July, 2020
- 14 August, 2020
- 28 August, 2020
- 25 September 2020.

About the people we met

We met with 43 people who had been placed in the hotel, 33 men and five women who had five children with them ranging from babies to teenagers.

They were originally from 19 different countries in a range of regions:

- **The Middle East**, including Iraq and Iran
- **South Asia**, including Bangladesh and Afghanistan
- **Africa**, including Eritrea
- **Central and South America**
- **The Balkans**

They spoke a wide variety of native languages, including:

- Kurdish or Kurdish Sorani
- Arabic
- Pashto
- Tamil
- Bengali
- French
- Creole
- Swahili
- Urdu
- Spanish
- Tigrinya
- Amharic
- Zulu

Most of the people we spoke with could also speak good or limited English to the extent that they could share their story although some conversations took longer as we checked back that we had understood what they were saying or helped them find some unknown English words. A few of the people asked if they could bring a multilingual resident with them to translate.

People told us that they had been in the UK for varying lengths of time, mostly less than 12 months or between 1-5 years. Five had been in the asylum system in the UK for more than 10 years.

Most of the people we spoke with had been moved to Reading from previous accommodation in London or towns in England's south-east, north-west, or midlands. Only seven adults said they had been placed in the hotel in Reading directly after arriving in the UK from their home.

The asylum status for most people was of waiting for their application to be processed, with a small number going through appeals or already told their application had been rejected.

Health and wellbeing issues

The most common health issues people told us about, were:

- Dental issues
- Pain
- Medication issues
- Insomnia
- Eye problems
- Physical injuries
- Disabilities
- Unsafe breaks in previous care
- Low mood or other mental health problems

Many people had more than one health problem and these sat alongside, or were exacerbated by the asylum process, language barriers and social issues, such as:

- temporary cessation or delays of the weekly Asylum Support cash allowance that stopped them buying over-the-counter medication, phone credit, preferred food, clothing or treats for children
- lack of awareness about rights to free NHS prescriptions and dental care and how to apply for this
- separation from support systems that they had built up in other parts of the UK
- boredom due to remaining for most of the time in their own rooms as no communal areas of the hotel were open
- food provided at the hotel was unfamiliar to some people, including children who sometimes refused food - residents had no cooking facilities of their own
- lack of access to age-appropriate activities, toys or education for children
- lack of access to physical activities for adults
- limited English and lack of access to interpreters within services or access to local English classes while charities were closed due to the pandemic.

Below we set out case studies (with some details altered to protect identities)

Unsafe breaks in care:

Mohammed* is a 52-year-old man who was moved to the hotel in Reading from London, in April 2020. Originally from Africa, he had a basic understanding of English. He told us that he was a diabetic and had not had any medication for the past month. He was trying to keep his health stable without medication but was concerned about his diet. He felt the food provided at the hotel consisted mostly of bread, rice and pasta which negatively affected his diabetes, so he had not been eating well. He had been registered with a GP in London but did not know how to continue receiving his medication.

We took action by contacting his GP surgery in London, who agreed to send an electronic prescription to a pharmacy in Reading. We then contacted the Reading pharmacy to ensure the prescription had been received. Mohammed was able to collect his medication, preventing his health from deteriorating.

Nyadeng*, a woman in her 30s, is originally from Sudan and arrived at the hotel from Kent. She had limited English and no mobile phone. Before being moved to Reading, Nyadeng had been diagnosed with a medical condition which required lengthy and complex treatment and considerable input from a team of health professionals. She also had diabetes. Her move to the hotel posed a risk to the continuity of her healthcare. H

Her previous clinic had contacted a health professional in Reading to check Nyadeng was being followed up, prompting that professional to visit her at the hotel. During this visit, the health professional found Nyadeng was not registered with a local GP and needed to be taken straight to hospital to be assessed. Nyadeng also had run out of needles to administer insulin and had no way of checking her blood sugar. The same health professional carried out a follow-up visit three days later and found she still did not have a GP or prescription. We escalated concerns to local organisations.

During the move from another part of the UK to be placed in the Reading hotel, a woman told us she had run out of previously prescribed medication for 10 days. She said she had rung NHS 111 during that time to see if she could access a prescription but she said they told her they could not help. The woman had since registered with a local GP surgery and resumed medication.

Dental problems

Farzad*, a man in his 40s, originally came from Iran and does not speak or understand English. He spoke with HWR via an informal interpreter. He told us that he had had a bad toothache for several weeks; he had holes in his teeth, they were bleeding, and he was in a lot of pain. He had no access to pain relief and was limiting what he ate because he was struggling with solid foods. He was desperate and did not understand how he could get treatment.

