

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

## Summary Report of a Healthwatch Reading project, November 2020

**Who:** We interviewed 43 asylum seekers/refugees all placed in the same Reading hotel. They had come from 19 different countries and spoke at least 16 different languages. Some had babies or school-age children with them.

**When:** We met the people on July 24, August 14 and 28 and September 25 2020.

**Why?** We became aware that around 80 asylum seekers had been placed by the Home Office into a local hotel in March 2020 as part of the pandemic response. We wanted to check their health and wellbeing needs were being met, their rights were being upheld and to give them a voice. (We have not named the hotel, after right-wing extremists targeted asylum seekers staying in hotels in other parts of the UK).

**How:** We advertised our visits with posters in different languages and met people at a social distance, wearing masks and visors, inside the hotel.

### **Main findings:**

- Many of the people had been living in the hotel since March, after being moved by the Home Office from accommodation in 8 other UK cities or towns, mainly London
- They were mostly experiencing dental, pain, insomnia or mental health problems
- Being moved from other parts of the UK had sometimes caused unsafe breaks in usual medication or ongoing treatment e.g. insulin (see case studies, page 2)
- A Home Office weekly allowance had been stopped for some, preventing them from buying over-the-counter medication, preferred food, and mobile phone credit
- A mass registration exercise with a local GP surgery only took place approximately 16 weeks after first arrival, but 57% are believed to still not be signed up with a local GP
- Their rights to free NHS prescriptions and dental care had been delayed in many cases
- We believe local and national agencies have not liaised well to meet people's needs
- Information-sharing between statutory services had been delayed or inadequate, preventing full understanding on who had arrived and left the hotel, and their needs
- Local charities have been filling the gaps to provide support, visits, advice, advocacy and interpretation. Hotel staff also unofficially provide pastoral care.

**Case studies:** see page two of this report.

**We are calling for a better, joined-up approach to meeting the people's needs.** We will share our findings with the Home Office, NHS England, Department of Health and Social Care (via Healthwatch England), Reading's two MPs, Reading Borough Council, Reading Health and Wellbeing Board, and Berkshire West Clinical Commissioning Group. A longer report of our project will follow in due course.

### Case study 1

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

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

HWR is concerned that Mohammed's move to the hotel, the delay in getting help to register with a local GP, and lack of information-sharing about his ongoing health needs, had endangered his health.

### Case study 2

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

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

We raised Farzad's issues and were told they would be brought up with NHS England, which oversees all NHS dental care. We have also been told that NHS dentists in Reading can get interpreters via Reading Borough Council (as some appeared not to know this).

### Case study 3

Nyadeng\*, a woman in her 30s, is originally from Sudan and arrived at the hotel from Kent. She had limited English and no mobile phone to enable communication. Before being moved to Reading, Nyadeng had been diagnosed with a medical condition which required lengthy and complex treatment and considerable input from a team of health professionals. She also had diabetes. Her move to the hotel posed a risk to the continuity of her healthcare. The clinic that initiated her complex treatment had contacted a local health professional, who visited Nyadeng at the Reading hotel. During this visit, the health professional found she had not been registered with a local GP and needed to be taken straight to hospital to be assessed. Nyadeng also had run out of needles to administer insulin and had no way of checking her blood sugar. The same health professional carried out a follow-up visit three days later and found she still did not have a GP or prescription. HWR escalated the health professional's concerns to a group of local and national agencies responsible for overseeing the hotel.

*\* Names and identifying details have been changed.*