

Housing, health and hope: Experiences of living in and moving on from asylum accommodation

Healthwatch Southwark
April 2026



Content warning: This report contains discussion of sensitive and potentially distressing topics. These include experiences of homelessness, food insecurity, discrimination, and other challenges associated with the asylum process. Please take care when reading and consider accessing support if you are affected by the themes in this report.

Contact Healthwatch Southwark at info@healthwatchsouthwark.org for help finding support services.

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1. Executive Summary

This project examines the health impacts of living in and moving on from Home Office asylum accommodation for newly recognised refugees. It is prompted by evidence that the move-on period represents a time of heightened housing insecurity, alongside growing recognition of housing as a key determinant of physical and mental health.

The research explored lived experiences of people who had recently moved, or are expecting to move, out of asylum accommodation after receiving a decision on their asylum claim. It involved workshops with refugees and asylum seekers, as well as interviews with staff and volunteers from voluntary and community sector (VCS) organisations and health services. In total, 30 people with lived experience and 11 people who work with them participated. Engagement was delivered in nine languages with interpreter support.

Findings show that the move-on period is widely experienced as highly stressful and destabilising. Short notice periods, lack of timely and accessible information, and limited affordable housing in Southwark place many people at high risk of homelessness, particularly single adults without dependants. Even participants who are not affected by digital, literacy or language barriers struggled to secure housing after receiving refugee status. Experiences of street homelessness and unsuitable accommodation were linked to deterioration in mental and long-term physical health, as well as increased safeguarding risks.

Participants highlighted that poor conditions in asylum accommodation, such as overcrowding, unsuitable food and unmet care needs, have lasting effects on health. Relocation out of borough often disrupts access to healthcare, education, social networks and VCS support, increasing isolation and undermining continuity of care. Many felt unprepared for the move-on process and struggled to navigate housing, healthcare, benefits and employment systems, contributing to increased risk of homelessness and worsening health.

VCS organisations were identified as the most trusted and effective source of support, providing multilingual practical assistance and community connection. Volunteering was described as providing purpose that supports mental wellbeing, particularly during the asylum period when paid employment is not allowed. However, heavy reliance on an under-resourced VCS, combined with gaps in statutory provision and limited communication between services, leaves many without support at critical points. Participants emphasised that secure accommodation is the foundation for health, wellbeing and integration.

The findings inform a set of recommendations outlined in Section 4, focused on improving access to information, preventing homelessness among single adults, ensuring continuity of healthcare, strengthening housing standards, and investing in community-based support.

1.1. Summary of Recommendations

This report makes recommendations to improve health and wellbeing for refugees moving on from asylum accommodation in Southwark. These focus on improving support within asylum accommodation and during the move-on period, as well as addressing longer-term housing and health inequalities.

This section provides a condensed overview of the report's recommendations. The complete list can be found in section four.

- **Improve conditions and support in asylum accommodation**
Ensure access to nutritious and culturally appropriate food, adequate space and clear mechanisms for reporting poor living conditions.
- **Strengthen access to healthcare**
Reduce barriers to primary care by improving access to interpreters, promoting information about rights to healthcare, and ensuring continuity of care during moves out of borough and periods of housing instability.
- **Early information about the move-on process**

Provide clear, multilingual information about the move-on process, including accessing benefits and housing, and expand in-reach support within asylum accommodation.

- **Prevent homelessness and improve access to housing**
Increase targeted support for newly recognised refugees, strengthen access to the private rented sector, and improve awareness and enforcement of tenants' rights.
- **Improve coordination across services**
Strengthen communication between housing, health and voluntary sector organisations to ensure more joined-up support.
- **Invest in the voluntary and community sector**
Provide sustainable, long-term funding for organisations delivering frontline services to refugees and asylum seekers.
- **Address wider determinants of health**
Improve access to mental health support, legal advice, education and employment services to support longer-term stability and wellbeing.

2. Introduction

Asylum seekers are typically housed in asylum accommodation provided by the Home Office while awaiting a decision on their claim. Asylum accommodation is allocated on a no-choice basis and includes initial accommodation centres (IACs) and, increasingly, contingency accommodation such as hotels. During this time, asylum seekers are entitled to free healthcare¹ and may study or volunteer, but they are not permitted to undertake paid employment. If a person is granted refugee status, they will receive notice to leave asylum accommodation within 28 days.² This report seeks to highlight the experiences of individuals navigating this transition period.

The move-on period presents significant challenges that can have serious implications for health and wellbeing. Navigating complex immigration, benefits, education, housing and health systems within a short timeframe can be overwhelming, often creating high levels of stress and leaving individuals at risk of homelessness. This transition follows the asylum period, which can itself be highly precarious, with negative impacts on health and wellbeing.

This research draws on the lived experiences of refugees and asylum seekers before and during this transition. It particularly explores the health impacts of moving on from asylum accommodation, identifies gaps in existing support, and offers recommendations to make the process safer, healthier, and more conducive to long-term integration.

2.1. Background research

Housing insecurity and substandard living conditions are associated with increased stress, poorer physical and mental health outcomes, and greater

¹ All refugees and asylum seekers with an active application or appeal (i.e. people who are awaiting a decision on their asylum claim) can access the full range of primary and secondary care services free of charge in any nation of the UK.

²The notice period starts from the date a positive asylum decision or discontinuation letter (eviction notice) is issued, whichever is sooner (Homeless Link 2026).

use of emergency healthcare services (Impact on Urban Health 2025). As a result, unsuitable housing is increasingly recognised as a critical public health issue by statutory services, academic institutions, and the charity sector (Marmot 2010; Department of Health and Social Care 2024; South East London Integrated Care System 2024; London Assembly 2024; London School of Economics 2023; Groundswell 2023; Medact 2025; Shelter 2023).

Local engagement highlights housing as a key health issue in Southwark. Housing was raised as a top concern by over 50% of participants during Healthwatch Southwark's Listening Tour 2024 and Southwark's Community Health Ambassadors network flagged housing as a key contributor to poor health among residents.

