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Rt Hon. Yvette Cooper MP
Chair, Home Affairs Select Committee
House of Commons
London
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18 March 2021

Dear Committee Chair,

RE: INSTITUTIONAL ACCOMMODATION

I am writing in response to your letters of 18 February, 3 March and 10 March, and with updates following the commitments the Permanent Secretary and I made at the evidence session of 24 February.

As you know, contingency accommodation - whether in Glasgow, at hotels across the United Kingdom or at Napier barracks and Penally training camp - was set up in response to the enormous pressures placed on our asylum system by the coronavirus pandemic.

As I said at the evidence session, the sites at Napier and Penally have previously accommodated our armed forces, and we have set them up in such a way as to be safe in line with public health guidance, working closely with our contracted partners, the local authority and other partners throughout.

I note the initial findings of the Independent Chief Inspector of Borders and Immigration's (ICIBI) and my officials continue to work with him as he continues his inspection. The Government will respond to the ICIBI's final inspection report when it is laid before Parliament in line with the UK Borders Act 2007.

The ICIBI's findings do not contradict the evidence the Permanent Secretary and I gave on 24 February. As we set out in that session, officials have worked closely with Public Health England (PHE), both in setting up the site and in its continued operation. As the Permanent Secretary said, PHE do not "approve" or provide "a service of certification" for the sites. What they do provide is guidance on what accommodation providers should do both if single occupancy accommodation is available or if it is not.

Throughout the pandemic we have worked closely with PHE and Public Health Wales on implementing advice. PHE guidance is published at gov.uk and sets out that self-contained accommodation should be used when available and how non-self-contained accommodation should be used if self-contained accommodation is not available. We took steps, working with the accommodation provider and sub-contractors, to reduce the risk and put protection measures in place including cohorting, signage and additional space for residents. We continue to make improvements to ensure the safety of those in asylum accommodation.

On the specific advice referred to in an email dated 7 September, litigation proceedings are taking place so it would not be appropriate to share parts of an ongoing correspondence without the wider context.

Penally has been an important component of our contingency accommodation over recent months and has provided safe and secure accommodation for asylum seekers who otherwise be destitute. This provided emergency capacity in response to pressures put on the asylum estate during COVID. As those pressures have eased, we have decided not to extend emergency planning permission beyond six months. Napier will remain in operation in accordance with current needs. The use of the Penally site has represented good value for money and we are grateful to MoD for its temporary use. We now have a very welcome commitment from the Welsh Government to work with us to increase the amount of dispersal accommodation available in Wales.

We continue to use our other additional temporary accommodation to ensure we meet our statutory obligations whilst working to fix the broken asylum system. We will be moving the asylum seekers at Penally into other accommodation in our estates in Wales. I am grateful for the strongly collaborative approach taken by all partners since September, including local community and voluntary organisations, which has been key to the successful operation of the site, the safety and wellbeing of all on site, and of the wider local community.

I shall now turn to the questions and comments from your previous correspondence.

Reviews and Assessments

Provide the recommendations of the rapid review of initial accommodation, equality impact assessment of policy of using MOD sites for asylum seekers and health assessment carried out by the local clinical commissioning group for managing COVID outbreaks in former military barracks.

The Home Office contracted with an independent organisation, Human Applications, to conduct a rapid review of initial accommodation for single adult asylum seekers, including hotels and the former military barracks. This was to provide assurance of compliance with public health guidelines to prevent the transmission of COVID 19. The recommendations from this review are enclosed, together with action taken to address these recommendations.

I also enclose a copy of the Equality Impact Assessment and the health assessment carried out by the Kent and Medway clinical commissioning group.

Provide the full rapid review underpinning recommendations for the public health assessment of dormitory and shared bathroom accommodation and clarify the assessment lead.

I am not aware any other rapid review you have referred to. However, in my response to the previous question I have set out the recommendations that Human Applications made as a result of their rapid review of accommodation.

Provide contingency accommodation and exit recovery plans, including the plans previously referenced by the Permanent Secretary.

The Home Office and its accommodation providers are implementing a recovery programme, known as Operation Oak, to accelerate the movement of asylum seekers out of contingency accommodation into dispersed accommodation across the United Kingdom, in both new and existing dispersal areas.

This work is intended to relieve the immediate pressures of accommodating people in contingency accommodation and to facilitate a return to business as usual operations. This work has already started to have an impact with a commitment from the Welsh Government to work with us to increase the amount of dispersal accommodation available in Wales, supporting the move-on of individuals at Penally.

Our plans are dynamic and will develop as we continue to work closely with Local Authorities and our accommodation providers. There is no single, static recovery plan; rather a programme of work to move us from contingency accommodation to regular dispersed accommodation that will take account of the changing supported population, the availability of suitable accommodation and the views of local authorities.

Therefore, I do not believe providing previous iterations of our plans will give an accurate picture or be helpful in the scrutiny of our work. The published statistics will show our progress with accommodating people in dispersed accommodation.

Provide information required on the revised COVID management plan for Napier Barracks

The COVID Management Plan for Napier barracks is enclosed. We are working with our provider, health agencies and other local stakeholders to improve the operation of the site.

The Public Health Implications of Dormitory Accommodation

How many people are currently sleeping in dormitories or sharing rooms with unrelated adults and Napier and Penally?

Everyone at Napier and Penally shares accommodation. As of 15 March, there are 45 individuals at Napier and 53 at Penally. Currently, blocks are housing between 4 and 10 people at Napier; this is subject to change as people move through the sites. There is a maximum of 6 people per block at Penally, which will reduce this week as people move on from the site.

Confirmation that some residents with positive COVID tests continued to sleep in dormitory accommodation with others who had not had positive tests.

There have been no COVID cases at Penally and there is currently no one accommodated at Napier who is currently COVID positive; the outbreak in Napier was declared closed on 6 March 2020.

We took all necessary steps, working with PHE, Local Authorities and our accommodation providers to bring the COVID-19 outbreak at Napier to an end as quickly as possible. We provided guidance to individuals on site throughout the outbreak to help them comply with public health guidance.

On public health advice we moved people who had tested negative from the site to alternative accommodation. This prevented their exposure to COVID and allowed those who were COVID positive more space to self-isolate (more detail on this is set out below).

As we tackled the outbreak, we attempted to cohort people in line with PHE guidance. However, some individuals refused to move accommodation and some residents were resolute about who they were prepared to share accommodation with. Asylum seekers at Napier and Penally are not detained, nor are their accommodation arrangements enforced. As such, accommodation providers respected their right to resolve their own accommodation arrangements.

Conditions at Napier after 29 January

Following the fire at Napier on 29 January, how long were drinking water supplies and heating affected?

Contrary to reports in the media and by NGOs, water was available throughout the weekend. Blocks received temporary heating and power from generators after a short period. Full power was restored on 2 February.

Clarification of the steps taken to address the COVID outbreak.

The advice from PHE and the outbreak control team was to move off site anyone who was vulnerable, and anyone who tested negative or who previously tested positive but had completed the 10 days isolation. There were no clinically extremely vulnerable people accommodated at Napier. In line with this advice, 321 residents have been transferred off site since the outbreak started. This includes people who were moved because they no longer met the suitability criteria, as well as those moved for COVID-related reasons.

The outbreak was declared closed on 6 March. Everyone on site has completed their isolation period and there is no one on site currently considered to be COVID positive.

Harassment of asylum seekers

Clarification of the steps being taken to monitor and address the intimidation and harassment of asylum seekers

The wellbeing of asylum seekers is taken extremely seriously, and all necessary and legal steps are taken to protect people in our care. It is regrettable that the initial arrival of asylum seekers at Penally was met with hostility, caused by some of those present seeking to deliberately fuel resentment and create community tension. There have also been incidents at Napier, one of which included the throwing of fake blood by activists at the gates of Napier.

Any violence or abuse directed towards asylum seekers is completely unacceptable. All incidents taking place at asylum accommodation are reported to the Home Office and, where necessary, the police. We continually review the security at asylum accommodation sites with providers, who work closely with local police to ensure action is taken if someone tries to access a site in a hostile way.

Police forces have dynamic plans prepared to reflect the changing intelligence picture, with resources in place to manage any further protest. We work closely with them at both sites.

Impact of former military accommodation on traumatised individuals

Clarification of the plans the Department is considering or has made for the closure of all asylum accommodation on former MoD sites.

We are using emergency planning regulations to use both sites and work with relevant local authorities on planning matters. For Penally, as pressure have eased, we have decided not to extend emergency planning permission beyond six months and the site will close on 21 March. We keep the use of Napier under review and will continue to use the site while necessary.

Through Operation Oak we will work with our accommodation providers to procure sufficient dispersed accommodation, so that we can eliminate the use of hotel contingency accommodation. However, we can only procure dispersal accommodation where Local Authorities agree to us doing so and we continue to urge all Local Authorities to assist us in playing their part. We are grateful for the commitment from Welsh Government to work with us to increase the amount of dispersal accommodation available in Wales.

As I have set out above, these sites were set up in response to the enormous pressures placed on our asylum system by the coronavirus pandemic and they are in line with published Public Health guidance.

Responses to Letter of 3 March

How many asylum seekers have been moved into (i) Napier Barracks (ii) Penally Camp (iii) RAF Coltishall and (iv) Tinsley House IRC since (i) 1 January and (ii) 29 January, and how many of those remain resident at the time when you respond to this letter;

No asylum seekers have been moved into Napier, Penally or RAF Coltishall since 1 January. It should be noted that 'RAF Coltishall' has not been an MoD site for some years and no asylum seekers are accommodated there.

13 asylum seekers were moved to Tinsley House on 31 January (which was temporarily de-designated as a detention facility) following the disruption at Napier. All 13 have since been moved to dispersal accommodation.

45 asylum seekers are currently accommodated at Napier and 53 at Penally.

How the implementation of Public Health England advice is managed by the Department, and what is the role of (i) the accommodation provider and (ii) any companies to which elements of accommodation and service provision are subcontracted in implementing this advice;

Throughout the pandemic we have worked closely with PHE and Public Health Wales and have followed their advice. PHE guidance is published at gov.uk and sets out that accommodation providers should provide self-contained accommodation but where that is not available measures should be taken to mitigate risks. We took steps, working with the accommodation provider and sub-contractors, to reduce the risk and put protection measures in place including cohorting, signage and additional space for residents. We continue to make improvements to ensure the safety of those in asylum accommodation.

