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Monitoring the Impact of COVID-19

Fortnightly Homelessness Briefing 9: Focus on homelessness and immigration

Introduction

Our [previous briefings](#) have illustrated how people experiencing homelessness have been struggling to meet their basic needs during the COVID-19 pandemic. Many factors influence how people have been impacted by the pandemic including access to appropriate accommodation, adequate healthcare, sufficient food supplies and welfare benefits. All these factors can be directly affected and compounded by a person's immigration status. This briefing therefore focuses on the impact of COVID-19 for people who are in the asylum system, refugees or those who have no recourse to public funds (NRPF). [NRPF is a condition imposed](#) on an individual based on their immigration status which means they cannot access welfare benefits, public housing and some healthcare. This might include people who have limited leave to remain, refused asylum-seekers who are 'appeal rights exhausted', those with no status or no documents to prove their status or European Economic Area (EEA) citizens unable to pass the right to reside test.

This briefing is the ninth in a series of briefings that outlines insights from the [#HealthNow](#) network, telephone interviews and from our mobile reporters with experience of homelessness. Further details of this research project and previous briefings can be found here: ['Monitoring the impact of COVID-19 for people experiencing homelessness'](#).

We would like to thank [Asylum Matters](#) for their support on this briefing.

What is the policy context to having NRPF during COVID?

In March, Luke Hall, Minister for Local Government and Homelessness [wrote to local authorities in England requesting for rough sleepers to be accommodated in the 'Everyone In' scheme](#) which included asking them to *'use alternative powers and funding to assist those with no recourse to public funds, who require shelter and other forms of support'*. Alongside this, Immigration Minister Chris Philp MP announced that there would be no evictions of asylum seekers from their accommodation for an initial period of three months during the COVID-19 outbreak. Both fundamental announcements have supported people with NRPF.

Although there is a [lack of figures](#) to clearly establish how many people who have NRPF have been moved into emergency accommodation at a national level, [it has been estimated](#) that roughly 900 people have been offered emergency accommodation in London who have NRPF. The 'Everyone In' scheme therefore allowed accommodation to be provided regardless of immigration status and recourse status. As the scheme comes to an end and evictions for those with positive decisions on their asylum claim have restarted, while evictions for those who have been refused asylum are also expected to resume shortly, it is increasingly important that immediate action is taken to ensure people continue to be supported during the pandemic and beyond.



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There have been [numerous calls](#) upon the Government to remove or suspend the NRPF condition for the duration of the pandemic. The Scottish Government recently called for the removal of the NRPF condition with the Scottish Housing Minister highlighting the inhumanity of the requirement whilst the Welsh Government have committed to helping find long-term solutions for those with NRPF. It is clear that this condition needs to change to find long-term solutions to appropriately supporting people who have NRPF. However, MHCLG [continue to reiterate](#) that *'the legal position on those with no recourse to public funds has not changed'*.

Key policy responses

19 March – [Letter to Prime Minister](#) signed by 60 charities urging for the lifting of NRPF condition.

26 March – Luke Hall, Minister for Local Government and Homelessness, [wrote to local authorities](#) in England outlining the ‘Everyone In’ scheme including asking local authorities to use alternative powers and funding to assist those with NRPF, who require shelter and other forms of support. Scottish and Welsh Governments implement equivalent measures in devolved nations.

30 March – Mayor of London [calls on](#) the UK government for the removal of NRPF condition.

3 June – Welsh Government [announced](#) commitment to support local authorities and wider partners to explore longer term options for people with NRPF.

6 May – Public Interest Law Centre and Migrants’ Rights Network [write to the Secretary of State](#) for Housing, Communities and Local Government protesting MHCLG’s failure to fund and properly empower local authorities to support rough sleepers and other single homeless people with NRPF through COVID-19.

24 June - Luke Hall MP [writes to](#) local authorities about further funding support for some EEA Rough Sleepers until 31 December 2020.

3 August - Scottish government [calls on](#) UK Government to reconsider its position on people with NRPF.

20 March – [Letter to local authorities](#) signed by charities demanding urgent steps to be taken by local authorities to protect and support vulnerable migrants, particularly those with NRPF and those experiencing or at risk of homelessness, during the COVID-19 pandemic.