Southwark has the second highest number of households living in temporary accommodation in the UK and numbers continue to rise (Southwark Council 2025). Despite high levels of need, residents in temporary accommodation often face barriers to accessing health and support services, including language barriers, digital exclusion, and stigma (Southwark Council 2025). For people living in temporary asylum accommodation, these barriers are compounded by lack of clarity around healthcare entitlements and frequent relocation disrupting continuity of care (IVAR 2025).

Much of the existing research on temporary accommodation focuses on families with children, highlighting negative effects on children's health, development, and education (Shelter 2004; Trust for London 2024; Impact on Urban Health 2025; House of Commons 2025). There has been significantly less work focusing on the experiences of single adults.

The use of contingency accommodation such as hotels to house asylum seekers has increased significantly since the COVID-19 pandemic (Migration Observatory 2025). Between 2014 and 2023, the number of asylum seekers receiving accommodation support grew from 28,300 to 119,000 people (Migrant Observatory 2025). Nearly two-thirds of the increase in people receiving asylum accommodation was made up of people moving into

contingency accommodation, primarily hotels (Migration Observatory 2025).

As a Borough of Sanctuary, Southwark hosts the highest number of asylum seekers in southeast London and has the third highest number of refugees in London (Southwark Council 2024). Between 2019 and 2022, the number of asylum seekers in Southwark increased from 100 to 2000 (Southwark Council 2024). Limited housing availability means that many refugees experience ongoing housing insecurity following the transition from Home Office asylum accommodation, including moves out of borough and prolonged stays in temporary or poor-quality housing (Southwark Council 2023). Research indicates that the transition from Home Office support to mainstream benefits represents a period of heightened vulnerability, associated with increased risk of homelessness and destitution (UNHCR 2021; British Red Cross 2018).

This research aims to contribute to work supporting refugees and asylum seekers, by highlighting the health impacts of the transition from asylum accommodation to mainstream support, particularly for single adults.

2.2 Aims

This project aims to explore the lived experiences of refugees and asylum seekers who have moved on or will be moving on from Home Office asylum accommodation, and to understand their views on mitigating related health impacts.

Our objectives are to:

- Engage with refugees and asylum seekers and provide a platform for them to share their experiences
- Understand how the transition from Home Office asylum accommodation impacts residents' health, and identify support that could reduce negative health impacts

- Co-produce recommendations and share them with decision makers, to inform actions to mitigate health impacts associated with the asylum period and move-on process

This project was co-designed and reviewed by a steering group of stakeholders including people with lived experience, statutory partners, Community Health Ambassadors and VCS representatives.

2.3 Methodology

Participant Criteria

This research focuses on refugees and asylum seekers who are about to leave or have left asylum accommodation after receiving a decision on their claim. We were particularly keen to speak to single adults who do not have dependants. Sixty percent of our participants identified as single adults.

To be eligible to participate in this study, individuals had to be aged 18 and above and must have lived in Southwark at some point during their housing journey.

We also interviewed staff and volunteers from organisations that support these groups, including VCS groups and healthcare professionals.

Recruitment and Compensation

Participants were recruited by VCS partner organisations, promoting among their service users, networks, and in local asylum accommodation. Participants were given £25 vouchers, as well as signposting to services including legal advice, and mental health and wellbeing support.

Lived Experience Workshops

We partnered with five VCS organisations that support refugees and asylum seekers to deliver lived experience workshops with their service users. The partner organisations were:

- Latin Ageing UK
- Panjshir Aid
- Southwark Day Centre for Asylum Seekers
- Southwark Refugee Communities Forum
- Waterloo Community Counselling

The workshops used a guided journey-mapping approach, combining one-to-one interviews with a loosely structured timeline exercise. Participants shared their housing and health-related experiences since arriving in the UK. They could choose to draw, write, or talk to an interviewer, generating visual and descriptive qualitative data.

We engaged with 30 participants using nine languages. Multilingual participation was supported by Clearview interpreters, Community Health Ambassadors, VCS staff and volunteers, and digital translation tools.

Staff and volunteer Interviews

We conducted 11 one-to-one, semi-structured interviews with staff and volunteers. Interviewees represented a range of services, including housing advice, wellbeing support, emergency accommodation, health navigation, and primary healthcare. Some interviewees also had lived experience of the asylum process. These interviews confirmed that insights gathered from our lived experience participants were largely typical of the wider asylum seeker and refugee population.

The following VCS organisations took part in interviews: Kineara, Latin Ageing UK, Panjshir Aid, Robes, Southwark Group of Tenants' Organisation, Southwark Refugee Communities Forum, The Manna Society, and Waterloo Community Counselling.

Data collection took place between October and December 2025.

2.4 Analysis

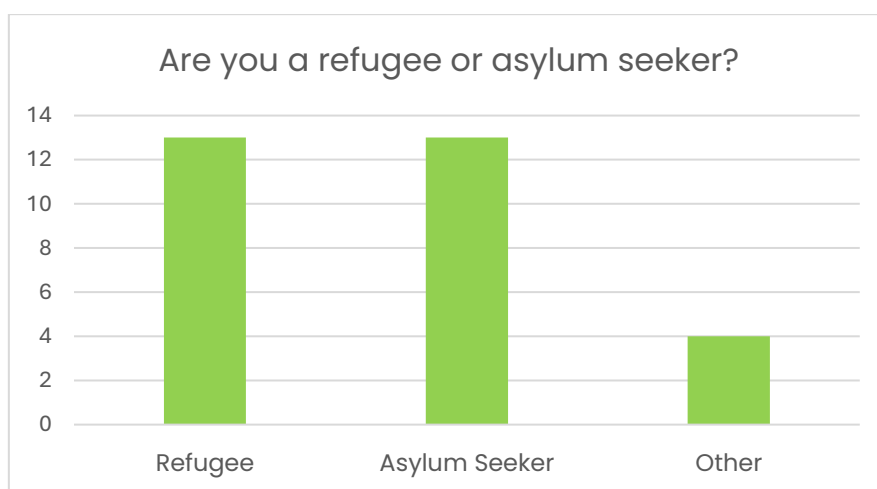
We used thematic analysis to process our qualitative data, focusing on how people described their experiences and what this revealed about housing and health systems. We took an inductive approach to let the data shape our themes.