We made enquiries and established Farzad had an HC2 certificate (he had not known beforehand he had this and that it would enable him to access an NHS dentist). We rang and found a local dentist who agreed to see him, but said an emergency appointment within a few days wasn't possible as it would take longer to arrange an interpreter to be at the appointment. Farzad agreed to wait two weeks so an interpreter could be present at the appointment, even though he would be in pain during this time. We rang the hotel on the day of his appointment to ask staff to ensure Farzad understood he needed to go. He attended and finally received treatment he needed, including antibiotics.

A man told us he had taken one of his own teeth out. He had many missing teeth and other loose teeth. He was in a lot of pain and could not eat. We put him in touch with Migrant Help to try to arrange an extension of an HC2 certificate exemption for NHS dental care that had run out. We also advised the man about a local NHS dentist we knew had been helpful in assisting people with urgent problems.

A person who had been living in London before being placed in Reading had ongoing dental problems. Hospital treatment that they had had been referred for by a previous NHS dentist there had been halted by the Covid pandemic. We were able to show the person how to search for local NHS dentists to register with to try and start the process over, but also warned them that dental services would remain very limited for some time unless it became an emergency that needed to be dealt with by calling NHS 111.

Pain:

An elderly gentleman came to see us with another resident who could interpret for him. He was using crutches and appeared to have difficulty in walking. We discovered he had broken his leg in another country where he had been given the crutches. He was still in considerable pain and had fallen here whilst using crutches. We spoke with a local GP surgery who advised us to call NHS 111 about potentially going to A&E. The man had no money for transport to get himself to A&E.

A man who showed us broken and discoloured teeth said his dental problems were giving him headaches. He said he had no money to buy over-the-counter pain relief but another resident had shared paracetamol with him. We explained he needed to apply for an HC2 certificate to access NHS dentists and arranged for someone to support him with this.

A man explained how he had been taken to hospital elsewhere in England after arriving in the UK with chest pains but had not been followed up since. After being placed in Reading he had continued to have chest pain and fainting episodes. We arranged an appointment with him at a local GP surgery with an Arabic-speaking doctor.

Medication:

We spoke with a family group of four who had been placed in two of the hotel rooms. An adolescent child with some English acted as an informal interpreter because their relatives could not speak English. One of the relatives said they had run out of monthly medication despite showing us the box with a pharmacy sticker indicating the prescription had only been issued two weeks beforehand. The person had been taking two doses daily instead of one to try and ease their symptoms. We explained the medication had been prescribed as one-a-day and they needed to go back to the local prescribing doctor and request an appointment with access to a professional translator, to discuss their symptoms and safe medication dosages. Two of the family group also had dental problems and had not known about the system to gain an HC2 exemption form to see an NHS dentist.

A man told us he had been suffering insomnia after leaving a war-torn country. His previous GP in another part of the UK had prescribed strong sleeping tablets. In the move to Reading and signing up to a new, local doctor's, he had been prescribed different medication which he felt was not as effective and he was desperate to get some sleep. We signposted him back to his new doctor to discuss how long it might take to adapt to the new medication.

Communication barriers

A man with limited English told us about pain in his head and an eye infection. He showed us a referral letter he'd been given for the eye department of the Royal Berkshire Hospital but he had been unable to read it or know what to do. Once we explained what it said, he agreed to allow us to make the appointment on his behalf. The clinic confirmed the man was on their list but due to Covid, it was unlikely he would be offered an appointment for at least months.

A man who spoke and understood English well, was having trouble reading small print and needed glasses. He sought help from an optician, who had told him he needed a document proving exemption from NHS costs. We explained that he needed to apply for the HC2 certificate and arranged support for him to do this.

A young woman on her own in the UK struggled to communicate with us as she had little English. We were able to ascertain that she was very concerned about her young child as she kept pointing to different parts of the child's body and saying 'pain' and she also suggested the child was not eating the supplied food. The woman also indicated that she was also experiencing pain herself. With her consent, we raised the health concerns with a local GP surgery, stressing that she would need an interpreter to be able to properly communicate.

Lack of money

A woman told us she was in pain because of dental problems, which was causing problems with eating. She wanted to buy paracetamol but had no money to this. We raised the issue with a local GP surgery.

A mother told us their toddler did not like the food supplied by the hotel but she did not have any money to buy different food. She praised a local charity that had given her some clothes and toys.

A person who was a pharmacist back in their home country but banned from working here by the asylum system, praised Reading Red Kitchen for providing food, clothing and a donated laptop.