27 March – Chris Philip MP [announced](#) that there will be no evictions of asylum seekers for an initial period of three months.

27 April – Public Health England [announced](#) overseas visitors to England, including anyone living in the UK without permission, will not be charged for testing and treatment of COVID-19.

26 May – MHCLG [respond to](#) The Guardian article outlining that ‘*the legal position on those with no recourse to public funds has not changed*’.

15 June - Hackney Council [announce a £100k fund](#) to support residents financially impacted by the pandemic, but unable to access the welfare system due to their immigration status.

28 May - [Letter from Luke Hall](#) MP to local authorities stating ‘*the law regarding that status remains in place. Local authorities must use their judgment in assessing what support they may lawfully give to each person on an individual basis, considering that person’s specific circumstances and support needs*’.



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Data collection so far

We have received **370 daily diaries** and reflective logs, carried out **82 telephone interviews** with people experiencing homelessness and our mobile reporters have been feeding into the project about their experience and what they have heard from their community. You can view some of their reports on our [new micro-site](#).

What are we hearing about the impact of COVID-19 and NRPF?

During the COVID-19 pandemic we have been hearing from people in a range of accommodation situations to best understand, not only the impact of COVID-19, but how the responses taken to the pandemic have been experienced. It is widely acknowledged that people in the refugee or asylum system, especially those who have NRPF status, struggle to receive adequate financial support to meet their needs. Insights from this project show that despite, in some cases, accommodation provision being more available for people during the pandemic, a number of people continued to face significant issues with financial support and meeting their basic needs.

Income and financial support

“Living with NRPF is not easy. If I want to go to town I can't as it costs £5. I have a budget of £30 a week and have no choice about this. I have to accept what I am given. I can only apply for refunds on fares for official appointments like GP services”

As this quote illustrates inadequate income was a key theme amongst those we spoke to meaning that often people were unable to travel or visit support services, which compounded the issues as often attending these services would provide access to essential support and supplies. The preventative measures required during the lock-down also meant services had to limit or stop providing support services, leading to further need.

“I used to go to daycentres [to] access resources, have a cup of tea but I don't go to them anymore. I also don't have enough money for clothes and the mosque don't have enough funds to help me get clothes. I have received soap and cleaning products from a church”

We also heard how the pandemic had led to people being unable to get income through their usual ways as cash-in-hand work became less common. Furthermore, people who had leave to remain and were able to work sometimes lost their jobs, were unable to be furloughed and returned to destitution.

“Prior to Covid-19 I was doing some cash in hand work - vacuuming, cleaning but during lockdown there hasn't been any work available to do”

“there is not many work available at this time - I am looking but nothing is coming up”

One person described how the lack of access to financial support and employment led people to engage in criminal behaviours such as selling drugs to make ends meet.

“In the community I live in there are a lot of drug dealers and I have been approached to sell drugs. Although I haven't there is temptation to do it and it does influence you and I know others that are in similar circumstances to me who have started selling drugs”



Food security and the right to food

Lack of access to adequate and appropriate food was also discussed as a key issue for those during the pandemic.

“Food has been hard. There is not enough food provided. You have to go to these different centres where you can access food. I go to a church in the city centre on a Monday where they give you a sandwich. It’s a long way to go and I have to walk there”

Insights starkly illustrate that although ensuring people have the right to food fulfilled is a state obligation, often in reality the reliance is on the community and voluntary sector to deliver this. This indicates that during the COVID-19 pandemic there has been a significant failure to ensure people’s human right to sufficient and adequate food.

“Normally we were getting food from one organisation, now they send us £30 per week. This means we can buy the food we like. This is the sum total of what I have to live on per week. I do share the kitchen with the other people. We can all use the kitchen at any time, but we try to give each other space.”

This was reinforced by University of Wolverhampton [research](#) which found service users with NRPF struggled to access food, shelter and subsistence support during the pandemic and that the most common issue experienced was lack of food.