The data was coded to describe expressed ideas, then codes were grouped to form broader themes. These themes were reviewed across the dataset to ensure they provide comprehensive and accurate representations of recurring issues and key ideas.

Preliminary findings were shared with the steering group for review, to test the salience of these themes.

2.5 Challenges

We experienced challenges engaging refugees who had already moved on from Home Office accommodation, as they are often relocated out of borough and lose contact with local services. To address this, we adapted our questions to include asylum seekers still living in hotels, exploring their understanding of the upcoming transition. This research included an equal number of asylum seekers who were still living in asylum accommodation (12 individuals), and refugees who had completed the move-on process (12 individuals). Four participants described their migrant status as 'Other.'



Participants had diverse communication needs and preferences, requiring differing levels of support. This made it challenging to use a uniform methodology. Recruiting most participants through VCS partners helped us plan effectively for their needs. We adopted a flexible facilitation approach, offering one-to-one support, interpreters, and written multilingual guidance to enable participants to engage at their own pace. Existing trusted relationships between participants and partner organisations also helped to encourage engagement.

3. Findings

We set out to address the following research questions:

1. How does the transition out of Home Office asylum accommodation affect residents' health and wellbeing?
2. What support do residents currently receive during this transition, and where are the gaps?
3. What ideas or recommendations do residents have for making this transition healthier, safer, and more manageable?

3.1. Living in asylum accommodation

While our research questions focus on moving on from asylum accommodation, many participants stressed that their time living in these environments had ongoing effects on their health and wellbeing after leaving. This section provides context on the conditions of asylum accommodation, and demonstrates the long-term impacts of unsuitable provision during the asylum period.

Key Issues

- **Food.** All participants emphasised that the food served in asylum accommodation was of poor quality and did not meet their cultural needs. Some experienced restricted access to food, stating that meals and snacks were only available at set times and missing these meant they did not eat, as they could not afford to buy food and did

not have access to cooking facilities. Several participants explained this limited their ability to engage with services outside of their hotels, including activities led by the VCS.

- **Living conditions.** Participants reported overcrowding, pests (including bedbugs, cockroaches, and mice), uncomfortable beds, curfews, frequent relocations between rooms or hotels, and safety concerns. Lack of space for respite heightened the mental health impacts of overcrowded rooms, particularly for families with children and single adults sharing rooms with strangers.
- **Employment restrictions.** Several participants explained that being unable to work as an asylum seeker negatively affected their mental health. Participants stated they could not afford public transport, limiting their ability to engage with services. Participants struggled to access information about employment and training while awaiting a decision on their asylum status; they felt this information would have made the transition into work as newly-recognised refugees easier. Some believed that prolonged unemployment affected their ability to secure housing and live independently after receiving refugee status.
- **Lack of information.** Uncertainty around migration status, entitlements, and the asylum process result in a high level of stress. Most participants had limited understanding of British systems, including housing, health, benefits, employment, and education, and did not know what would happen after they received a decision on their asylum status. They struggled to find information due to language barriers, digital access and not knowing where to go for support. Several participants felt unable to report issues with the conditions of their asylum accommodation, as they feared they would be evicted.



“The issues I had were stress, language barriers, being moved to different places, being surrounded by loud noises and drug addicts so I couldn’t sleep. I couldn’t ask for help in case they deported me. It was scary not knowing what would happen tomorrow.”



"I'm in college and I need money for my transportation to school but I can't work. It seems they are keeping us here with no plans for our future. The hostels are very depressing."



"The accommodation given to us was a very small room where we stayed for a year. It had a serious bed bug infestation, which caused severe allergic reactions for my daughter."



"I am grateful for everything you have provided us throughout this journey, which has been 3 years of waiting. We would have liked to have had the opportunity to prepare some of our own meals. As for my daughter, the uncertainty of the wait affected her a lot; she got very depressed to the point of needing a doctor. It would be very helpful if there were lawyers available because many people are in distress because they do not have a legal representative, and there should be people available to help with the language and translation."

Health Impacts

Combined, these factors have a significant impact on the **mental health** of current and former residents of asylum accommodation. Many participants reported experiencing chronic stress, anxiety, and depression as a result of living conditions in asylum hotels.

Substandard living conditions also exacerbated **physical health problems**, including allergies, asthma, back pain, and joint pain. Several participants reported developing high blood pressure, anaemia, irregular periods, and digestive issues, as well as experiencing significant weight loss, which they largely attributed to the food provided in asylum hotels.

Some participants with **long-term health conditions** felt their condition deteriorated because the accommodation provided did not meet their care and support needs.



Case Study: Care and support needs

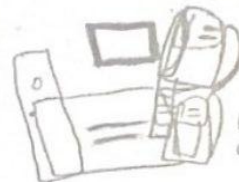
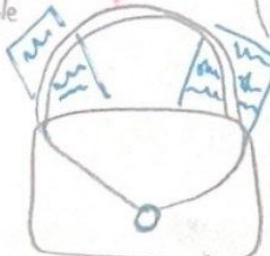
"I lived in Barry House in a small room with my wife for 7 months. There was not enough space in the room to turn my wheelchair

around. The handrail in the bathroom was too far from the toilet so I could not use it. My health deteriorated, I had constipation and stomach issues because of the food and because I couldn't use the toilet in my room. I would travel 1km to the park to use their toilets. I visited the GP every week, the doctor said sorry, but he couldn't help.

I had a breakdown because of the conditions, and I was afraid they would kick me out for complaining. I spoke to the medical staff in the hotel, and they eventually helped me move to a bigger room. They (hotel staff) knew about my problems but didn't do anything.

Before (living in the hotel) I used a wheelchair, but I had some mobility... I felt stronger, I could lift myself out of the chair independently. Now I can't do any of this."

START



staff seemed to forget about hispanic people.