What steps the Home Office has taken, and on which dates, since 1 August 2020 to obtain independent expert assurance that measures taken to ensure COVID compliance at Napier Barracks and Penally Camp are adequate and effective.

Since September 2020, we have been working closely with our providers and the relevant public health bodies to ensure compliance with regulations, adherence to guidelines and maintenance of COVID-security. As set out above, in October 2020, as part of our accommodation contracts assurance, we asked Human Applications to undertake a series of property inspections and stakeholder interviews, specifically focused on compliance with COVID measures. The recommendations and actions in response are attached to this letter.

Please provide to the Committee the dates on which the Ministerial decision was taken to proceed with (a) the accommodation of asylum seekers in (i) Penally Camp and (ii) Napier Barracks; and (b) the accommodation of those asylum seekers in dormitories.

a) The decision to proceed with both Napier and Penally was taken on 10 September 2020.

b) The decision confirming that the accommodation within Napier and Penally would be dormitories or blocks was taken on 17 September 2020.

Please provide the plans relating to the movement of asylum seekers in Glasgow from flats into contingency accommodation during the first lockdown, together with the associated exit and recovery plans;

The movement of asylum seekers in Glasgow from flats into contingency accommodation, was discussed when our accommodation provider in Scotland, Mears, appeared at the Committee on 7 May 2020. Mears provided further details to you in June which confirmed that:

- Once COVID-19 restrictions were announced by the UK and Scottish Government, Mears considered how best to ensure the safety and wellbeing of asylum-seekers and staff, and how to limit community transmission by maintaining social distancing.

- Mears were particularly concerned about the safety and wellbeing of those in Initial Accommodation, located around the city. They discussed the need to reduce the regularity of journeys by asylum seekers and staff between multiple accommodation locations with the Home Office and Glasgow City Council. Mears considered providing fully serviced support in good quality hotel accommodation with the aim of creating a safe environment and greatly reducing the spread of COVID-19 among asylum seekers in Glasgow. By providing food and other essential items directly to private hotel rooms by staff using suitable personal protective equipment, the risk of infection has been greatly reduced.
- Consultation and risk assessments are carried out formally at monthly contract management meetings between Mears and the Home Office, and monthly meetings with Glasgow City Council and the Convention of Scottish Local Authorities (COSLA). Weekly updates are provided, and daily on-site risk assessments are completed. The Glasgow Strategic Partnership Group signed off the hotels before they were acquired to certify their suitability and ensure their acquisition did not impact the Council's own requirements for local homeless accommodation.
- Mears informed the Asylum Seeker Housing project (ASH), the Scottish Refugee Council (SRC) and the Red Cross, inviting them to provide advice on the arrangements. ASH and the SRC visited the hotel accommodation on 28 April 2020 and 14 May 2020, respectively.
- Prior to the moves and taking account of health advice, the Home Office risk assessed which groups were appropriate to move. Children, pregnant women, and all those with documented COVID-19 vulnerable health conditions were not moved into hotels. Prior to their move to other accommodation, staff spoke to asylum seekers to make them aware and to provide the reasons for this decision. Any identified vulnerabilities were taken into account before moves took place.
- During and after the moves, Mears had Housing Managers and Residential Welfare Managers based at each of the hotels daily to help residents with any issues or concerns. Mears have been working closely with the Asylum Health Bridging Team (AHBT) to provide medical assistance/advice and guidance to any resident who asks for help, this is done through direct referrals to the health team. They have been making daily contact with residents to check on their wellbeing and to confirm they have no symptoms of COVID 19.

Mears wrote to Glasgow City Council on 15 May 2020 and provided full details and context of the moves including engagement with the Council.

The Glasgow Partnership Board, which is made up of representatives of Glasgow City Council (GCC) Housing, Health and Social Care Partnership, COSLA, the Scottish Government, Mears and the Home Office; meets every two weeks to agree the information and strategies required to deliver a phased and supported exit from COVID contingency arrangements.

Furthermore, the multi-partner Regional Delivery Group meets every week to monitor and progress agreed operational actions. Hotel recovery is a standing agenda item at the at the Regional Delivery Group.

As at the end of February 2021, there were c.350 asylum seekers in Glasgow residing in 4 hotels. We have been working closely with Mears to carefully plan and manage an exit strategy from the use of hotels as accommodation for asylum seekers. A priority order for closing hotels has been agreed by the board and the current plan is to reduce the hotel population by c100 per month. We anticipate completion of the exit in Glasgow by summer 2021, however this is dependent on a number of factors, including the forecasted intake of asylum seekers over the coming months and the provider's ability to procure additional dispersed accommodation in the current market.

Please explain to the Committee what the other HMG facilities are that you intend to adapt as future asylum accommodation, and whether you anticipate those facilities will provide initial and/or contingency accommodation.

Whilst we work to get the system in balance and reduce our reliance on contingency accommodation, it remains important that we continue to ensure we have sufficient capacity in the system at all times, so that we can always meet our statutory obligations. At this time, we continue to explore the possibility of using a site on MOD land in Barton Stacey, Hampshire. No final decision has been taken, and should we go ahead, we will continue to work with local partners to progress in a way which addresses the impact of the local community.

Steps being taken by the Government to reduce the backlog of asylum cases awaiting a decision.

There are a number of factors that contribute to the length of time to process asylum claims. We have developed a programme of work designed to transform the system. We have already made significant progress in prioritising cases of claimants with particular vulnerabilities, such as those in receipt of the greatest level of support, including unaccompanied asylum-seeking children.

We are working to simplify and speed up decision making. This includes delivering a programme of improvement initiatives that will reduce the time people spend in the system and increase the numbers of decision we make. We are increasing the number of staff that make asylum decisions by c.50% meaning we will have c.750 decision makers in the next 6 months. We are also improving training and career progression opportunities to aid retention of staff. Technological developments will allow us to build on recent improvements such as digital interviewing and move away from a paper-based system toward progressing individual applications digitally from the point of application to the applicant receiving a decision.

What consultation has been undertaken with local authorities since 1 July 2020 in relation to increasing participation in dispersal; what are the results of consultations.

The Home Office maintains an active dialogue with Local Authorities on the procurement of accommodation, as well as encouraging Local Authorities to participate in the asylum dispersal scheme.

Since July 2020, a total of 11 new dispersal areas have been added in the South and East of England. We are working with providers to procure accommodation in those areas and ensure the support services are developed. The number of people accommodated in these areas is low and will increase over coming months. Conversations take place regularly at Joint Partnership Boards and are progressed through the work of the Home Office-funded Strategic Migration Partnerships (SMPs). This matter has also been discussed at the Home Office and Local Government Association Chief Executive group meetings which were held on 22 July 2020, 13 October 2020 and 9 February 2021.

In August we tasked SMPs with holding conversations in their regions to procure 800 additional bed spaces to reduce the hotel population. This involved SMP's consulting with their regions, drawing up plans and then working with the accommodation provider and the Home Office to deliver on those plans. This has resulted in, for example, all of the London Boroughs coming together to work with Clearsprings Ready Homes on procuring additional dispersed accommodation in a fair and equitable way across the capital.

Across the East of England, South East and South West there is a Tripartite Delivery Plan between the Home Office, SMP leads and accommodation providers to widen dispersal advanced through fortnightly meetings. Work is underway to drive forward delivery of this work.

To date, the consultation and work with Local Authorities has seen the hotel population reduce by .c1,000.

Estimated timescales for ending the current reliance on contingency accommodation in (i) hotels (ii) former military accommodation and (iii) other accommodation (e.g. Tinsley House IRC);

(i) The size of the supported population is variable and dependent on a number of factors. There is no exact date set for exiting hotel or other contingency accommodation (such as hostels or former student accommodation), we aim to exit by this summer.

(ii) We have agreement from the MoD to use the Napier site until September 2021; we will keep the use of this site under review. We will not be pursuing extending emergency planning permission for Penally which will close on 21 March.

(iii) We are not currently using Tinsley House to accommodate asylum seekers.

The projected reduction in numbers of people housed in those categories of contingency accommodation and the expected cost of contingency accommodation until it is wound up.

The Home Office is working closely with our accommodation providers to carefully plan and manage the exit from all contingency accommodation.

As of 28 February, there were approximately 8,700 people accommodated in under 90 different hotels across the UK. This population continues to reduce as our providers secure and move people to dispersal accommodation. As set out above, our aim is to have exited hotel use by the summer.

We will continue to prioritise the dispersal of the most vulnerable people in the current population to suitable dispersed accommodation as well as prioritising closure for hotels that provide the least value for money. For the financial year to date the Home Office has spent an additional £314m against our original budget for asylum support due to pressures associated with the impacts of COVID-19, of which £258m can be attributed to contingency accommodation. Based on our current exit plans and forecasts, hotel accommodation is forecast to cost a further £40-70m in 2021/22.

At Q.127 you told the Committee that "every single individual who comes into the care, the estate, of the Home Office has personalised support" which enables the Home Office to see 'the face behind the case'. Please set out for the Committee what personalised support means in this context and explain: (a) the process by which the individual's personal support needs are identified; (b) at what stages in the individual's asylum application those needs are assessed and reviewed; (c) what steps have been taken by the Home Office, and on what dates, to obtain independent expert assurance that this assessment process is fit for purpose.

In order to meet our statutory obligations, the Home Office is responsible for providing accommodation and financial support to asylum seekers who would otherwise be destitute. We and our providers take responsibility for the accommodation and financial support needs of an individual, making referrals and signposting to other support agencies who can then play a role in meeting any other needs an individual may have.

An applicant's individual support needs are initially identified through completion of the ASF1 application form. Applicants will be asked to supply any pertinent information relating to dependents, specific medical needs or anything that will need to be considered to ensure adequate support is provided.

When assessing an application, we will determine if the applicant's individuals needs can be met through our housing providers, or if alternative accommodation is required through a specialist source. The UKVI Medical Advisor will also consider any medical evidence submitted by applicants or their representatives in relation to their overall claim, requests for relocation or alternative support, to ensure that the support provided remains fit for purpose and adequately reflects the applicants' needs.

All asylum seekers have access to a 24/7 AIRE (Advice, Issue Reporting and Eligibility) service provided for the Home Office by Migrant Help, where they can raise any concerns regarding accommodation or support services, and they can get information about how to obtain further wellbeing and pastoral support.
AASC providers also undertake regular maintenance visits and welfare checks including visits from welfare officers.