Accommodation during the pandemic

As several of the people we spoke to had NRPF this meant that they were not eligible for welfare benefits and most of the support they received was through the voluntary sector. Some people were moved into emergency hotel accommodation during the pandemic to support their needs, however, the provision provided was inconsistent and meant that in some instances people’s basic health and wellbeing needs were not met.

A Groundswell front-line worker reflected this issue:

“...they’ve been placed in a hotel and they contacted us at Groundswell through one of the nurses [I] think at the hotel because they had no means of getting food or any provisions or anything so what we’ve had to do, we’ve done a bit of research and looked at all the food provisions but we could only find The Red Cross to help this person. Because they’ve got refugee support, so we got in contact with The Red Cross and the Red Cross got in contact with him and they offered food provision moving forwards even though he’s in a hotel because he had no recourse to public funds and also contacted the Salvation Army on his behalf because they offer clothes and other stuff they can help with applications to other charities that may be able to help him so we’ve signposted him to the Red Cross and the Salvation Army and I think he’s got a bit of support through that”

Despite the roll out of emergency accommodation, we continued to see people on the streets.

“[Worker spoke to man who was rough sleeping] managed to find out he is homeless, begging, from Somalia, no recourse to public funds, [he] was asking for money for food, didn’t look very well was shivering, no jacket, no socks on”

Accessing help and advice during COVID-19

As noted, access to support services was a key issue for people. This was not just in relation to practical support but also emotional support and access to information and advice.

“I used to go to go to a centre on a Friday where up to 50 asylum seekers would attend and talk about their experiences. They used to take us for picnics and on day trips. The people attending were in varying stages of having their claims for asylum processed. One person had had their claim processed and even though they weren't granted access to public funds they were allowed to work for a certain amount of hours per week”

“I used to go to a women's centre for asylum seekers every Friday. They would help you with transport fees to appointments, understanding legal letters. If you were feeling down there would be someone there to talk to about how you were feeling. The service is now conducted online via zoom but I haven't been able to download zoom and I don't have a strong internet connection, so I haven't used the online service. COVID-19 has also made me feel alone. You feel you don't have anyone. You have to think of your case, your health. You feel stressed and life doesn't feel the same anymore and you feel you have no support”

This was particularly an issue for people who were needing support for or awaiting response to their asylum applications. The impact of COVID-19 on the process of claiming asylum not only increases people's stress and anxiety but also has potentially lasting financial implications whereby as decisions are delayed people are facing longer waits to access benefits or seek employment.

“My application for asylum has also been delayed again. I had an appointment to put in a fresh claim for asylum, but it has been put on hold. I have been going through this process for 17 years since I came from Malawi when I was 16. Throughout this time I haven't been able to go to college or apply for jobs which has meant my life has had no direction and I cannot move forward until my case is answered which means I can't achieve anything”

“With all the policies in place and the restrictions placed upon people trying to gain asylum it's unbearable. All the government tell you when you enquire about your case is that it's in progress. You start to see people as selfish and uncaring. You become mistrustful, feel discarded and you learn to become shrewder and wiser. There should be more support for individuals. Services should be reaching out to you rather than you reaching out to them for support”

People also discussed how changes in the support available to them was poorly communicated during the pandemic:

“Support worker left two months ago and has not been given another. He was not told were leaving. “My support worker she has now left - I think 2 months. I don't have a new support worker now...I asked about where my support worker is and they said 'oh she left'. I asked if there is a new one and they said no". I asked more generally about how helpful support workers are - "They don't really help you the only thing they do for you is tell you to find a room outside the hostel". They haven't told him when he will get another support worker...I asked about if anything changed with the Home Office and nothing has changed and I asked about other people in the hostel and he said he didn't know about them”



Health and wellbeing

The inadequate access to appropriate information and advice was particularly concerning for those who were moved into emergency accommodation which was away from their existing support networks which caused increased worry and had a direct impact on people's wellbeing.

