¹ The BMJ

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Asylum inquiry calls for a fairer, more humane, and health centred asylum system

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We are members of the Independent Commission of Inquiry into Asylum Provision in Scotland (the Inquiry), set up to examine the circumstances and lessons related to a tragic set of events in Glasgow in the early months of covid-19, which led to a suspected suicide, the stabbings of six people, and a fatal police shooting.¹ The so-called Park Inn tragedy unfolded following the rapid move in April 2020 of 321 asylum seekers in Glasgow from their homes into hotel accommodation. The Inquiry was commissioned by Refugees for Justice and chaired by Baroness Helena Kennedy KC. Over the past few months we have heard direct testimony and gathered evidence from public sources and written submissions to examine the decisions that led up to the Park Inn tragedy and provide recommendations to improve provision of asylum accommodation and support in the UK. Our final report was published on 11 November 2022.²

Recognising that people seeking asylum are seeking protection and safety—which is a legal entitlement and a protected human right—our report concludes that the asylum system in the UK needs a complete overhaul. The Park Inn tragedy was avoidable. The findings of our report suggest nothing short of a humanitarian crisis in the UK. We call on health professionals to raise awareness and demand a fairer, more humane, and health centred asylum system.

The Inquiry found that the asylum system takes resilient resourceful people and breaks them. Even before the Park Inn tragedy, the minister for Safe and Legal Migration, Kevin Foster, said the UK asylum system was "broken."³ What we learned is that the asylum system is also incompetent, confused, chaotic, and cruel.

In early 2020, many of the asylum seekers in Glasgow were housed and well integrated in communities with neighbours and social ties, and then suddenly moved with little notice and no induction into their new location. We did not find evidence that public health expertise or consultations were used to inform the plans for moving asylum seekers. Nor does there seem to have been any health assessments done as part of the basic vulnerability assessment that the private housing contractor said they performed before the moves to hotel accommodation. We saw no evidence that asylum seekers or relevant civil society groups were consulted about the appropriateness of the moves. Worse, the sudden moves were traumatising or retraumatising for individuals who had fled situations of persecution or violence, and had overcome great odds to arrive and seek asylum in the UK.

The living conditions at the hotel were poor and inadequate for physical distancing, exercise, and

social support, all prerequisites for sound management of covid-19. Many of the asylum seekers we heard from said their community based self-contained flats provided better conditions under which to adhere to public health advice including lockdown and distancing. Worse, asylum seekers housed in the hotels did not receive any financial support, and many said they were left without access to the internet, mobile phones, translation services, and basic provisions like menstrual products, toiletries, and medicines. When covid-19 lockdown ended, a lack of money prevented access to public transport and means to attend appointments with solicitors and doctors. The charity contracted to provide support to the asylum seekers was consistently criticised in the testimony we heard; it was said to be often unresponsive, uncompassionate, and incompetent. Our report details the problems we learned about private provision of support and assistance for people seeking asylum. It has been separately reported that Badreddin Abdalla Adam, housed in the hotel, had sought help 72 times due to his deteriorating mental health before stabbing six people and being shot dead by police outside the Park Inn.⁴

Mental health concerns were experienced by many asylum seekers in the hotels. The isolation, lack of control, unfamiliar surroundings, language difficulties, mistreatment by staff of the private contractors, social adjustments, and fear about the future negatively impacted their mental health, witnesses said. Our report details how the crowded, poor quality hotel settings and inadequate nutrition harmed mood, feelings of wellbeing, sleep, fitness, and caused disruption to regular medical care. Many asylum seekers described feeling hopeless, isolated, and disregarded. None said that their health needs were met. The evidence we heard suggests that the Home Office and its private contractors failed to adequately safeguard individuals in their care. One witness said that being moved into hotel accommodation during covid-19 meant: "we weren't wanted anyways, so they put us there to die."

Hotel staff were also harmed by decisions to accommodate asylum seekers in hotels, as were some private housing managers, since they bore a burden of caring and crisis management that they were ill prepared and not trained for. It was also apparent that large gaps in competencies, services, and compassion for the asylum seekers had to be filled by Glasgow's charity sector. We heard many stories of caring and the kindness of charity workers and volunteers who brought meals or other provisions to the hotels, and of the work of activists demanding better treatment and recognition of the asylum seekers in hotels. It is inadequate, irresponsible, and unsustainable for the Home Office to lean so heavily on the voluntary sector.

Two years after the events in Glasgow, many of the factors shaping the Park Inn tragedy remain in place, and as our report lays out, the asylum system is deteriorating. Hotels are being used on an wide scale to accommodate people seeking asylum and refugees. Vulnerable people are being moved multiple times, with little or no notice, and untethered to community and services. Concerns about mistreatment from private contractors remain, as does the lack of basic provision of health and financial resources, health and vulnerability assessments, and access to healthcare support. An investigation published in May 2022 reported that at least 82 asylum seekers in Home Office housing have died since January 2020; 17 by suicide or suspected suicide between 2016 and 2022.⁵⁶ We believe the lack of adequate accommodation and support, including financial provisions and ability to work, will exacerbate the health and welfare needs of people seeking asylum, increasing costs to local health services. Worse, this may create the conditions for another terrible tragedy.

We do not consider it hyperbole to describe having tens of thousands of people who have fled violence or persecution being "dumped" in hotels without adequate care and support as a humanitarian crisis. We call on health professionals across the UK to demand change and advocate for a more humane asylum system, one that puts health and wellbeing at the centre.

Competing interests: none declared

Panel Members: Ishmail Yambasu, human rights activist; Tandy Nicole, mental health nurse and CBT specialist, University of Stirling; Menesia Keister, entrepreneur, nurse, and media trainer; Helena Kennedy KC, Baroness of The Shaws and Chair of Panel; Debora Kayembe, rector, University of Edinburgh; Jocalyn Clark, international editor, The BMJ and honorary associate professor, UCL Institute for Global Health; Graham Caie, dean of faculties, University of Glasgow

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- 1 Asylum Inquiry Scotland. https://www.asyluminquiryscotland.com/
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- ³ Independent Commission of Inquiry into Asylum Provision in Scotland with particular reference to failings in the provision of care to New Scots during the Covid pandemic: Part one report, June 2022. Available at https://www.asyluminquiryscotland.com/
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- 5 Hunter K. Asylum seeker made 72 calls before hotel stabbings. BBC news. https://www.bbc.co.uk/news/uk-scotland-61073494
- 6 The Guardian. Revealed: dozens of vulnerable asylum seekers have died in Home Office housing since 2020 https://www.theguardian.com/uk-news/2022/jun/25/asylum-seekers-deaths-homeoffice-housing-data