Our staff and providers will engage with residents to identify and address vulnerability needs, escalating to our safeguarding team where appropriate for onward engagement with relevant statutory agencies.

The Independent Chief Inspector of Borders and Immigration is currently undertaking an inspection of contingency asylum accommodation and we will be happy to discuss his final report.

Which local authorities the Home Office is working with as partners in the establishment and operation of Napier Barracks and Penally Camp;

Kent County Council, and Folkestone and Hythe District Council for Napier; and Pembrokeshire County Council for Penally.

What is the frequency of contact with those partners, and when was the last contact between the Home Office and each of those partners;

The Home Office established multi-agency forums including public health partners and emergency services when the Ministry of Defence sites were stood up. The multi-agency forum meets weekly.

Multi-agency incident management processes were initiated in the week of 11 January to respond to the COVID-19 outbreak at Napier. This forum includes health partners from Public Health England (PHE), Kent and Medway Clinical Commissioning Group (CCG), the onsite nurse practitioner and the lead GP from the local surgery along with Kent Police, the Home Office, Clearsprings Ready Homes , Kent County Council, Folkestone and Hythe District Council and the Strategic Migration Partnership using the pre-prepared COVID-19 outbreak control plans for the site. During January and February this forum met very regularly, sometimes daily and across weekends.

Whether the local authority partner in each case formally approved the site as COVID compliant or provided other advice on COVID compliance (Q124); please provide copy of the relevant advice or approval;

The sites were set up taking account of Public Health England and Public Health Wales advice. The sites have not been assessed by the local authorities and the local authorities have not asked to approve them.

We have worked closely with the Local Health Board in Pembrokeshire and the Clinical Commissioning Group in Kent to put in place appropriate healthcare provision. We have regularly engaged with Public Health England and other public health authorities and acted upon their advice and guidance throughout the pandemic.

Yours sincerely,

Rt Hon Priti Patel MP
Home Secretary

Home Office

Borders Immigration Citizenship Systems

Equality Impact Assessment

Demonstrating Compliance with the Public Sector Equality Duty (PSED)

Equality Impact Assessment (EIA)

- **Remember that your duty is to demonstrate that you have had "due regard" to equalities issues.**

  Useful guidance:

- Discrimination and differentiation guidance
- Equality Impact Assessments

1. Name and outline of policy proposal, guidance or operational activity

Using Ministry of Defence Sites to Accommodate Asylum Seekers

General Outline

This EIA considers the impacts of proposals to use new types of accommodation to support asylum seekers who would otherwise be destitute under the powers set out in sections 95 or 98 of the Immigration and Asylum Act 1999 – specifically by using Ministry of Defence sites formerly used to house military personnel. The first two sites identified for possible use are Tenby (South Wales) and Folkestone (Kent), but similar sites may also be used depending on further consideration of their viability.

Background to the Proposal

Asylum seekers entering the support system with an immediate accommodation need are placed in an "initial accommodation" facility, generally a multi-person full-board hostel where food, toiletries and other assistance is provided on site. Hotels are also sometimes used as a short-term contingency. Before the COVID-19 pandemic, the average person would typically remain in the accommodation for 4-6 weeks, whilst their application for

support under section 95 was being considered and arrangements made to source longer term “dispersal accommodation” (generally flats and houses) suitable for their needs. Some individuals remained in the initial accommodation for longer times, generally because they had the need for accommodation of a particular type or at a particular location and this took longer to arrange.

This system relies on turnover – in that as the asylum claims, or appeals of claims, of those in dispersed accommodation, are resolved they leave asylum support and move into other accommodation (for instance, provided by local authorities). This then frees up spaces for new asylum seekers entering the system.

However, at the end of March 2020, the Home Secretary took the decision to pause all cessation of asylum support in light of public health guidance on COVID-19. This policy was necessary because of the public health crisis, but the consequence has been that there has been no significant outflow from the accommodation estate. There has, however, still been considerable inflow, with increasing pressures caused by the widely reported arrivals (in particular persons crossing the channel) of new asylum seekers and also with historic failed asylum seekers claiming support under section 4(2) of the 1999 Act on the grounds of destitution and an inability to return to their country of origin because of COVID-19 factors. Additionally, there have been other complicating factors, such as the difficulties in obtaining new dispersal accommodation at a time of restrictions on movements of people.

The operational impact of COVID-19 has been significant and difficult to predict. The Home Office has had to respond as best it can as events have unfolded and to a dynamic situation with restrictions/steps imposed or lifted with very little advance notice. In practical terms, several thousand emergency hotel places have had to be procured to accommodate the extra people, the number of which are growing daily.

The pause on positive cessations (i.e. where the person has been granted refugee status or leave to remain for another reason) was lifted on 11 August 2020 and the pause on negative cessations (i.e. where the person has been refused asylum and exhausted all appeals) lifted on 11 September. However, positive cessations are only happening in a staged and phased way in order to limit the impact on local authorities who may have a responsibility to provide housing assistance to some of the positive cases. It is hoped that negative cases can be progressed more quickly, but there is a large stock that require individual consideration and a decision to deny support will usually attract a right of appeal.

The resumption of cessations will in due course free up existing dispersal accommodation spaces and efforts are being made to secure new dispersal accommodation, but it is not expected that outflow will match inflow for some time. Meeting this demand through further hotel use is not sustainable and other accommodation options therefore need to be considered.

These are the reasons for using Ministry of Defence sites formerly used to house military personnel, with the first two sites identified for possible use being Tenby (South Wales) and Folkestone (Kent).

Key further background to the proposal

The following points are of key relevance to the proposal:

- The accommodation and support arrangements at the sites are not expected to be materially different to those already in place in the asylum system - in particular the arrangements in place at the "initial accommodation" centres described above.
- The management of the accommodation and support services provided at the sites will be through the existing contractual arrangements already in place with private providers (Clearsprings in the case of those accommodated in Wales and the South of England).
- In particular, the detailed service standards set out in the "Statement of Requirements" to the contracts will apply to the provision of accommodation and other support provided to cover the "essential living needs" of those accommodated at the sites, as well as various requirements to provide appropriate information and ensure access to medical services.
- Those accommodated at the sites will also be provided access to the advice and assistance from Migrant Help, under separate contractual arrangements, as well as being able to raise issues and complaints about the standard of the services they are being provided with.
- It is not expected that the sites at Folkestone and Tenby will be used for women or child dependants. This is because the sleeping quarters available are large dormitories and it is not possible, without significantly reducing the overall numbers of people that can be accommodated at the sites, to make adaptations that would enable females to be accommodated apart from males. Females asylum seekers arriving in the UK who require accommodation will therefore be

placed in alternative initial accommodation that provides the same services. Suitable facilities for children are also unavailable at the sites.

- The sites will be used to accommodate single males, predominantly those entering the support system for the first time after recently arriving in the UK from France or other EU countries (though probably after a short period of quarantine in alternative accommodation in line with public health procedures).
- It will not generally be possible to make adaptations to the accommodation arrangements to cater for disabilities, so these cases are unlikely to be accommodated at the sites.
- In the first instance, the individuals will be accommodated under the powers set out in section 98 of the 1999 Act, pending consideration of their eligibility to receive support under section 95 of the 1999 Act and (if they are) their longer-term accommodation arrangements.
- The speed at which they move to dispersal accommodation will depend on the availability of that dispersal accommodation. As per the normal policy arrangements set out in the "Allocation of Accommodation" guidance, the assessment of longer-term accommodation arrangements will consider a range of individual factors. In general, however, the key consideration is whether the individual requires accommodation in a particular location because of their particular circumstances, mostly commonly to preserve continuity of medical treatment or established support networks. These considerations are less likely to apply to newly arrived asylum seekers.
- The assessment process and other information that may come to light, for example as the result of medical information, may show that a particular individual has needs that mean they should no longer be accommodated at the sites. Arrangements will therefore need to be made to move them elsewhere. There are existing processes to cover these scenarios.

COVID-19 issues

Following the outbreak of the COVID-19 pandemic and the Government's response to controlling and managing the public health risk, the Home Office has worked closely with Public Health England and the respective agencies in the devolved administrations, to put in place a range of temporary measures to ensure that provisions of asylum support continues to be delivered and those affected by the COVID-19 outbreak receive the support they need, including those with protected characteristics under the 2010 Equality

Act.

In recognition of the challenges of managing public health within the asylum accommodation estate, accommodation providers have worked closely with Public Health to ensure that those in full-board facilities receive guidance on social distancing and self-isolation and made appropriate adjustments to on-site facilities to enable this to happen.

The same approach will be followed as work progresses to bring the Folkestone and Tenby sites into operational use and in other similar facilities that may be used.

2. Summary of the evidence considered in demonstrating due regard to the Public Sector Equality Duty.

Age and Sex

The sites at Folkestone and Tenby are only intended to be used to accommodate single males, predominantly people entering the support system for the first time after recently arriving in the UK. The age profile of the group is therefore unknown.

However, current available internal management information on the profile of the supported population shows that the vast majority of such cases are under the age of 49 years. Less than 0.5% are over the age of 70.

There is no reason to believe that the age profile of those who might be accommodated at the sites will be materially different.

Race

The Home Office does not publish a full breakdown of the supported population by race.

However, published statistics show that 10 countries of nationality account for around 66% of the supported population: Iraq; Iran; Albania; Pakistan; China; Nigeria; Afghanistan; Eritrea; El Salvador; Sudan. Those accommodated at the sites are likely to be mainly from the same range of countries.

As the above indicates, the largest majority of the supported population originate from Middle East and North Africa, Sub-Saharan Africa and South Asia countries and will consist of a wide range of ‘non-white’ ethnicities.

There is no reason to believe that the profile of those who might be accommodated at the Folkestone and Tenby sites will be materially different.

Religion & Belief

The Home Office does not publish a full breakdown of the supported population by religion or belief.

However, given the profile of nationalities described above, it is reasonable to infer that a significant proportion of those accommodated at the sites will identify as Muslim or Christian, though the proportion that practice their religion and to what extent is not known.

There is no reason to believe that the profile of those who might be accommodated at the Folkestone and Tenby sites will be materially different.

Health, Disability

Those receiving support who are disabled or have significant health needs are managed on a case by case basis. Information on the numbers of such cases is not recorded.