- Asylum seekers want to contribute to society but feel constrained to do so. Food good and more sick.

The process should be faster and clearer.

The Home office interview was a wrong translation. We have waited more than 10 days for our response - a lawyer (we had to look for our own)

- I would advice the young people that come to UK to talk to the teacher in detail about the situation so they are informed.

- Home office and schools



Safe but isolated, I did not know anything of anyone + I wasn't going to school.



School

I didn't know english and I had to do GCSE the same year.

- I felt ownership, and the reception in the hotel didn't know anything about how to apply for school or how to support in any topic regards education.

I didn't know what a GP was. - A lot of vaccines

Online notices of appointments and very good communication + a dentist.

staff should be more informed.

Many children have potential to have better grades (little) but there is no enough incentive. I don't have my Refugue status and the death line for UCAS is near. Unis don't seem to know much about Asylum seekers.

Now to a bigger room because a hispanic inspector saw that our room was too small and that we couldn't even walk if another person was walking.

I want to pursue higher education and go to uni.

(I am doing 3 A levels and 1 btec and have A grade) My sixth form help a lot with mental health.

Now - My health is really good, the NHS and dentist have acted diligently, get problems like anxiety have caused me severe headaches and if I said I have migraine the hospital won't take it into account and will diminish the pain.



3.2 How does the transition out of Home Office temporary accommodation affect residents' health and wellbeing?

Key Issues

Sudden eviction from asylum accommodation. Newly recognised refugees are given a notice period of 28 days to move on from asylum accommodation. There is consensus among people with lived experience and professionals supporting them that 28 days is not enough time to secure housing and access mainstream benefits. Some participants reported that delays in communication from the Home Office left people with less than a week to leave asylum accommodation.

"I became homeless for 10 days and slept at the station. This happens to most people. The time given (after eviction) to find a place is not enough."

"One client last week received his eviction notice and had to leave accommodation in 2 days because the Home Office sent his refugee status to the wrong email address. There is no way he would be able to launch a homelessness application, get a housing assessment and receive his housing personal plan in that time. He is a single man, so he needs to find private rented accommodation, so you need a lot of time. He is going to be destitute in this kind of weather; it's a health and safety risk. This is not a one-off example."

Lack of timely and accessible information. Most participants had limited understanding of the move-on process. Uncertainty exacerbates stress and prevents timely access to housing assessments, benefits, and school enrolment for children. Some individuals housed in temporary accommodation after move-on do not realise they need to claim housing benefit, resulting in debt.

Staff and volunteers stated that the lack of information for asylum seekers fosters unrealistic expectations about what life will be like after leaving asylum accommodation. Because residents do not receive accessible guidance about housing, they often turn to other refugees and asylum seekers for advice. This can be misleading, contributing to disappointment and risk of homelessness.

“The expectation of what you will get from the Council hasn’t been well-managed and has been fuelled by others in the same position. There’s not an understanding of the reality of the housing stock in London. I’ve seen people refuse accommodation that wasn’t in the location they wanted, due to advice from friends. This can result in street homelessness.”



“Since receiving my eviction notice (4 weeks ago), I haven’t heard from the Home Office. I don’t know what the next steps are.”



“The support we are missing is information. We are not told where to go for anything—not for school registration, medical services, or other support. We had to figure everything out on our own. We were told social workers would provide guidance, but they did not deliver.”



High risk of street homelessness, particularly among adults aged under 35 who do not have dependants. Due to shortages in social housing, single adults who are not considered to have priority need must find accommodation in the private rented sector. This can be challenging, as they must first access Universal Credit to pay rent.

Southwark Council offers a deposit scheme to support refugees into private rented accommodation. However, participants explained that many landlords will discriminate against applicants who are using the deposit scheme and receiving Universal Credit. While language barriers and digital exclusion further complicate this process, participants who are not affected by these barriers still struggled to find affordable private rented accommodation. As a result, many newly recognised refugees become street homeless, causing rapid health deterioration.

“Affordability is the main issue. The Council doesn’t accept them because they are deemed not vulnerable, they cannot afford the private sector, and so they become homeless. There’s a big cohort of people like this...most landlords don’t want people on universal credit and when they find out, they say no. If you explain to them, the Council will pay the deposit, they say no because they don’t want to deal with the Council.”



Several participants received temporary housing after encountering homelessness charities such as St. Mungo’s, or emergency healthcare services due to risks associated with street homelessness. There was a strong sense that **people must become more unwell to access housing.**

Case study: Street homelessness, safeguarding risks and health deterioration.



A single man aged under 35 who has diabetes could not complete the housing benefit application because he does not know English. He became street homeless after eviction from asylum accommodation and slept in a park, where he was robbed and stabbed. After receiving treatment in A&E, doctors refused to discharge him from hospital without safe accommodation. He was then housed in social housing in Greenwich.

“If you’re single and not priority, it’s incredibly challenging because there is a lack of support. Single men and women face destitution and homelessness because they are expected to go into private rented housing, but there is a gap in payments for universal credit before they move out of Home Office accommodation. We saw a case where the landlord didn’t receive their deposit for 6 months. They started threatening the tenant, getting the housing officer involved. It caused more issues.” – VCS organisation

Unsuitable and poor-quality housing after leaving asylum accommodation continues or worsens the health impacts of previous living conditions. Individuals with assessed vulnerabilities described very poor housing quality in temporary accommodation provided by Southwark Council. Issues included damp, mould, disrepairs and pest infestations. Some participants said they reported that the accommodation was inaccessible or unsafe, but they were told by housing officers that there was nothing they could do as the accommodation was temporary.

Case study: temporary accommodation



“One of our clients, a man who is deaf and mute, was provided temporary accommodation because of his health conditions. He complained about the conditions, there were rodents and cockroaches, he couldn’t communicate with the people he was sharing with. It was escalated and not getting anywhere.

The ceiling in his accommodation collapsed, he would’ve been severely injured or killed if he was home. I spent more than 1 hour with his housing officer trying to say this is a safeguarding issue, this person is vulnerable

he shouldn't be sharing. They were not having it until the roof collapsed. He would come to the surgery with cockroach bites on his body, someone who cannot speak or hear, he is always isolated.

