

user input into menus, which had the effect of diffusing issues with food and creating a more collaborative environment.

- 9.18** Inspectors noted that, when catering for a large and diverse group of people, it would be difficult to please everyone. Of course, the problems around food provision are exacerbated when service users are accommodated for long periods in contingency accommodation. This was recognised by Home Office staff, with an ASC senior manager telling inspectors that food was “not a short-term issue, but if people are accommodated longer it becomes a problem”.

Families with children

- 9.19** Third sector organisations raised concerns around food provision for families with children accommodated in contingency asylum accommodation.

- 9.20** One response to the ‘call for evidence’ stated:

“Children living in hotels where there are no cooking facilities, and are given food instead, are reporting being given small amounts of unhealthy food unsuitable for small children. This is a risk to health.”

- 9.21** Another said:

“Women with babies have not been given items to meet the needs of their children and we have had to refer to food banks and baby banks. We have also heard from several parents that their children are particularly struggling with the food – everyone is given the same and children are finding it hard to adjust to unfamiliar food, as well as to meals that are overly spicy.”

- 9.22** And another:

“Many of our patients, children and adults, are suffering from poor diet and nutrition in the hotel. We are seeing a number of health conditions in this patient group which can be directly attributed to poor nutrition such as new presentations of type 2 diabetes in young patients, poorly controlled type 1 and type 2 diabetes resulting in hospital admissions for diabetic ketoacidosis, a high number of cases of constipation compared to what is usually seen in general practice, failure to thrive and weight loss in babies and young children, obesity and raised BMI, pre-diabetes and impact on mental wellbeing, iron deficiency anaemia, B12 and Folate deficiencies, Vitamin D deficiencies. Food is often high in carbohydrate and low in vitamin content such as chips and potatoes and is rarely culturally appropriate (although halal ingredients are used to our knowledge). Particularly for children new to the country this poses difficulty for mothers both in getting their children to eat such unfamiliar food but also because the food itself is leading to constipation and vitamin deficiencies. Many of the patients report they are unable to eat the food that is provided and that they are often going hungry unless charities step in with food parcels.”

- 9.23** ASC-A assurance officers appeared to agree with the sentiments expressed above, with one telling inspectors that only “self-catered apartments” were appropriate for families with children, and another said that accommodation is only appropriate where “the issue of food is taken off the table”.

9.24 During accommodation site visits, inspectors saw some evidence of alternative menus being offered for children or families. Inspectors also saw evidence of more general provisions for children, including the provision of baby milk, which is covered further in section 10.

Length of stay

- 9.25** Alongside food provision, length of stay in contingency asylum accommodation appeared to be a key issue affecting service user experience, with third sector stakeholders highlighting it as a key issue. One told inspectors that being accommodated in a contingency site is a “liminal existence, you have no agency” adding that a service user’s “entire life is in the hands of somebody else. The Home Office is distant, inaccessible and won’t give updates on what is going on – there is uncertainty on how long things will take”.
- 9.26** Another told inspectors that the biggest challenge facing service users was “never knowing how long they will be in it [contingency accommodation site]”.
- 9.27** When inspectors visited sites and spoke to accommodation staff, the same issues were raised. Many accommodation staff said that the issue most frequently raised by service users was how long they would be staying at a site. This was not a question that provider staff could answer, leading to frustrations for service users and provider staff. Staff at one site told inspectors that the most common issue they encountered was service users asking “how long they are going to stay in accommodation – we get asked this a lot but can’t answer”.
- 9.28** At another site, inspectors heard that service users were “worried about how long they will be in hotels”, adding that “being in a hotel is not normal life”.
- 9.29** Senior accommodation provider managers echoed this view. One told inspectors that the mental health of service users was being affected by the long stays in hotels. Another told inspectors that their first concern was the appropriateness of hotels for long-term use, adding that “they are not suitable for more than three months, especially for families”.
- 9.30** This challenge was appreciated by the Home Office. A senior ASC manager told inspectors that the most common concern raised by service users was length of stay. There was a general acceptance by Home Office staff that accommodation in hotels for prolonged periods was unsuitable.
- 9.31** Inspectors noted that the length of time that some service users had spent in contingency asylum accommodation was impacted by the COVID-19 pandemic and the associated restrictions. After March 2020, the Home Office and accommodation providers were unable to move people out of hotels for long periods of time. Once restrictions were lifted, the backlog, increased intake, and lack of Dispersed Accommodation meant that progress in exiting hotels continued to be slow.
- 9.32** There are obvious challenges to moving service users out of contingency asylum accommodation. But inspectors noted that stakeholders, accommodation providers and Home Office staff all expressed concerns about the suitability of hotel accommodation for extended stays. One senior manager in ASC told inspectors that “The problem isn’t with the place the people are in, it’s that we have to use hotels and it takes longer than it should to move them on”.