However, as stated above the sites at Folkestone and Tenby are unlikely to be used for those with these characteristics.

Sexual Orientation

There is no published data on the number of supported people who identify as gay, lesbian, bisexual, transsexual or intersex (LGBTi+). However, there is experimental data on the number of main asylum applicants whose claims made in 2018 were based wholly or in part because they are LGB. This experimental data indicated that in 2018 less than 4% (1,502) of asylum applications were raised on the basis of sexual orientation.

Sources:

- Asylum Population - Published Statistics on

  https://www.gov.uk/government/statistics/immigration-statistics-year-ending-march-2020

  Internal Home Office Management Information

- Public Health – COVID19

  Office for National Statistics. Latest data and analysis on coronavirus (COVID-19) in the UK and its effect on the economy and society.
  https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases

  Public Health England. Latest data and analysis on coronavirus (COVI-19) in the UK
  https://www.gov.uk/government/news/weekly-covid-19-surveillance-report-published

  COVID-19: review of disparities in risks and outcomes

  https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities

  https://www.gov.uk/guidance/government-advice-on-home-moving-during-the-coronavirus-covid-19-outbreak

Engagement with Local Government –There are on-going discussions with the relevant local authorities in the areas where the sites are located, consistent with contractual requirements.

Local authorities do not provide direct support to asylum seekers during the period their asylum claims and any appeals are under consideration, but may have a duty to provide assistance, particularly in respect of assisting the persons to find alternative housing, in the event that they are granted refugee status or leave to remain for another reason.

This and other issues, including impacts on community relations, will form part of on-going discussions with the relevant local authorities covering Folkestone and Tenby. However, given that the accommodation sites are not intended for use for those with children or who have serious vulnerabilities, it is unlikely that the local authorities will be required to

actually provide accommodation to the group as “priority need” cases.

Engagement with NGO Sector - The National Asylum Stakeholder Forum (NASF) is the overarching term used to refer to the Strategic Engagement Groups (SEG) and the NASF sub-groups which are the Home Office’s (HO) principal engagement forums with its external asylum and resettlement Non-Government Organisation (NGO).

The Home Office has remained in discussion with NGOs through the NASF forums about the support arrangements for those in full-board initial accommodation - i.e. accommodation with very similar characteristics to the arrangements that are intended to be put in place in Folkestone and Tenby.

In general, the view of NGOs is that certain aspects of the current full-board provision in initial accommodation centres may need revision to ensure that it fully covers the requirement to provide for “essential living needs”, given that people are spending much longer in the facilities. As an example, there is no clear arrangement by which the person is provided with provision to replace worn-out clothes. These issues form part of on-going policy discussion and any changes to the current general model of full-board support revision will also apply to those accommodated in the new proposed sites.

Miscellaneous Relevant Published Policies

Local Authority Homelessness

https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-8-priority-need

https://www.gov.uk/government/publications/refugees-guidance-about-benefits-and-pensions

Asylum Support Policies

https://www.gov.uk/government/collections/asylum-support-asylum-instructions

Service Specification – Initial Accommodation

http://data.parliament.uk/DepositedPapers/Files/DEP2018-1112/AASC_-_Schedule_2_-_Statement_of_Requirements

3A. Consideration of limb 1 of the duty: Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act

The public sector equality duty under section 149 of the Equality Act 2010 requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the 2010 Act.

The duty covers eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origins, colour or nationality), religion or belief, sex, and sexual orientation. It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to

eliminate discrimination.

Schedule 18 to the 2010 Act sets out exceptions to the duty. In relation to the exercise of immigration and nationality functions, section 149(1)(b) – advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it – does not apply to the protected characteristics of age, race (excluding colour) or religion or belief**.** While the Home Office does not have a duty to consider these specified characteristics, further consideration has nevertheless been given below.

The accommodation and support arrangements at Folkestone and Tenby will only be used to accommodate adult males. In that sense, there is differential treatment between males and females arriving in the UK in that males may be provided with accommodation and support at one of the sites and females will not. However, female asylum seekers with the same need for accommodation and support will be provided with equivalent assistance at an alternative initial accommodation centre or hotel. Schedule 23(3) of the Equality Act 2010 permits sex discrimination in relation to communal accommodation. In applying this exemption account must be taken of a) whether and how far it is reasonable to expect that the accommodation should be altered or extended or that further accommodation should be provided, and (b)the frequency of the demand or need for use of the accommodation by persons of one sex as compared with those of the other. The sleeping quarters available at the two sites are large dormitories and it is not possible, without significantly reducing the overall numbers of people that can be accommodated at the sites, to make adaptations that would enable females to be accommodated apart from males. Suitable facilities for children are also unavailable at the sites. As there are far more male asylum seekers than females and many of the female claimants have children, it has been decided that is appropriate to use the sites for male asylum seekers only.

The possibility of impacts, including indirect discrimination in respect of each of the relevant protected characteristics applicable to single males, is discussed in section 4 below. The effect of section 19 of the 2010 Act is that indirect discrimination does not occur if an individual with a protected characteristic is put at a particular disadvantage by virtue of a particular provision, criterion or practice, but the provision, criterion or practice can be shown to be a proportionate means of achieving a legitimate aim.

On the evidence available, it is considered that the use of the Folkestone and Tenby sites does not directly disadvantage or discriminate on the basis of any of the protected characteristics and is a proportionate means of meeting the legitimate aim of providing appropriate accommodation to ensure asylum seekers are not left destitute, such as to justify any indirect impacts.

3B. Consideration of limb 2: Advance equality of opportunity between people who share a protected characteristic and people who do not share it

The Equality Act specifies that this requirement involves having due regard to 3 specific aspects:

- removing or minimising disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic
- taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of persons who do not share it
- encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

As per Schedule 18 to the 2010 Act, this limb of the duty does not have to be considered in relation to immigration and nationality functions in respect of race (excluding colour), religion or belief and age.

However, whilst the Home Office does not have a duty to consider these matters, the proposal will apply to single males applying to receive asylum support equally, irrespective of their protected characteristics.

There is no evidence that placing some of the group at one of the sites, instead of at a hotel or alternative initial accommodation centre, will impact on the quality of support they receive or impair their ability to pursue their asylum claims.

3C. Consideration of limb 3: Foster good relations between people who share a protected characteristic

The duty is to have due regard to the need to foster good relations between people with different protected characteristics. The Equality Act specifies that this includes:

- tackling prejudice
- promoting understanding

The proposal is part of the measures the Home Office has in place to ensure that adequate support arrangements are available for asylum seekers who would otherwise be destitute, so that they are able to pursue their claim for asylum.

Destitute asylum seekers with protected characteristics are not analogous to British Citizens and other permanent residents with similar characteristics who are in need of welfare assistance from public funds; so to the extent that asylum support is less generous, this is justified by the need to control immigration. Any provision of support over and beyond what it necessary to enable the individuals to meet their housing and subsistence needs could undermine public confidence in the asylum system and hamper wider efforts to tackle prejudice and promote understanding within the general community and amongst other migrant groups.

The proposal results in placing asylum seekers in areas of the country not previously used to house asylum seekers and there may be impacts on community relations that will

need to be carefully managed in partnership with the police, local authorities and others. However, similar issues have arisen recently in respect to the use of hotels, which may well be perceived by the general public as a more generous accommodation option than former MoD barracks. The proposal is therefore consistent with the general objective of tackling prejudice and promoting understanding between people with different characteristics.

There are well established procedures to manage associated risks in respect of community relations. Any continued indefinite use or expansion of hotel facilities is probably more likely to lead to detrimental impacts on community relations and between protected groups, as opposed to using other accommodation options.

4. Foreseeable impacts of policy proposal on people who share protected characteristics

The support service specification at the sites is being finalised, but it will follow the existing framework. For those provided with accommodation in full-board facilities the detailed service standards are set out in the contracts with the accommodation providers; specifically, the “Statement of Requirements”.

The basic components of the support at the sites will be

- Accommodation - in this case likely to be shared dormitory style bedrooms, with communal rooms for dining and recreational activities.
- Other support to cover “essential living needs”. The relevant parts of the Statement of Requirements states that this may be formed of either:

  • *full board accommodation of at least three (3) meals per day and essential personal hygiene items and toiletries; or*

  • *accommodation and cash to the appropriate value, as advised by the Authority*.

The precise form of support provided at the sites will need to be fixed in discussion with the providers, but may need to also include:

- Laundry services.
- The means to communicate - for example with Migrant Help and legal advisors.
- Access to healthcare.
- Some provision for travel to essential appointments – such as medical or those necessary for the purposes of pursuing the asylum claim (though these are probably covered through existing Home Office arrangements that provide rail tickets to interviews and appeals and through legal aid).
- Clothes (especially if the stay at the accommodation sites is prolonged).

All of the above may be provided via in kind provision, cash or vouchers, or a mixture of both.

In light of the longer periods asylum seekers are remaining in similar initial accommodation facilities, as a result of Covid and the issues described above, support provision in the facilities is being reviewed. Any changes are likely to apply to those accommodated at the two sites.

Consideration has been given to whether and to what extent, the proposal will have an impact on those accommodated in the sites (single males) who share protected characteristics compared with those who do not. Both direct discrimination and indirect discrimination have been considered.

Age

All decisions to provide accommodation to an adult asylum seeker are made on a needs basis, regardless of age. Consideration of whether an asylum seeker destitute is based on establishing fact and evidence.

Migrant Help provides advice, guidance and assistance in preparing applications for section 95 support and there are a number of questions on the application form that are designed to identify relevant factors that might affect the type of accommodation and support appropriate to a person, for example because of an underlying health condition or vulnerability. Age is not a factor that per se results in a different accommodation solution for the individual, but as a general rule the elderly are more likely to have a vulnerability that means they are unsuitable for some forms of accommodation – for example because they cannot share rooms.

This may mean that the accommodation and support services at the sites is unsuitable for some elderly asylum seekers, but this will fall to be considered on a case by case basis.

Race

All decisions to provide accommodation to an adult asylum seeker are made on a needs basis, regardless of race. Consideration of whether an asylum seeker is destitute is based on establishing fact and evidence.

There is some PHE evidence that has highlighted the potential increased prevalence of Covid-19 in black, Asian and minority ethnic (BAME) communities. That evidence needs to be balanced against the evidence that infection rates for those receiving asylum support (predominantly members of the BAME community) appear to be low.