When they moved him somewhere nicer, I cannot describe to you the way he looked when he came back to us; he looked alive, refreshed, happy and resting." – VCS organisation

Participants living in private rented accommodation also described struggling to **make complaints and get a response from landlords**.

"It's difficult to get private landlords to resolve issues. They can threaten tenants with eviction. Tenants are forced to be quiet in circumstances that are not suitable." – Southwark Group of Tenants' Organisation



Relocation out of borough. Due to housing shortages in Southwark, many newly recognised refugees are required to move outside the borough. Relocation can separate people from established social networks, schools, VCS support and local healthcare services, contributing to stress, isolation and poor mental health. While relocation can be unavoidable given local housing constraints, short eviction notices and lack of information in advance exacerbates the impact of these moves, as individuals are not prepared to leave.

Participants explained that some people are told on the day or days before that they will be moved out of London. This can be highly distressing and contribute towards street homelessness and police involvement, if people panic and refuse to leave hotels.

Relocation can also disrupt continuity of care for those managing health conditions.

One health professional explained, "People have to register with a new GP practice, and they don't have the literacy and digital skills or knowledge of healthcare systems to do this."



Another participant shared that after being placed in temporary accommodation in Essex, he travels by taxi to Southwark twice a week for kidney dialysis. He frequently arrives late due to traffic, which shortens appointments and negatively affects treatment outcomes.

Eligibility criteria for health services. Homelessness and relocation across borough boundaries complicate access to services, particularly where admissions criteria are linked to local residency or GP registration.

As one health professional explained, *“mental health need is massive, but mental health teams won’t take them because they are very strict. You have to be a local resident or your GP has to be in the area. Lots of people use the GP as an address if they’re homeless, so mental health teams in other areas won’t see them.”* This leads to delays, gaps in care, and increased stress during an already challenging transition period.



Employment, skills, and training. Most participants who are newly recognised refugees said they struggled to find work because they do not have UK-based work experience and qualifications. Those with professional career backgrounds struggled to access training and employment that aligns with their skills. Participants who are experiencing housing insecurity said they feel that they are trapped in a cycle, needing to secure accommodation before applying for work, while not being able to afford private rented housing without a job.

Health Impacts

- The most prevalent theme is **mental health deterioration**, with most participants reporting experiences of chronic stress, anxiety, depression, and in fewer cases, psychosis. Single adults may be at greater risk of an acute mental health crisis, and harms associated with street homelessness.

“(The transition is) absolutely destroying, a complete minefield... The problem with moving on is the threat of homelessness. The idea of being evicted is so mentally stressful.”



“People feel panicked because of the short notice... Mostly it will affect their mental health, some already have traumatic moments on their journey to the UK so it can remind them of tough situations they’ve been through if they’ve become homeless in a country where they believed they are safe.”

- **Physical health deterioration** including joint problems, back pain, sores, scabies, skin conditions, exposure to drugs and alcohol, and deterioration of long-term conditions like diabetes and hypertension. This is particularly linked to experiences of street homelessness and poor-quality accommodation.

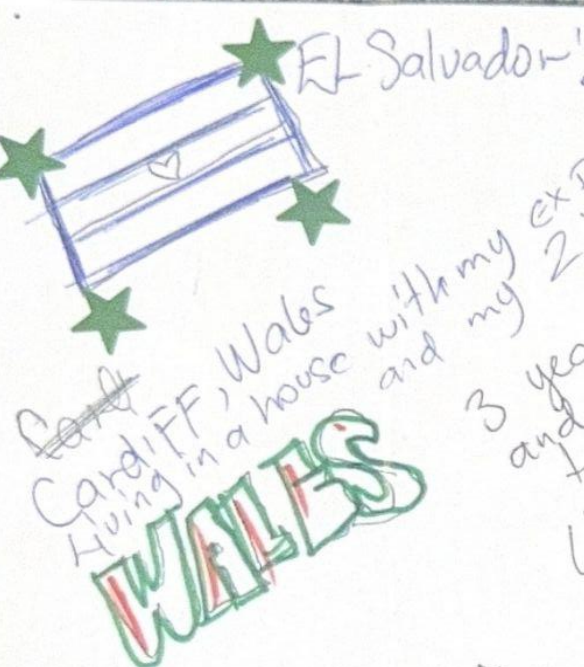
- **Safeguarding issues** including exploitation, abuse and physical violence. Exposure to safeguarding issues increase significantly when people become street homeless.
- **Disproportionate harm to vulnerable groups**, particularly disabled and elderly people. Some participants felt that services are not always able to identify vulnerabilities, and refugees can struggle to declare or evidence them due to language barriers, cultural differences, and low engagement with services.

Case study: An elderly man had been housed by Southwark Council in temporary accommodation due to long-term health conditions.



“He was complaining about the conditions affecting his health, and we could tell he was deteriorating ... coughing, wheezing, short of breath.

“After a few weeks he suffered a stroke. He had been managing his health well, and his temporary accommodation pushed him into being somebody who needs care and now uses a wheelchair.” – VCS organisation



Cardiff, Wales
Living in a house
with my exportor here
and my 2 boys
3 years here!
and then shipped out
to London!

El Salvador!

Yeh, I always
felt supported by
Home Office and also my
family!

- 1. East Ham → 8 months
- 2. Guildford → 3 months
- 3. Elephant and Castle → 1 year
- 4. Seven Sisters = 1 month
- 5. Colindale = NW9

Priscoll House
Kitchen! and also
visitors! NHS mental
health support!

5 years waiting!
Loong time!

NOT ONLINE!

NO CHANCE OF
PRIVING!

Here i was
with 5 guys
on a big room!

Momma and daddy
came to visit! They were
so happy!

What was
missing?

Indian People Rocks!
Not ying

I love music!

looking
happy, but
dying inside

But Loving London it's my style

Don't give me your money!
Just give me the chance to

HOME OFFICE WORK!

Its not my land!!!



I couldn't, sorry!