“They are moving people really far out so their completely isolated and all the centres for people with no recourse to public funds their all closed so it's very very difficult getting people help...It's awful it really is a nightmare...I have heard that they're moving people with no recourse to public funds and their offering no support whatsoever so it's very frightening”

People often noted the impact the pandemic had on their emotional health and wellbeing but also their ability to stay safe and follow preventative measures. One person discussed the difficulties in maintain social distancing whilst in shared accommodation. We also heard experiences of people unable to afford face masks to ensure they were following preventative measures when in public.

[Local organisation] also provided us with face masks as we can't afford to buy them ourselves”

Important considerations for homelessness and immigration

[Asylum matters](#) and [NACCOM](#) have published [key recommendations](#) to protect this group not only during the pandemic but also indefinitely. These recommendations include:

- No evictions into homelessness from asylum accommodation for at least the next 12 months or longer while COVID-19 poses a public health risk
- The Government must introduce a new duty for local authorities to provide immediate emergency accommodation to all those with nowhere safe to stay

Most importantly, they have recommended long-term solutions including:

- End No Recourse to Public Funds conditions for everyone, including those without leave to remain, so that everyone in need of housing and support is able to access it, increase funding to local authorities to respond to the demand for housing and continue to house and support everyone who needs.
- Increase funding to local authorities to respond to the demand for housing and continue to house and support everyone who needs it.
- Long term changes to asylum support provision so that no-one leaving asylum accommodation is evicted into homelessness.

In addition to the recommendations of Asylum Matters and NACCOM we would also suggest that national and local Government bodies consider the following:

- Ensure that the right to food is fulfilled by the state through mapping and identification of gaps in the provision of food to people who have NRPF and working with local VCS organisations to ensure sufficient resources to meet these needs.
- Continue to ensure that people who have NRPF are able to comply with Government restrictions and public health guidance on the prevention and response to COVID-19 by making sure that people with NRPF have access to masks and hygiene supplies, opportunity for self-isolation and free testing and treatment for COVID-19 and other conditions that may make them more vulnerable to death from the disease.



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Example responses to COVID-19

Reactive support for destitute asylum seekers and refugees

[The Boaz Trust](#) is a Manchester based charity that provides accommodation and support to destitute asylum seekers and refugees. In March, prior to lockdown measures being put in place, The Boaz Trust took the decision to close their night shelters and put a pause on hosting, where clients are placed with local host families. Clients affected were placed directly in Boaz accommodation or in emergency hotels through the 'Everyone In' scheme. To ensure that clients were able to stay connected and access support internet access was provided in 19 of the shared homes that The Boaz Trust support and manage ensuring that over 70 people were able to benefit from this. Both clients in emergency accommodation and Boaz accommodation were supported through regular drop offs of money, food, cleaning and hygiene products.

Through fundraising The Boaz Trust has always continued weekly allowance payments for clients who have already claimed the permitted 12 months from The British Red Cross Destitution Project, when this payment was increased to £30 per week for refused asylum seekers as a result of Covid-19 The Boaz Trust also increased this payment. This increase was only for a limited time of 12 weeks and will be due to end soon. Initially all weekly allowances were paid in cash however, to reduce the spread of infection and in keeping with the rapid move away from cash transactions in many shops clients were provided with a cash card that was topped up weekly. The support team developed an activity programme to support the wellbeing of clients whilst adhering to government guidelines and through the pandemic have run yoga lessons online or outdoors in small groups, gardening groups and one on one walks with clients. They are now in the process of carrying out a survey with clients to analyse the changes to inform what measures clients may want to keep in place as restrictions ease. If you would like more information about The Boaz Trust or to donate please visit: www.boaztrust.org.uk/.

What next?

This is our final fortnightly briefing and we are beginning to bring together our findings to produce a full report and recommendations based on the insight we have gathered over the last 5 months.

In partnership with [On Our Radar](#) we are continuing to support a team of 'Mobile Reporters' who are reporting back from their local areas. We have launched a micro-site which features their reports from across the country which will be regularly updated with their live insights. You can view the website [here](#).

If you want to talk to someone about this research, contact Groundswell's Research Manager Jo: jo.brown@groundswell.org.uk. Or, if you want to receive regular updates about this project and other related work, please subscribe to our #HealthNow newsletter [here](#).