There are a number of measures that have been put in place in initial accommodation facilities to encourage and facilitate social distancing and the same measures will apply at the two sites. Beds in the dormitory style sleeping quarters will be at least 2 metres apart.

Regular cleaning will also take place and other measures to reduce Covid risks considered and reviewed from time to time.

Religion / Belief

All decisions to provide accommodation to an adult asylum seeker are made on a needs basis, regardless of religion. Consideration of whether an asylum seeker is destitute is based on establishing fact and evidence.

The standard service specification for those in initial accommodation requires culturally appropriate food to be provided (for instance Halal meat for Muslims).

The opportunity to maintain a level of participation in religious life is generally recognised as a requirement for those practising a religious faith. Some asylum seekers are likely to view regular attendance at a place of worship (e.g. a church or mosque) as part of practising their faith. There are a range of churches reasonably nearby to the sites at Tenby and Folkestone that can be visited, but a limited number of mosques. If there are no practical means through which those accommodated at the sites are able to attend a place of worship consideration will need to be given to appropriate mitigations – for example setting aside some part of each of the accommodation centres for private prayer or making some other arrangement to meet this need.

Health / Disability

Generally, asylum seekers with accommodation-related care needs that are not linked to destitution fall to be assisted under separate statutory arrangements - the Care Act 2014 or the Children Act 1989 (or equivalent legislation in Scotland, Wales and Northern Ireland), following an appropriate care assessment. The proposal therefore has no impact on this group.

Asylum seekers with disabilities which do not meet that statutory threshold may remain supported under sections 95 and 1998 of the 1999 Act (in some cases with assistance from local authorities) and such adjustments to their accommodation arrangements as may appear necessary.

As significant adjustments to the accommodation arrangements at the two sites is not considered practical any individuals who require adjustments will need to be accommodated elsewhere. The individuals will be identified through existing processes - in particular asylum screening and the targeted questions set out in the section 95 application form that is completed with the assistance of Migrant Help.

Sexual Orientation

All decisions to provide accommodation to an adult asylum seeker are made on a needs basis, regardless of sexual orientation. Consideration of whether an asylum seeker is destitute is based on establishing fact and evidence.

There is no evidence that people with the protected characteristic require a materially different form of support than others. There may, however, be some circumstances where dormitory style sleeping arrangements are unsuitable for some gay males, for example because they may be subjected to the prejudices of other. These issues fall to be handled on a case by case basis according to existing processes. The same consideration applies to any trans asylum seekers, who will also fall to be considered on a case by case basis.

5. In light of the overall policy objective, are there any ways to avoid or mitigate any of the negative impacts that you have identified above?

As set out above, there are no noted significant negative impacts or disadvantages for protected groups arising from the use of the proposed sites at Folkestone and Tenby – noting in particular that the service specification, although yet to be fully fixed, is not intended to be materially different to the service standard already used in other initial accommodation facilities and hotels. There are a small number of issues identified in section 4 (see especially under “religion/belief”) where there is a possibility of some detrimental impacts that may require mitigating actions.

The dormitory style sleeping arrangements may in some respects be slightly different to the arrangements in the wider asylum accommodation estate, where single bedrooms or shared bedrooms with only one or two others, is more common. However, to the limited extent that these arrangements may be unsuitable for some asylum seekers because of their protected characteristics, there are systems in place to provide them with other accommodation elsewhere.

The proposal results in placing asylum seekers in areas of the country not previously used to house asylum seekers in large numbers and there may be impacts on community relations, but that will be managed in partnership with the police, local authorities and others.

NHS
Kent and Medway
Clinical Commissioning Group

Infection Prevention Visit – Napier Barracks 20/01/21
SBAR Report

SITUATION

There is an outbreak of Covid-19 in the Napier Barracks in Folkestone which was reported during the previous week.
As of 19/01/21:

- 289 tests have been completed
- 128 tested positive including the 7 service users already positive and in isolation plus a further 9 positive staff members (137 in total)
- 100 have tested negative
- 10 inconclusive results
- 51 tests results are still outstanding
- 92 service users have refused to undertake the test for various reasons e.g. don't believe in Covid, don't care about Covid, didn't want a test.
- There are currently 2 persons in hospital (not covid related). An ambulance has been called for a 3rd individual who has tested positive and has worsening conditions
- There are a number of clinically vulnerable individuals at greater risk of worse symptoms if they acquire covid-19 infection
- There is at least one covid-19 positive person per block
- Advice from Public Health England (PHE) is to cohort positive residents and negative residents
- There are a number of different contractors covering varying functions on site but there is no clarity who has overall responsibility and accountability and this fragmentation means the risk of somethings being missed

BACKGROUND

Napier barracks is a centre for asylum seekers housed by the Home Office. The management company is Clear Springs and the on site administration is sub-contracted to Nax and the cleaning and catering is subcontracted to ESS.
There are 16 blocks housing people in dormitory style facilities
There are 381 people currently housed at the barracks with an age range of 19 to over 60
The barracks were not built to house people on a long term basis, they were built to facilitate the military when they are on exercise for short periods of time

ASSESSMENT

Service Users:

- There are a number of clinically vulnerable people and a list is being collated as residents come to see the nurse. This information is shared with GP Practice
- There is a range of clinical conditions – diabetes, leukaemia, TB cases

Sleeping Accommodation:

- Only one dormitory was visited and it was fed back that all are laid out in a similar way
- Toilet facilities are tight. There is an internal toilet and shower room in the centre of each dormitory block and there is an external temporary toilet block with 7 toilets and a shower block with 4 showers between two dormitory blocks which gives approx. 12 toilets to approx. 40 people

- The sleeping quarters in the dormitories have plywood dividers between each bed space to facilitate the 2 meter spacing with a privacy curtain across the end, these are not floor to ceiling dividers.
- There is not a consistent approach to guidelines for social distancing where people congregate and people are congregating in large groups
- There are too many people housed in each block to allow adequate social distancing and to prevent the risk of spread of infection
- Wall mounted alcohol gel is available at the entrance to each block

Other accommodation:

- Prayer room/church on site with no clear maximum numbers and no social distancing in place
- We were told that the prayer room and church were both closed but there were 2 people praying in the church
- The prayer mats were arranged very close together and we were told that people move these and place them were they like
- There is no guidance to indicate the maximum people allowed in the prayer room and church to facilitate effect social distancing
- No alcohol gel available to facilitate cleaning of hands on entrance and exit
- The recreation dormitory has been altered into a sleeping dorm, originally to cohort the first group of residents who tested positive but the numbers have now far exceeded the available capacity
- Masks and gloves were available in this block with signage to remind anyone entering to wear a mask

Cleaning:

- The dormitories are cleaned twice per day
- The other areas (prayer room, church etc) are cleaned once per week
- The cleaners use disposable mop heads which are changed twice per week
- There is a separate locked area for keeping the storing cleaning equipment
- There is no cleaning equipment left to be used by residents should they want help to clean as well

Staffing:

- The cleaning and catering is contracted to a company called ESS. There have been 9 positive staff members reported – 5 cleaning and 2 catering staff members
- This means that instead of 8 cleaners on site there are 3 today, extra staff are expected to come on site later today
- The staff room area for the cleaning staff has seating arranged to facilitate social distancing but all staff take breaks at the same time
- The new Health and Safety manager and the new manager arrived on site today
- Staff are sleeping on site – 3 members of staff to one room

Adherence to isolation precautions:

- It was reported that some service users are not adhering to the recommended isolation precautions and are leaving the barracks and visiting the local shops and walking in the local community. The police have apprehended 2 offenders and have issued £200 spot fines for non-adherence

RECOMMENDATIONS

- Those identified as clinically vulnerable will need to be removed from the site to reduce the risk of them acquiring the infection
- The 'open' style dormitories do not facilitate effective social distancing and measures to reduce the numbers on site and create individual sleeping accommodation are recommended
- There are currently no empty bed spaces to easily facilitate cohorting. Currently it would mean asking people to leave their dorm, deep cleaning and moving and logistically this is very difficult to achieve
- There needs to be clear consistent signage across the whole site, in all areas reminding of the need to adhere to 2 meters distancing
- There needs to be alcohol gel available on the entrance to all areas across the site – including the prayer room and church
- A maximum number of people able to attend facilities such as the prayer room and church needs to be agreed with staggered times to avoid large numbers congregating together
- Staff meal breaks need to be staggered with an agreed maximum number to facilitate effective social distancing
- A multi-agency risk assessment needs undertaken to understand the risk of moving people of the site
- There needs to be information leaflets in a variety of languages giving clear information about the covid-19 pandemic and steps they can take to help reduce the risk

ASYLUM SEEKER ACCOMMODATION
NAPIER COVID-19 MANAGEMENT PLAN

Latest review date: 18 March 2021

Version 4.4

Contents

1.0 BACKGROUND

Housing providers have commissioned existing MOD sites nationally to provide accommodation for asylum seekers. Since the pandemic started there has been one case of Covid-19 and one outbreak in these MOD sites.

This specific guidance is for the use of accommodation providers, Local Authorities, PHE, CCGs, Migrant Help and other stakeholders who have all contributed to its development. It is to be used in core and contingency accommodation for asylum seekers in Napier Barracks, Folkestone, CT20 3EZ.

General guidance for providers of accommodation can be found here: https://www.gov.uk/government/publications/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers

2.0 WHAT IS COVID-19 AND HOW IS IT SPREAD?

COVID-19 is a new viral infection that can affect the respiratory system and causes a range of symptoms from mild to severe

The main route of transmission is through droplets produced when an infected person coughs and sneezes. These droplets can either be inhaled or land on surfaces and be transferred from hands to the face.