NOT BEING ABLE
TO TRAVEL its the
worse thing

When you have no
choice you take what
they give you!

3.3. What support do residents currently receive during this transition, and where are the gaps?

3.3.1. Existing Support

Primary care

Feedback indicates that access to **primary care is generally good but concentrated in asylum accommodation, creating sharp gaps after move-on.**

Some participants received health checks and appointments with nurses from onsite Health Inclusion teams while living in asylum accommodation, which they found particularly effective for children and elderly people. Feedback about hotel in-reach services was largely positive, with most participants feeling well supported and able to access primary care. Some participants said the Health Inclusion team also helped resolve issues with their accommodation but did not have enough time and capacity to see everyone who needed help.



"I felt supported by the medical team at Barry House and felt very happy."

"I felt comforted by the NHS, I felt very safe."

All participants said they were registered with a GP while in asylum accommodation. Feedback was mostly positive or neutral, however, three participants said they were not offered an interpreter during GP appointments, instead relying on friends or children. Some participants felt they were **discriminated against because they are migrants and cannot speak English**, reporting interactions with GP doctors where they felt dismissed and discriminated against.



"I was told an MRI is too expensive, the doctors were not listening and telling me to get a job."



"I don't always have a translator and sometimes the staff are rude to me because I don't speak English. They don't usually provide translators. I ask my granddaughter, but she is busy with school."

Whilst engagement with primary care is high, health professionals flagged that **primary care services often lose track of patients after move-on**, particularly if they leave the borough or become homeless. It can be challenging for patients to register with new GPs independently, due to digital and language barriers, lack of information, and other pressures that cause health to be deprioritised.



One health professional explained, "it takes so long for people to be registered with GPs they run out of medication. The moving on team do not register patients. They won't provide (the patient's GP before move-on) with the new addresses so we can't support them."

Finally, primary health services seem to be well linked in with the VCS, regularly making referrals to organisations such as Southwark Day Centre for Asylum Seekers and The Manna Society Day Centre for casework and emergency housing, particularly for newly-recognised refugees following the move-on period.

Mental health

Experiences of mental health support varied. Several participants said they were prescribed medication for depression and anxiety but were not offered counselling. Those who had accessed counselling described it positively; however, many required long-term support and adjoining practical help such as legal advice or casework.

Many participants felt their **poor mental health was driven primarily by social factors** including housing and employment difficulties, making a solely medicalised response insufficient.



"I never had depression before this... They just give you pills to take. They don't help my problem."

In recognition of this, organisations such as Waterloo Community Counselling explained that they often extend beyond their remit to provide casework support, *“We do casework because we know it has to be done, you can’t offer a therapy service and not address the practical stuff. We’ve had to adapt to the needs of the clients.”*

Wellbeing and wraparound support

When asked about effective support, participants overwhelmingly identified VCS organisations. In response to rising need, many VCS organisations have expanded their services to include casework, advocacy, hot food, emergency supplies and interpretation, often without formal training or funding. Participants described this **wraparound support as critical to their wellbeing.**

A key strength of VCS provision is the ability to offer **multilingual support**, particularly through refugee-led organisations that **share lived experience** and provide trusted, culturally safe spaces. Many participants also volunteer with VCS groups, which they described as giving a sense of purpose and community.

Statutory services such as social prescribers, Southwark’s Refugee Resettlement Team and Health Inclusion teams also offer specialist support, including hotel in-reach for asylum seekers, system navigation and signposting to VCS organisations. Participants felt that these organisations were most effective at overcoming system barriers, for example, one participant who refused an unsuitable housing offer said, *“the Refugee Resettlement team give very good support, they helped us regain our place in the queue for housing and close our rent arrears to the hostel which we could not do alone. Now we are rehoused, we are learning English, my wife has counselling and we are very happy.”*

What works well: Partnership-based community provision, combining wellbeing activities and practical support.



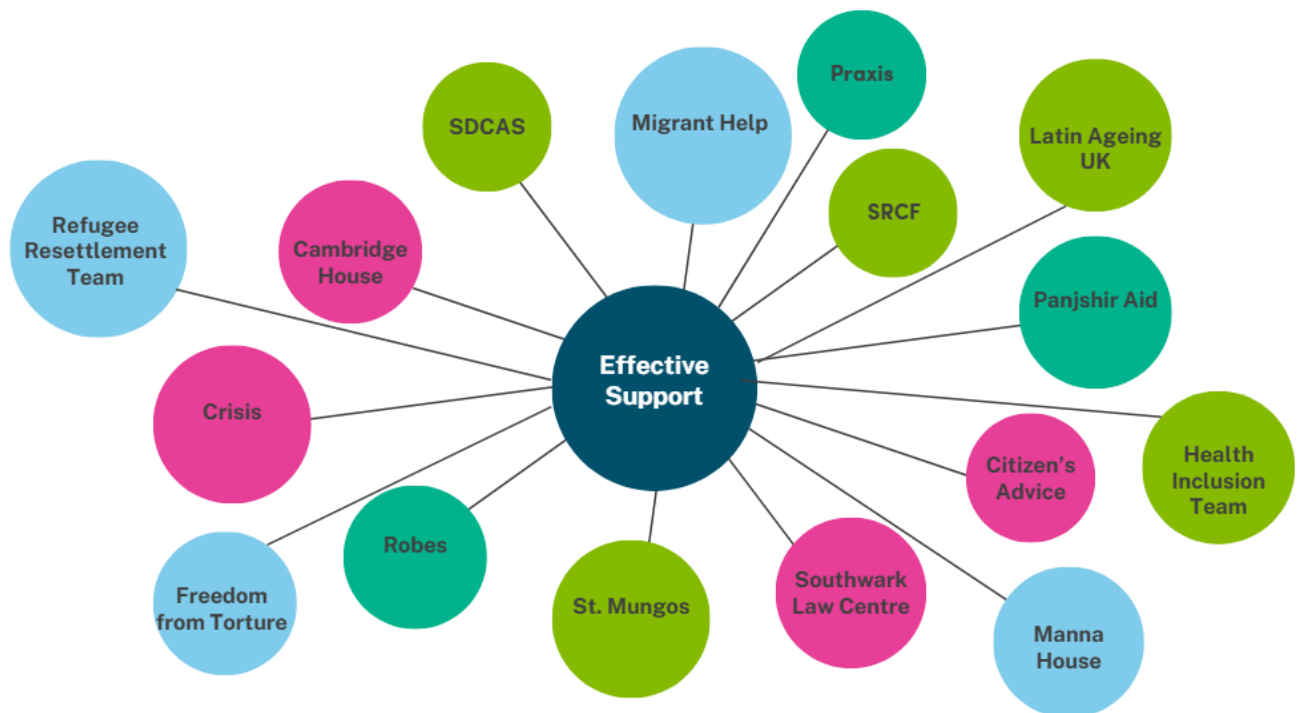
“My GP referred me to SDCAS – we do gardening, get advice, free hot food, legal help.”