Our actions to support people

As well as meeting the hotel residents to ascertain their needs and provide on-the-spot information and advice, Healthwatch Reading staff spent many hours afterwards trying to assist them in resolving their issues and advocating for them more generally.

These actions included:

- assisting people to complete GMS1 forms to register with a local GP surgery
- telephoning GP surgeries to book appointments on behalf of those with limited English or no phones
- reading letters or prescription boxes that they could not read themselves
- helping to arrange local hospital appointments when they had referrals
- ringing around local NHS dentists to secure emergency dental appointments
- advising some NHS dentists how to access interpretation services for patients
- calling out-of-area GP surgeries from people's previous locations, to arrange electronic transfer of repeat prescriptions to a Reading pharmacy
- visiting the Reading Walk-In Centre to work with the practice manager to go through various people's issues to check they had been resolved
- contacting the Migrant Help charity on behalf of people to secure help with forms and other issues
- Giving residents information on local parks and playgrounds
- Attending, from August onwards, a fortnightly meeting about the hotel with local stakeholders, to raise people's issues and push for solutions

Discussion

As a result of visits to the hotel and our follow-up actions, it is clear that asylum seekers have been negatively affected by the asylum process, bureaucracy and the fragmented responsibility for their health and wellbeing needs held by various organisations.

Most people were moved from other UK areas to take them away from cramped or shared accommodation that could have increased their risk of catching Covid-19. But moving them - at often short notice - to the Reading hotel, also potentially removed them from established informal support systems and disrupted in some cases, ongoing care they had been getting from GP surgeries or specialists.

While people had begun to be placed in the Reading hotel from March 2020, there did not appear to have been any coordinated local effort to ensure they were registered with local GP surgeries until at least July 2020, when staff from the Reading Walk-In Centre visited the hotel to try and sign up as many people as possible. We are unsure how many follow-up visits were arranged to capture new residents.

We heard in our discussions with stakeholders that asylum seekers were 'free to choose' any surgery they wished that was taking on new patients, but in reality, many faced practical and communication barriers in finding a surgery on their own.

No statutory agency informed Healthwatch Reading of the asylum seekers' arrival when they first arrived at the hotel and the likely need for our information and advice service. It was only once we heard through other local intelligence that we undertook to provide this as soon as were we able.

We also found that many people arrived in Reading lacking awareness of their rights to exemption from NHS charges via the HC2 certificate and how to apply for it. This is despite all asylum seekers in theory being able to access information and advice from the Migrant Help service that the Home Office funds and promotes. We are not implying criticism of the staff of that service, but a national helpline may be less easy to navigate than face-to-face advice from local information and advice organisations.

Applying for HC2 certificates involved people finding an online form or getting one from a doctor's surgery and then posting it off. People did not always have access to laptops and some were unable to read or understand English.

The hard copy confirmation of the HC2 certificate was not always sent to people whilst at the hotel, because it was 'temporary' accommodation (despite many clients still being there after many months). But this caused problems for people needing urgent dental appointments because dentists needed sight of this document.

In the first few months of people arriving at the hotel, there had also been no local arrangement put in place with a local pharmacy to agree access to free NHS prescriptions while people waited for the HC2 certificate.

To compound this, some residents were unable to access over-the-counter medicines (such as paracetamol) as many of them had no money. Some residents told us they were sharing medicines and after hearing about medication issues, we asked the Reading Walk-In Centre if their doctors would consider prescribing over-the-counter medications where urgently needed for people with no money. (This would be against a general NHS policy not to prescribe OTC treatment to the public).

Some of the access issues people experienced were similar to that of the general public related to the pandemic, mostly in relation to dental services. Healthwatch England warned there had been a 452% increase in calls and complaints to local Healthwatch from people unable to get care for urgent dental problems.²⁹

The lockdown also contributed to similar poor mental wellbeing that was experienced by the general population. However, the people placed in the hotel had the added pressure of being largely confined to small hotel rooms, in a town they did not know.

²⁹ <https://healthwatchreading.co.uk/news/2020-12-08/pandemic-pushes-nhs-dentistry-crisis-point>

People at the hotel were grateful for the assistance of Reading Refugees Support Group and Reading Red Kitchen in many acts of kindness and support, such as accompanying people to medical appointments; providing or coordinating food donations of non-Western hot meals; providing clothes, phone credit, toys or treats some of which had been donated by the public.

We also observed hotel staff carrying out a supportive pastoral role with people beyond that of an accommodation provider, such as organising an outdoor sports game, reminding people to attend health appointments and printing off information.

At the time of finalising this report, we were told that all of the asylum seekers at the hotel would be moved on from Reading by 25 March 2021. Their next destination is unclear.