2.1 Symptoms

There are now thought to be a range of symptoms but the most common are:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

3.0 PREVENTION

Accommodation should provide a Covid-safe environment, using standard and enhanced infection control precautions, maintaining social distancing and having protocols in place for recognising early symptoms in a service user and taking appropriate actions. The following are key principles for a Covid-safe environment:

3.1 Communication

- All service users to be advised about precautions on entry to the MOD sites and be given written information in their own language regarding face coverings, hand-washing, which areas of the MOD sites camp they can use, symptoms of Covid-19 and what to do if they develop these. (see appendix E)
- Information is provided in the top 10 languages (based on the throughput in the last quarter). Providers are also building a library of resources in less common languages. Translated materials about Covid-19 can be found here: https://www.doctorsoftheworld.org.uk/coronavirus-information/

  https://www.london.gov.uk/coronavirus/covid-19-resources-and-services-your-language-0

  https://coronavirusresources.phe.gov.uk/National-Restrictions/resources/translations/

- When no translated written materials are available for a language, translating services are available. (see appendix C)
- Induction briefings are available with the induction pack for service users and are provided on arrival at the MOD sites this pack does include COVID 19 guidelines.
- Upon arrival Service users will be taken to the main waiting room that accommodates up to 20 persons, socially distanced and adjoining waiting room that can accommodate a further 10 persons socially distanced.
- Service users are advised how they can access health care while in the MOD site and ideally assisted to register with a local GP, if they have not done so already. If they become unwell, they should contact reception staff/on-site Nurse as soon as possible. If they wish to see a doctor about a non-urgent matter, they should contact the on-site Nurse for a referral.
- Staff received basic training in infection control and the management and prevention of Covid-19. As part of the induction pack staff are required to complete an E-learning course, “Infection Prevention and Control, including COVID-19” In addition to this safeguarding training is completed by staff and reviewed annually. All staff have suitability criteria knowledge to assess the continued suitability of residents at Napier. COVID flashcards are also located in staff areas.

- Phones- most service users have a phone. Those who do not will be provided with a smart phone and Wi-Fi is provided throughout the camp. Service users are advised that the NHS track and trace app is available for them to download to the smart phones provided

3.2 Accommodation

- All new arrivals to the UK should quarantine for two weeks regardless of whether they have symptoms of Covid-19.
- All service users should be assessed for clinical vulnerability prior to arriving in accommodation. UKVI identify vulnerable individuals on arrival into the UK and alert the accommodation providers (See Appendix A).
- PHE state that accommodation should be identify single-rooms with en suite bathroom facilities for all residents, which should be suitable for self-isolation; if single occupancy accommodation is not available, accommodation where cohorting is possible.
- See guidance for cohorting here: https://www.gov.uk/government/publications/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers/covid-19-guidance-for-providers-of-accommodation-for-asylum-seekers#cohorting
- The Site is set up in dormitory style with 14 blocks with a maximum occupancy of 337 Residents. As of 17th March 2021: 28 residents in each dormitory, socially distanced, which is subject to revision. In addition, there are 2 additional blocks being used for quarantining symptomatic and COVID positive Service Users.

3.3. PPE

- All staff are trained in the correct way following guidelines of how to use PPE.
- Disposable masks and hand sanitisers are available throughout all the buildings on the site.
- All PPE is readily available this includes face masks which are made from a 3-ply woven material that feature ear loops to hold it in place, disposable unpowered gloves and disposable aprons.
- The use of face coverings does not replace the requirement to maintain social distancing or to observe scrupulous hand hygiene
- PPE is not required if staff are not coming within two metres of service users. However, in busy corridors and reception areas it is advisable to wear a face covering.
- If coming into close contact (within 2 metres) of a resident with symptoms of COVID-19 or entering the room of a symptomatic individual, staff should wear appropriate Personal Protective Equipment (PPE). This consists of a fluid

resistant surgical mask, gloves and a disposable plastic apron. Where possible, this type of close contact should be avoided.

- Cleaners must wear a mask, apron, and gloves when cleaning and take particular care when cleaning spaces or facilities used by a symptomatic person. For detailed information on PPE in this case refer to the national guidance. https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings
- Cleaners should not clean the room of people with Covid-19 during the 10-day isolation period. Ideally, the room should be left closed for 72 hours (3 days) after the person has left the room and then cleaned.

3.4 Hand hygiene

- All staff a wash their hands upon arrival at their workplace.
- Staff should be trained in hand washing techniques.
- Staff are to be regularly reminded of the requirement for scrupulous hand hygiene. This means washing hands more often than usual, for a minimum of 20 seconds each time with soap and warm water, or to use hand sanitiser if soap and water is not available.
- This is especially important when arriving home or into work; after nose-blowing, sneezing or coughing; before eating or handling food; or after contact with high-touch areas.
- Hand sanitation points to be available in all buildings and dormitories, particularly at the entrance/exit. Staff are all provided with personal pocket hand sanitiser and all service users have access to soap, sanitiser and handwashing facilities.
- Hand hygiene is particularly important for staff after using public transport, when arriving at work, before eating, and throughout the day in work
- Alcohol gels are not an alternative to handwashing with soap and water; they are a supplementary measure

3.5 Respiratory Hygiene

- Staff and service users should be encouraged to minimise potential COVID-19 transmission through good respiratory hygiene measures: The guidance is displayed throughout the site (see appendix d), dormitory notice boards translated in various languages and large banners are placed on the main gate and on the outside of buildings in the camp.
- Cover the mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing
- Put used tissues in the bin immediately and wash hands afterwards

- Hands should be cleaned (using soap and water if possible, otherwise using hand sanitiser) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects.
- Pictorial signage is provided regarding information in accessible formats to service users about hand and respiratory hygiene.
- Wherever possible, windows and non-fire doors to be left open as a form of ventilation.

3.6 Social distancing

- Accommodation staff will carry out a risk assessment in the site premises to establish means of social distancing. Communal areas such as the dining room were queues form the floor is marked to enable 2-meter distancing and clear signage is also displayed in all communal areas.
- Staff should maintain two metres from other staff and service users and encourage SUs to do the same, markings should be placed on floors and walls with additional sources of information displayed highlighting the importance of social distancing (see appendix d)
- Worship areas have capacity limits and must adhere to a booking system for COVID safe usage. This is advised to all residents at induction stage.
  Face coverings to be worn in indoor communal areas such corridors reception areas, worship rooms and dining area.
- One ways systems to be put in place where possible such as corridors, staircases, dining areas and recreational facilities. Where this is not possible staff/security will manage the entry and exit of service users in a controlled manner.
- In addition to the one-way system used for collecting food during mealtimes, each food element is placed in a logical order. When the kitchen is in use there are 3 sittings at each mealtime and the dining rooms (two) can accommodate up to 75 Service users per sitting.
- In the event of a COVID 19 breakout food is prepared on -site and delivered to dormitories.
- Consideration may be given to creating smaller more manageable cohorts who would need to attend the self-catering / recreational areas.
- Outside eating areas will be made available for residents as an alternative place to eat their meal. In a distinguished covid safe way.

3.7 Environmental cleaning

- A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.) to be used.
- Frequently touched areas and surfaces in communal areas, such as door handles stair rails light switches should be cleaned in all communal areas 2 times daily.

- Cleaning staff should wear a surgical fluid repellent mask, plastic apron and glove Please refer to https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings
- Staff should ensure they clean areas they have used, including any equipment, frequently and before change of shifts. The cloths and mop heads used are disposable and separate cloths and mops are used for the dormitories to those used in the shower facilities.
- Waste should be bagged in the room by the service user and placed outside the dormitory for collection. Cleaning staff double bag and remove from dormitories twice daily.
- All refuse bins are emptied in communal areas at the start and the end of the day, as well as after every meal service regardless of fill level.
- All cleaning products and tools are kept in a secured unit in each dormitory.
- Dormitories, toilet, and shower blocks are deep cleaned twice a day and cleaning products are provided for the SU's to use. The cleaning staff use antibacterial spray, disposable cloths, mop heads, floor cleaning detergent, disinfectant and the Service users are supplied with a dust pan & brush, antibacterial spray to clean their own pod however they can ask the cleaner to mop the floor if they wish.
- All cleaning products and tools are used for individual use only then all cloths and mop heads bagged and disposed of after every use. Separate cleaning products and tools are used on every dormitory by cleaning staff.
- Twice daily audits are conducted by on-site staff and records kept.

3.8 Laundry

- Used bed linen to be bagged and sealed by the service user in the room and placed outside the door for collection. Cleaning staff can then double bag and be removed. Bedlinen is changed on a weekly basis or upon request when required.
- Fogging process completed in COVID outbreak situation

4.0 CASE AND OUTBREAK MANAGEMENT

4.1 Reporting and surveillance

If any staff member or service user is tested and receives a positive Covid result, the following organisations should be notified as soon as possible by completing the Notification Form. The spreadsheet should be password protected and sent to the following organisations:

- Clearsprings Ready Homes
- The HPT will receive results directly from the lab.
- The relevant Local Authority Single Point of Contact (SPOC)
- The relevant CCG SPOC

PHE will contact the person named on the notification form to complete a risk assessment (see Appendix C).

4.2 What to do if a staff member develops symptoms of COVID-19:

- If a staff member develops symptoms whilst in work, they should keep a distance from all staff and SU's, contact their line manager and leave work immediately. Once home, they should arrange a test at nhs.uk/coronavirus or by calling 119. The staff member should self-isolate until the test result is available.
- While the result is pending, work contacts do not need to self-isolate unless they themselves are symptomatic.
- If the test is positive, the individual should self-isolate for 10 days and all other household members will need to self-isolate for 10 days. This means they should not leave the house even for the approved reasons of work, essential food shopping and caring for vulnerable people.
- After 10 days the staff member can return to work if they do not have a fever or cough. If they remain unwell, they should be assessed by their GP.
- Contact tracing should be carried out in the workplace for the infectious period – 48 hours prior to onset of symptoms and 10 days afterwards (see contact tracing guidance and flowchart, section 4.6).

4.3 What to do if a SU develops symptoms of COVID-19

- Daily symptom checks should be undertaken with all service users to promptly identify signs of infection. This can be done when morning meals are delivered or by daily phone calls.
- If a SU develops symptoms of COVID-19 they must get a test arranged as soon as possible, if the test is positive, they and their cohort must self-isolate in their room/dormitory for a period of 10 days.
- Whilst in the isolation period, if no new cases occur the isolation of the cohort is complete after- 10 days.
- If a new case occurs in the cohort during the 10- day isolation period they will need to re-start the 10- day isolation period in response to the first new case.
- The healthcare team providing support to the site, PHE Kent the Local Authority should be notified if the test is positive (see section above on reporting).
- Medical help should be sought if the SU becomes significantly unwell. This can be accessed by using NHS 111 online service or calling 111. **It is important not to phone 999 unless it is a medical emergency.**
- Contact tracing should be carried out in the workplace for the infectious period – 48 hours prior to onset of symptoms and 10 days afterwards (see contact tracing guidance and flowchart, section 4.6).