“Small community groups with activities, open welcoming spaces... that offer the necessities of life without any barriers... We have a really nice partnership with St John’s Church... they offer English classes, art club, chess club, walking group... we have a partnership with them so clients might come to us for therapy... then we can make some referrals to the day centre for advice.”



“Southwark Refugee Communities Forum (SRCF) has helped me a lot. This is because I have had direct interaction with the Housing Solution officers and especially with Kineara that helps with private rented accommodation. The staff at SRCF and Kineara are very welcoming and kind.”



3.3.1. Gaps in support

While participants recognised that services work well in many ways, they also highlighted gaps that create risk and place unsustainable pressure on the VCS.

Key gaps include:

- Early information and preparation for move-on
- Limited housing options for single adults
- Access to timely legal advice
- Insufficient emergency and contingency support for people who are at risk of or experiencing homelessness.
- Continuity of healthcare after move-on
- Reduced access to in-person casework
- Limited communication between agencies, particularly with housing officers.
- Heavy reliance on an under-resourced VCS
- Limited structural support for long-term integration, including employment pathways, ESOL, and skills development.
- Insufficient wellbeing support and specialist training for VCS staff

Participants consistently emphasised that secure accommodation is the foundation for all other outcomes, noting that delays and gaps in the housing process have knock-on effects on wellbeing, employability, and integration.

One health professional said, *“Having secure accommodation is the big one... That process needs to be happening earlier ... There’s no communication with the Council, even if I email about street homelessness or pending evictions, no acknowledgement of emails ... We get no communication back...On a Friday afternoon SDCAS, Manna, will be*



shut so the only thing you can do is help them get a sleeping bag and tell them to sleep outside and make a Streetlink referral. It's really hard."

Waterloo Community Counselling add, "WCC wasn't set up to offer casework but more and more we've had to do it ... We need more training on housing, how to communicate with the Council, understanding the Council's obligations, the legal stuff. General training on current policy because the landscape changes constantly."



START

Llegamos en el año 2022 al Hotel Luky 8

1 año enfermamos mucho por no comer ya que la comida contenía mucho picante y eso dañaba mi estomago me pegó una anemia severa y me empezó a tostar. Lo que eso la anemia a tostar. Lo que en Ilford llegamos con mi familia somos 5 personas 3 adultos 2 niñas con mi mi esposa mi Hija y mi nieta



mi consejo para las personas nuevas que se yenen de mucha paciencia y mucha fe esas muchas amistades que les permitan ser sus alimentos porque apollen a las personas como los del staff abeses sienten como si se buscaran de las personas en condición de asilo. actualmente resivo tratamiento de terapias por mi Hombro ya que tengo desgaste en el Hombro de lo que recibí atención medica Inyecciones pero estoy en mejorado mucho en Fisioterapia



agradesco todo lo que nos han brindado a lo largo de este camino que an sido 3 años en espera que an gustado aber tenido la oportunidad de poder cocinar nuestros propios alimentos y que el tiempo de espera sea corto. En el año 2023 nos movieron a Peckham en insertidumbre de la espera se depimio mucho al Hotel best Western en ella a mejorar para las personas ese lugar es muy bueno que nos pedia que considerable mente an ayudado en el aspecto que que aun estan en espera el alimentos no es siempre para nosotros que la condición de refugio nos dan donde poder ase para nosotros que la alimentación mejorara la ayuda que nos brindan actual mente ase un mes en el Hotel Best Western. Y estamos felices.



esperamos muy pronto Vivir en una casa donde podamos cocinar nuestros propios alimentos

1. Recommendations

The final research question, 'What ideas or recommendations do residents have for making this transition healthier, safer, and more manageable?' is addressed in the recommendations below, which are directly informed by participant and stakeholder feedback.

Our recommendations focus on local action to maximise the impact of this research. However, our findings also indicate strongly that the Home Office should:

- Re-extend the eviction period after receiving a decision on asylum status to 56 days
- Give asylum seekers the right to work
- Provide multilingual information on the asylum process, English language and employment support to asylum seekers from arrival
- Establish monitoring to proactively enforce minimum standards for asylum accommodation

| Issues | Recommendations | Timeframe | Partners |
|---|---|--------------------------------------|---|
| <p>Food provided in asylum accommodation may not be nutritionally complete or culturally appropriate, and is not available flexibly</p> <p>Overcrowding and limited space for respite in asylum accommodation</p> | <ol style="list-style-type: none"> Influence local providers of asylum accommodation (e.g. hotels) to ensure residents' care and supports needs are met. This includes provision of healthy food when residents need it, and shared space for respite. Promote VCS wellbeing activities, food programmes and warm spaces in asylum accommodation. | <p>Medium term</p> <p>Short term</p> | <p>Public Health; Borough of Sanctuary partners</p> <p>Southwark Council Communications</p> |
| <p>Living conditions in asylum accommodation may be substandard, such as damp, mould, or pests.</p> | <ol style="list-style-type: none"> Empower residents in asylum accommodation and advocates (e.g. VCS groups and healthcare professionals) to report issues indicating regulatory noncompliance in asylum accommodation by providing multilingual guidance and contact information for Migrant Help. | <p>Medium term</p> | <p>Southwark Council Community Support/ Refugee Resettlement Team Lead</p> |