Chapter 3: Responses from stakeholders and conclusion

While the Covid-19 pandemic has thrown up unique challenges and fast-moving challenges, Healthwatch Reading believes this does not preclude learning from the way the people placed in the Reading hotel have been treated.

We therefore requested that stakeholders answer eight key questions, and their responses are set out below.

Responses from stakeholders

1. What date were you first made aware that asylum seekers were to be placed in a Reading hotel or had already arrived? Which organisation notified you?

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

‘A letter was sent to local authorities on 20th March from the Home Office to let us know that accommodation providers were sourcing additional capacity across the United Kingdom for the sole use for those who have an asylum claim and appeal pending in light of the pandemic.

Reading Borough Council received notification on 23rd April that the Home Office accommodation provider had secured a hotel in Reading, for the temporary accommodation of asylum seekers during the COVID-19 restrictions. We were notified that the first asylum seekers arrived on 24th April.

The South East Strategic Partnership for Migration contacted the Council on behalf of the Home Office to notify of the procurement of the hotel accommodation. This correspondence also involved set up meetings with relevant key partners including the British Red Cross and Reading Refugee Support Group. Meetings were held weekly, and membership expanded as needed, including Brighter Futures for Children, the CCG, Healthwatch and the Police.’

Berkshire Healthcare NHS Foundation Trust:

‘The Regional Director, Community Engagement Lead and Head of Mental Health Services became aware of asylum seekers being housed in a Reading Hotel at the beginning July 2020. We were made aware when concerns were raised by the Reading Refugee Council to the BHFT Chair of Governors.

Since this time the Head of Mental Health services has been working collaboratively and also meeting on a quarterly basis with the Assistant Director of Joint Commissioning from Berkshire West CCG, the Reading Walk in Centre Manager and the BAME Engagement Officer for BHFT to monitor support around physical health and mental health for the asylum seekers at the Hotel. The BHFT engagement lead also provides updates around her work with the Reading Refugee Council into this forum.’

2. What information was shared with your organisation about the type of health, care or other wellbeing needs of the people before or as they were placed at the hotel in Reading?

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

‘A weekly demographic profile of the residents is provided to the Council by the accommodation provider. Due to data protection, Children’s Services, Safeguarding Adults, Early Help and School Admissions applied for access to the database provided by the Home Office.’

Berkshire Healthcare NHS Foundation Trust:

‘No specific needs were communicated to BHFT initially; as above collaborative working and meetings have taken place since July 2020.’

3. Please briefly list any key statutory duties or other, non-statutory actions your organisation has carried out to support people placed at the hotel and the approximate date these occurred (e.g., ongoing health care, urgent health care, care assessments, safeguarding enquiries, education provision, wellbeing provisions liaison with others, funding of other organisations)

Berkshire West Clinical Commissioning Group:

‘The health and social care system across Berkshire West has worked closely to monitor, assess and support the asylum seekers since their arrival in Reading last May. This has culminated in £2,000 joint funding by the Berkshire West Clinical Commissioning Group and Reading Borough Council to match fund Reading Refugee Support Group (RRSG) to enable ongoing support to the asylum seekers. The funding is enabling advocate support for health, education and social services and providing a link with other appropriate charities. It is also helping support the work of a hotel caseworker appointed by the RRSG.

‘This all builds on the ongoing work done by the CCG and RBC in conjunction with the London Immigration Assessment Centre (LIAC) who initially took responsibility for the health assessments of the asylum seekers.

Initial discussions in mid-May between these three agencies determined that assessment and healthcare would be provided via existing Assessment Services and GP registration was not appropriate as it was unlikely the asylum seekers would be remaining in Reading and would be treated elsewhere if they needed medical attention.

‘When it became clear in mid-June that people would be staying in the hotel for a prolonged period and local GP registration was required, the CCG assisted with GP registration at Reading’s Walk in Centre....In addition, the CCG’s mental health team and the Berkshire West Safeguarding Children Board, which comprises representatives from the CCG, Royal Berkshire NHS Foundation Trust and local authorities, were involved in assessing and monitoring the needs of the asylum seekers.

All the health and social care agencies involved are grateful for Healthwatch’s work in supporting the asylum seekers whose arrival came at the height of the Covid pandemic which posed huge challenges and demands across the whole of the healthcare system in Berkshire West.’

Reading Borough Council:

‘The weekly partnership meetings deal with any concerns or issues raised by partners and these have been consistently addressed throughout.

Children’s safeguarding received two referrals. Both young people received a service once the referral was made to the front door.