4.4 Testing options:

- Testing Kits are available on site for those who are symptomatic and can be requested from the onsite Nurse who is trained to administer them.
- A mobile testing facility will be utilised for larger outbreaks where multiple testing is required. This can be arranged by contacting Allison Duggal, Deputy Director of Public Health, Kent County Council - Allison.Duggal@kent.gov.uk
- Once test results are completed, they will be sent to the following email address:
  napierfolkestone@gmail.com
- If visiting a testing centre, the service user should be driven by Covid-secure transport and accompanied by a member of staff. All individuals should wear face coverings.

NB Any NHS care received for COVID-19 is free of charge, irrespective of immigration status and no immigration checks are needed to enable testing or treatment of an asylum seeker for COVID-19

4.5 Results

- If the result is negative, then the member of staff or service user and their family no longer must isolate and other SU's in the dorm.
- If positive, then he and any other household members that share the room must self-isolate for 10 days. If a close contact develops symptoms during the isolation period, they must be tested promptly.

NB: Individuals who test positive should not be retested for 90 days unless they are unwell with symptoms of Covid-19.

4.6 Self-isolation protocol

- Service users will be required to self-isolate for either 10 days if they have a positive test or if they have been in contact with someone who has tested positive.
- **Household contacts** – this generally refers to those living and sleeping in the same household as the case. In this setting, that would mean the same room or dormitory in addition:
    - Those who share a kitchen and bathroom with the case
    - Cleaners who have cleaned the household setting, even if the case was not present, without using PPE
- All self-isolating SU's in the household should be fully informed about the process for self-isolation and given explanatory written materials in their own language. General guidance for self-isolation can be found at https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection
- A risk assessment regarding mental health concerns should also be carried out at the beginning of the isolation period by the health care team commissioned to provide care at the MOD sites.
- Food and water will be provided to the door of the resident on disposable plates and cutlery with provision made for disposal and welfare checks should be carried out at this time.
- All non-clinical waste from dormitories will be bagged by the Service User. It will be allowed to rest for 72 hours in a designated area. Then placed outside the dormitory where it will be double bagged by cleaning staff and disposed of.
- Bed linen should be changed by the Service User. If possible placed outside the dormitory in a bag where it will be double bagged by cleaning staff. It will be allowed to rest for 72 hours in a designated area and then washed as normal at high heat
- If a Service User has difficulty adhering to self-isolation, quarantine, or social distancing particularly if they are symptomatic then a multi-disciplinary

meeting should be convened to address the issues. MOD site management, accommodation providers, public health, health care staff and mental health services may need to be involved.

4.7 Contact tracing

Contact tracing should be carried out as soon as possible as it is the key step in outbreak management. A risk assessment should be completed using the definitions below for staff and residents who test positive. Accommodation staff will support PHE and the Local Authority to identify any contacts of a member of staff or service user with confirmed Covid-19. Close contact is defined as:

- **Household contacts** – this generally refers to those living and sleeping in the same household as the case. In this setting, that would mean the same room or dormitory in addition:
  - Those who share a kitchen and bathroom with the case
  - Cleaners who have cleaned the household setting, even if the case was not present, without using PPE
- **Direct contacts** - Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin). This includes exposure without face to face contact within 1 metre for 1 minute or longer.
- **Travel** in a small COVID secure vehicle (e.g. car or van) with a suspected COVID case, service users are not accompanied by a staff member.
- **Proximity contact**: Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case.

Contacts will be asked to self-isolate for 10 days from the last date of contact with the positive case. (see self-isolation protocol above). However, if any contacts become symptomatic, they should be tested as soon as possible.

- It is critical that you follow up and call 0344 225 3861 (PHE Kent)as soon as you have had a positive case in your establishment (and every time thereafter), because all contacts identified are then formally logged with NHS Test & Trace. This allows those **staff** contacts who are eligible to receive a self-isolation support payment from their Local Authority. Without the NHS Test & Trace reference, they cannot receive financial support.
- Service Users are advised that the NHS track and trace app is available for them to download to the smart phones provided

Further guidance about the criteria for this allowance can be found at https://www.gov.uk/test-and-trace-support-payment

5.0 OUTBREAK PROTOCOL

An outbreak is defined as:

Two or more test-confirmed cases of COVID-19 among individuals associated with the accommodation with illness onset dates within 10 days, and one of:

• identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases

• when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases

- The end of an outbreak is declared when there are no confirmed cases with illness onset dates in the last 28 days in that setting.

5.1 Risk assessment and management

- An outbreak will be managed by the PHE and Local authority with assistance from the accommodation providers. A risk assessment will be carried out using the IA setting checklist (see Appendix D)
- An outbreak management team meeting will be convened if numbers are increasing and appear to be linked. Attendees will include PHE, LA, CCG and accommodation management, as well as the healthcare team commissioned to provide support to the MOD site.
- In an outbreak situation, the site should be closed to admissions and there should be no movement out unless it has been assessed to be safe. Daily symptom checks with all residents is particularly important if there are service users who have tested positive.
- Testing of all residents and staff will be considered by the OMT.

APPENDIX A: ASSESSING VULNERABILITY AND THE NEED TO SHIELD

All service users should be assessed for clinical vulnerability prior to arriving in accommodation. UKVI identify vulnerable individuals on arrival into the UK and alert the accommodation providers. Guidance will depend on the level of vulnerability, see below.

https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

People falling into this extremely vulnerable group include:

1. Solid organ transplant recipients.
2. People with specific cancers:
    a. people with cancer who are undergoing active chemotherapy
    b. people with lung cancer who are undergoing radical radiotherapy
    c. people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    d. people having immunotherapy or other continuing antibody treatments for cancer
    e. people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    f. people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

Appendix B

List of key contacts for updates:

Appendix C

- **Information in other languages**
- COVID-19 guidance, including information on social distancing, has been translated and is available in 44 different languages available here: https://www.doctorsoftheworld.org.uk/coronavirus-information/

APPENDIX D: OUTBREAK CHECKLIST (TO BE COMPLETED BY PHE AND ACCOMMODATION MANAGER AS PART OF THE RISK ASSESSMENT)

	Comments
Name and address of the affected setting.	
Contact details for a manager/appropriate person (including name, position, telephone number and email).	
Contractor/subcontractor	
Nature of hostel: • Number of rooms • Number of residents • Number of staff • Layout of setting - floors/units • Room types - single/double/ensuite - number of each	
Details of the outbreak: • Number of cases (service users (SUs)/staff) • Date of onset in first case • Date of onset in most recent case • Nature of symptoms and severity • Any swabs already taken - obtain any details to f/u results • Any cases requiring admission to hospital • No of deaths due to COVID-19 (suspected /confirmed)	
Hand hygiene Reinforce education of staff and residents about hand and respiratory hygiene and display posters widely. Ensure infection control policies are up to date, read and followed by all staff.	
Facilities Ensure liquid soap and disposable paper towels are available at each sink, and alcohol-based hand rub (at least 70%) is in every communal area, and stocks are adequately maintained.	
Social distancing All MOD site staff and residents should be observing social distancing, so contacts are not expected to extend beyond those sharing a room. Advise closure of all communal areas. Advise strict social distancing and rota system for communal areas that cannot be fully closed (e.g. dining halls, bathrooms, gardens)	
Linen and waste Ideally, do not wash laundry until the isolation period is over. If this is not possible, laundry should be picked up by the SU, bagged in the room and placed outside the room for double bagging. Do not shake dirty laundry and wash laundry using the warmest setting.	

Environmental cleaning Increase frequency of cleaning, depending on the extent of the outbreak and exposure in communal areas. Avoid cleaning of rooms of symptomatic residents until the isolation period is over. If possible, residents should clean rooms/flats themselves. Rooms to be deep cleaned after each resident. Use detergents and disinfectants as per guidance Cleaners should use disposable gloves, mask and an apron for cleaning. Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, can be cleaned thoroughly as normal.	
Visitors No visiting whilst residents are self-isolating.	
Symptomatic residents	**Comments**
Isolation of symptomatic residents for 10 days after their onset of symptoms. • Has the case been moved to the Covid-19 isolation unit. • Are staff conducting a daily symptom/welfare check for residents particularly for those identified to be contacts of a case.	
• Allocate a separate staff cohort to support residents with symptoms. If possible, any staff who have recovered from confirmed COVID-19 should be allocated to this. • Staff must maintain strict social distancing when not wearing PPE e.g. at break times, meetings.	
Residential contacts	**Comments**
Isolate resident contacts for 10 days after last exposure to the confirmed case. Definition of household or residential contacts depends on the the layout of the accommodation and how it is organised. In deciding what constitutes a household, the key factor is whether residents share living spaces, in particular: bathrooms, toilets, kitchens and sleeping space. Residents who share any of these should be considered as a 'household'. • No of residential/household contacts • Contacts advised to self-isolate for 10 days from last exposure • Provisions made to have personalised plans for food, water, support for physical and mental health needs and communication (e.g. does the resident have a mobile phone?) • Contacts should be reminded to report any symptoms they experience during the isolation and seek testing	

APPENDIX E: ON SITE SIGNS


PLEASE STAY
2 METERS APART
2 meters
PROTECT YOURSELF AND OTHERS
XWE AND Y ON XWE PARASTIN
احمِ نفسك والآخرين
ALWAYS WEAR MASK
HERDEM MASKÊ BIKIN
ارتدِ القناع دائمًا
SANITIZE YOUR HANDS
DESTÊN XWE PAQIJ BIKIN
عقم يديك


PLEASE STAY
2 METERS APART
2 meters
PROTECT YOURSELF AND OTHERS
XWE AND Y ON XWE PARASTIN
احمِ نفسك والآخرين
ALWAYS WEAR MASK
HERDEM MASKÊ BIKIN
ارتدِ القناع دائمًا
SANITIZE YOUR HANDS
DESTÊN XWE PAQIJ BIKIN
عقم يديك

Human Applications Report Recommendations			
#	Recommendation	Progress	Status
Health and Safety			
1.1	We recommend assurance of: 1. Covid-19 risk assessment 2. Fire procedures 3. Legionella management. The auditors will require training and support to add these to the audit, but we estimate that only limited time will be required.	Work is underway with Human Applications and Home Office Improvement teams to expand the remit of the Home Office inspection team to cover Fire & Legionalla Risk Assessment checks as standard as well as to develop a new tool to be used on future inspections. Regular checks on IA are made once each quarter and these will now include sight of Fire & Legionalla Risk Assessments. Assurance has been sought and completed from all Providers that all Legionella and Fire Risk Assessments are in place at hotels, with ongoing spot checking.	Open
1.2	We recommend that an audit process is implemented as soon as is reasonably practicable to provide assurance that documentation, fire and legionella is being managed at each IA.		
1.3	In line with 9.1.1, we recommend that the Home Office considers further development of the audit tool used in this project to produce a virtual tool (e.g. on a handheld device) that will allow auditors to undertake a Covid-19 health and safety audit in future.		
2.1	Our audits revealed significant problems in the management of fire and legionella risks. These need to be addressed immediately. We recommend that the Home Office seeks assurance from all Service Providers that fire and legionella risks are being proportionately managed and that all accommodation provided to Asylum Seekers meets the statutory requirements. As a minimum, we recommend that the Home Office dip sample accommodation to check that the desired standards are being met. If Service Providers continue to fall below acceptable standards, we recommend that the Home Office begins an escalation process, as the contractor will not be meeting its statutory requirements.		
1.4	We recommend that health and safety issues are included within the strategic risk plan and that the Home Office seeks assurance from the Service Providers about those issues detailed above (documentation, fire and legionella). In addition, that the Service Providers have appropriate and tested Covid-19 outbreak management plans.	Providers have been advised to include health and safety in the risk management process which forms part of CMG. We have immediately taken action to ensure that every contingency site has up to date fire and legionella risk assessments in place and have reviewed provider outbreak plans.	Completed
2.2	We recommend that the Home Office works with the Service Providers to agree a single approach to documenting the significant findings from a risk assessment. The Home Office should not tell Service Providers how to conduct risk assessments but should expect that every accommodation meets its legal obligations to show that it has an effective risk management process. As a minimum, the accommodation must have a suitable and sufficient risk assessment that is either written or virtual, that is up to date and reflects local concerns. Controls to manage risk must be clearly identified and assurance that those controls are in place and effective must be evidenced. We recommend that the Home Office seeks assurance from the Service Providers that documentation to demonstrate legal compliance is available at all sites. The Home Office should dip sample to check that Service Providers are meeting this requirement.	A review will be undertaken to understand Provider risk assessment processes and ensure current risk assessments are fit for purpose. This will form a regular part of future contract governance.	Open
3.2	We recommend that the stakeholders work together to adopt a transparent and appropriate approach to the management of Covid-19 risk as well as managing wider health and safety issues.	These recommendations have been raised at CMG meetings and Providers have implemented changes, where appropriate to cleaning regimes, as set out by Human Applications. Each Provider has reviewed their outbreak plans and adpated where appropriate.	Open
2.3	We recommend the Service Providers review their approach to cleaning to ensure that it is fit for purpose particularly when managing rooms or environments used by anyone who has tested positive for Covid-19.		
3.4	We recommend that the management of shared facilities particularly around cleaning and appropriate behaviours is improved. We recommend that PHE is asked to review its definition of what a household is, to allow sensible risk management decisions to be taken based on the particular circumstances of each IA.		
3.7	We recommend that there is an improvement in the management of Covid-19 outbreaks. We recommend that there is an improvement in terms of handling, storage and how housekeeping/cleaners are trained. Also, we recommend that there is a plan defining how stakeholders relate and support those with Covid-19. We recommend that outbreak plans are localised, and the role of different stakeholders is cleared defined.		
Safeguarding and Wellbeing			
3.5	We recommend that there is a joint approach to the management of wellbeing risk. There must be a balanced approach to the wellbeing of Asylum Seekers versus the increased Covid-19 risk. We recommend that a wellbeing strategy is developed to include both Asylum Seekers and employees at the various locations. We recommend that there is a strategy to improve the agency of Asylum Seekers and providing them with a greater locus of control.	Providers are engaging heavily with LA's and statutory colleagues; through Multi Agency Forums for each site to discuss wellbeing and what more can be done to support Service Users at specific sites.	Ongoing
3.6	We recommend that a plan is developed to ensure that female specific needs are appropriately managed.	Formally raised with Providers at CMG and being monitored through inspection activity.	Completed
3.9	We recommend that stakeholders agree a consistent approach to supporting those with mental health issues including identifying and supporting those who have problems. We recommend that this includes both Asylum Seekers and colleagues working with them. We recognise that the various parties (Service Providers, Third Sector, Local Authorities, etc.) will all have different approaches and materials and we recommend the sharing of best practice to develop an integrated response to the issue.	Providers are engaging heavily with LA's and statutory colleagues; through Multi Agency Forums for each site to discuss wellbeing and what more can be done to support Service Users at specific sites.	Ongoing
2.5	Employers and sub-contractors will be dealing with an increased exposure to stressors that might lie outside their expertise. We recommend that the Service Providers actively engage with colleagues to support their wellbeing e.g. through promotion and access to Employee Assistance Programmes; through providing access to mental health first aiders.	Has been formally raised as part of CMG. Providers are now working with individual hotel owners to ensure that all staff are appropriately trained.	Completed
3.12	We recommend that a system is established to enable Asylum Seekers whose health deteriorates to raise the alarm without leaving their rooms and risking contamination. We recommend a system is agreed to ensure that those in isolation have access to some sort of support (we recommend the most practical way to provide this would be through phones).	Providers are employing methods to raise the alarm without leaving rooms, wherever this is practicable based upon the site layout and location.	Ongoing
2.6	We recommend that the Home Office explores the decisions that are preventing better support, especially from Pembrokeshire Offerings, and seeks to resolve at least this one challenge for Penally Camp. Some of the management of Covid-19 that is in place at Napier Barracks may be transferrable here, including the potential to widen "households" to allow easier management of shared spaces. We recommend that there is a collaborative exercise between the two ex-military sites.	CRH are working to share best practice accross both MOD sites and MAF's are in place to ensure that the local community and LA's can support where appropriate.	Completed
3.8	Asylum Seekers may need to access non-essential items such as cigarettes and sweets as well as toys for children. To increase agency and locus of control, we recommend that a consistent strategy is adopted to meeting this need. This will support improved wellbeing and may address inappropriate behaviours increasing Covid-19 risk (e.g. through illegal work or criminal activity).	Ministerial agreement for an incidental payment to SU's in receipt of S95.	Completed
3.10	We recommend that a definition of a long-stay Asylum Seeker is agreed (we recognise that this might be vague and a challenge). We recommend that procedures are put in place to support long-stay Asylum Seekers and recognise that their behaviours with respect to Covid19 controls might be challenging. We recommend investigating whether long-stay Asylum Seekers can be trained as Covid-19 ambassadors, explaining what is happening to new intakes.	Discussions ongoing with policy colleagues.	Ongoing
Communications and Engagement			
3.1	We recommend that a better communication strategy is developed. In part this will involve the Home Office working with Service Providers to deliver a more effective risk management system. At a local level it will involve Service Provider representatives working with Third Sector and Asylum Seeker representatives to ensure that key messages are landing. We recommend that there is effective communication with Asylum Seekers in terms of: 1. Identifying Covid-19 symptoms 2. Reporting and dealing with Covid-19 symptoms 3. The effect of being diagnosed with Covid-19 on their application 4. The importance of appropriate behaviours if diagnosed or there is a need to isolate	All Providers are working through Local MAF's to ensure that communication around COVID is appropriate, up to date and consistent. This feeds directly into Provider communications and reinforcing behaviours.	Completed
3.3	We reviewed the literature that we received from the Service Providers; we also reviewed arrangements during the site visits and received considerable feedback from stakeholders. We make two recommendations: 1. Service Providers ensure that additional language relevant materials are available for Asylum Seekers 2. There is an increased use of pictograms for those with literacy problems The Home Office can examine and test against an agreed standard.	Linked to recommendation 4. Providers are adopting best practice around greater use of pictograms and additoinal translations.	Ongoing
2.4	We recommend that the Home Office asks the Service Providers to establish a Primary Authority relationship with a single Local Authority. This will improve the assurance process for both the Home Office and the Service Provider. The response to the Covid-19 pandemic has created confusion amongst individuals and organisations. Whilst the use of a Primary Authority will not solve the issue of multiple tiers, it will create a framework that makes consistent compliance more achievable.	Work is underway with providers on establishing these links.	Ongoing
3.11	We recognise the importance of role modelling Covid-19 controls and recommend that all stakeholders continue to role model best practice and recognise that they are key components in ensuring compliance.	Feeback provided to all Provider staff on role modelling COVID controls and being observed through HO inspections.	Completed
Best Practice			
4	We recommend that: 1. Signage uses pictograms and few words. 2. A one-way system is used for collecting food during mealtimes where each food element was served in a logical order 3. That public toilets are fully assessed. Assessment should include occupancy, extra paper towels for hand drying, extra bins, hourly cleaning (high tough areas), signage 4. Directional signage is provided on 2-way stair wells (this needs to be supported with information on the expected behaviour in the induction) 5. Fogging is used on soft furnishings in communal areas every 2/3 hours (where they have not been taken out of use) 6. Refuse bins are emptied in communal areas at the start and end of day, as well as after every meal service regardless of fill level 7. Cleaning is undertaken of high touch points once every hour, completed by cleaners when on shift and then taken over by the other hotel staff for their departmental areas. For example, reception would clean their areas every hour and the back-office team would look after their areas (resource intensive) 8. Cleaning station with all of the relevant materials are positioned by every piece of shared equipment (hotel back office example) 9. Rooms are left for 72 hours before deep cleaning, including fogging prior to being reoccupied 10. Housekeeping have access to disposable paper suits (with donning & doffing instruction) for cleaning and managing linen for an asylum seeker room post Covid19 positive 11. The cohorting approach taken at Napier Barracks is used (when applicable for IAs that have shared facilities, recognising that it might not necessarily map over directly) 12. Chaperoning is used for smokers who are self-isolating (we recognise that this is resource intensive) 13. Support is provided to shielding asylum seekers ensuring they get fresh air and exercise by housing them in IAs that have large private grounds (typically a car park) and chaperoning them through the IA to a quiet entrance/exit at less busy times e.g. meal times, when most asylum seekers are eating in their rooms) (resource intensive) 14. Education and entertainment programmes are established (lockdown permitting) using the support of local and national charities (3rd sectors).	Ongoing, we have asked our providers to adopt this best practice wherever possible and will monitor through HO inspections.	Ongoing