School admission have placed 2 school age pupils under the duty to provide a school place for any child who needs one. As a non-statutory service any young person over 16 is signposted to Elevate for links to post-16 education.

There have been no Care Act 2014, Section 42 enquiries to Adult Social Care.

Reading Borough Council and the Clinical Commissioning Group have match funded a post at Reading Refugee Support Group to directly provide assistance to residents accommodated in the hotel.’

Berkshire Healthcare NHS Foundation Trust:

‘BHFT has provided support to individuals with specific health needs including taking referrals into health visiting and mental health services since becoming aware of the asylum seekers in the Reading Hotel.

Westcall would provide any urgent out of hours medical cover to any temporary residents in Berkshire including to the Hotel if out of hours medical care was required.’

- 4. Please confirm whether you have received any extra resources from national, regional or local bodies to support your work with people placed at the hotel and the form this has taken e.g., funding, staff**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

‘No additional funding has been provided to Reading Borough Council or Brighter Futures for Children.’

Berkshire Healthcare NHS Foundation Trust:

‘No additional resources have been provided to BHFT.’

- 5. Please state how many people from the hotel have been registered as new or temporary GP patients at Reading Walk-In Centre since March 2020?**

Berkshire West Clinical Commissioning Group:

‘To date 92 of the asylum seekers have been registered at the Reading Walk-In Centre. Staff from the Walk in Centre have held a number of clinics, 59 of the asylum seekers have had health checks, (10 already had extensive health checks prior to arrival in Reading), and others are regularly being approached by Centre staff to attend for a health check.

- 6. Please confirm how many visits to the hotel have been made to facilitate GP registration of new arrivals?**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

- 7. Do you know how many asylum seekers have come and gone from the hotel since March 2020 under placements by the Home Office? How is any pertinent information about people leaving from our area being shared with public services in new areas to ensure continuity of care for people?**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

‘This information is available in the [Home Office-provided] database. Individual cases are subject to the relevant statutory duties and information sharing requirements.’

We invite you to comment on three key suggestions from Healthwatch Reading:

- 1. One nominated organisation with a named representative should take the lead on coordinating the health and wellbeing needs of asylum seekers placed in the hotel**
- 2. GP registration should be actively facilitated for every new asylum seeker placed in the hotel in Reading**
- 3. The Home Office should improve information sharing with local agencies about the needs of people being placed in local areas.**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

‘We suggest that the Home Office is invited to respond to this question.’

Berkshire Healthcare NHS Foundation Trust:

‘We would agree that the 3 suggestions above are sensible recommendations.’

Conclusion

The responses that Healthwatch Reading received from stakeholders show Reading Borough Council was given only one day’s notice of the asylum seekers arriving in the local hotel, which we believe is an inadequate amount of time to plan what local response and information would be needed for the people arriving.

However, we are disappointed to note from the CCG’s response that it took seven weeks for a decision to be made to actively support the asylum seekers in registering with local GP services, based on an understanding at that point that they would not be staying long in Reading and would have their needs met ‘elsewhere’. Was it believed that this group of people had the necessary information and skills to be able to navigate local NHS services in the midst of a pandemic, despite a [previous Healthwatch Reading report in 2018](#) highlighting the barriers that asylum seekers and refugees generally face in accessing services?

It is also surprising that the local mental health trust wasn’t made aware for two months that people had been placed in Reading, especially given what is known generally about mental health issues refugees and asylum seekers face. This includes the impact of past experiences in their home countries, the trauma of displacement and anxiety about their future during delayed asylum processes.

Funding towards a part-time support worker from Reading Refugees Support Group to liaise with people at the hotel was welcome but came late in the day.

We know from our own visits and follow-up actions to assist the asylum seekers, that their multifaceted problems required full-time assistance.

We are disappointed that the CCG did not answer our question about funding they received nationally to support the asylum seekers. Without this information, we cannot understand if local health systems are supported by government with exceptional challenges or consider if any extra resources were used in the most efficient and useful way.

We are also disappointed that the council and CCG were unable to tell us their understanding of how many asylum seekers had come and gone in the 11 months that the hotel was a home to people in our borough. Information is vital in these circumstances - people cannot be helped if you don’t know they’re there.

This report is due to be considered at the March 19 2021 meeting of Reading Health and Wellbeing Board. We will be sending the message that more work needs to be done for Reading to live up to its 'City of Sanctuary' status.

Finally, we are concerned that as the asylum seekers are moved out of Reading (in an exercise due to be completed by March 25 2021) many of the problems they encountered when arriving in our town, will be repeated. We therefore plan to share this report with Healthwatch England so they can raise the issues involved nationally, including with the Home Office.

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