| | | | |
|---|--|-------------|---|
| | 4. Expand Social Prescribing Housing Officer role or fund an additional role to cover south Southwark. | Long term | Southeast London Integrated Care Board |
| Interpreters not provided, and patients may feel discriminated against during GP appointments | 5. Use Reasonable Adjustment Flags to indicate need for an interpreter during appointments. | Medium term | Primary Care Committee; GP Federations; Public Health |
| | 6. Gather patient feedback to evaluate the Inclusive Surgeries programme. | Medium term | As above |
| Uncertainty surrounding the move-on process Reduced access to healthcare after move-on from asylum accommodation | 7. Promote multilingual guidance about the move-on process and how to access health and wellbeing support after moving on from asylum accommodation. For example, by funding VCS in-reach projects and promoting Praxis A Migrant's Guide and Groundswell 'My rights to healthcare' cards in asylum accommodation. | Short term | Southwark Community Support Team; Guy's & St. Thomas' Health Inclusion Team |
| High risk of homelessness for | 8. Commission a homelessness prevention service for single refugees, for example Bridges Outcomes Single Homeless Prevention | Long term | Southeast London Integrated Care Board; Southwark Council |

| | | | |
|---|---|--------------------------------------|--|
| <p>newly recognised refugees</p> <p>Limited regulation in the private rented sector</p> | <p>9. Evaluate the Refugee Rent Deposit scheme and share how learnings will be implemented.</p> <p>10. Strengthen enforcement and awareness of tenants' rights under the Renters' Rights Act 2025 for newly recognised refugees by providing clear information on new protections and landlord obligations and practical support including Southwark Private Renters Forum and the Private Rented Sector Ombudsman.</p> | <p>Medium term</p> <p>Short term</p> | <p>Housing and Modernisation team</p> <p>Southwark Council Private Landlord Team</p> <p>Southwark Council Community Support Team</p> |
| <p>Lack of communication between housing and other services (e.g. health, VCS)</p> | <p>11. Establish robust communication channels between housing officers and other agencies (e.g. VCS, healthcare services), providing up-to-date contact details and notification of staff changes.</p> <p>12. Increase VCS, health services and Southwark Council teams' participation in Southwark Private Renters' Forum to support</p> | <p>Short term</p> <p>Short term</p> | <p>Southwark Council Housing Solutions Team; Public Health; Guy's & St. Thomas' Health Inclusion Team</p> <p>As above</p> |

| | | | |
|---|--|-------------|---|
| | advocacy for refugees who are private renting or seeking private rented accommodation. | | |
| Poor quality housing negatively affecting health | 13. Align definition of key terms ‘vulnerability’ and ‘priority need’ used by housing teams with Shelter guidance and case law to ensure care and support needs are met under the Care Act 2014. | Short term | Southwark Council Refugee Resettlement Team; Adult Social Care |
| | 14. Commission a Community Embedded Worker role to provide specialised mental health support for migrants and refugees in collaboration with VCS organisations. | Long term | Southeast London Integrated Care Board; South London and Maudsley NHS Foundation Trust |
| | 15. Ensure the redevelopment of community mental health services explicitly addresses the needs of refugees and asylum seekers, including dedicated funding for VCS organisations supporting these groups. | Medium term | As above |
| Heavy reliance on under-resourced VCS and lack of | 16. Provide core, long-term funding for VCS groups supporting migrants and refugees, including smaller organisations, and support collaboration between groups. | Long term | Southeast London Integrated Care Board; Southwark Council |

| | | | |
|--|---|--------------------|---|
| <p>wellbeing support for staff and volunteers</p> | <p>17. Commission wellbeing support for VCS groups offering services for refugees and asylum seekers.</p> | <p>Medium term</p> | <p>Community Support and Family Early Help Teams; Public Health South London and Maudsley NHS Foundation Trust; Southeast London Integrated Care Board</p> |
| <p>Demand for legal advice significantly exceeds supply</p> | <p>18. Increase provision of free legal and immigration advice, including specific advice for homeless refugees, by funding VCS delivery partners and creating a referral pathway from VCS organisations to pro bono services such as King’s College London Legal Clinic.</p> | <p>Medium term</p> | <p>Southwark Council Community Support Team; Trusts and Foundations</p> |
| <p>Newly recognised refugees struggle to find employment</p> | <p>19. Commission a bespoke employment service for refugees and migrants, including asylum seekers preparing to receive the right to work. For example, Refugees Better Outcomes Partnership</p> | <p>Long term</p> | <p>Southwark Council Community Support/Borough of Sanctuary Partners</p> |

One year from now, I hope to be...

"I hope to be in a different situation. I am always anxious about my status, knowing that my situation here depends on another person's decision. I would love to have my right to work because I usually lie to friends saying that I have my own house, instead of saying that I live in a hotel."



"We hope to soon live in a house where we can cook our own food."



"I want my life to change for the better."

"I would like to feel better mentally"



"I used to teach Mathematics in secondary school. I would like to improve my English so I can teach again."





"I want to improve my English as I feel it is preventing me from taking part."

"I want my family to eat well"



"I want to use my education, regain my independence and improve my quality of life."

"I want to contribute to society"



"I hope to move back to Southwark."

"I would be very happy if I could be reunited with my husband, secure better accommodation, finish my courses, and get a full-time job to help people in similar situations."

5. Next Steps

We will share this report with key stakeholders including:

| Partners | Type |
|--|------------------|
| Guy's & St. Thomas' Trust; Southwark Adult Social Care; Southwark Council; Southwark Wellbeing Hub; Primary Care Committee; Southwark Culture Health and Wellbeing Partnership; South London and Maudsley NHS Foundation Trust | Service Delivery |
| Partnership Southwark; Impact on Urban Health; Southeast London Integrated Care Board; Southwark Council; City Bridge Trust; and other trusts and foundations | Funding |
| Southwark Health and Wellbeing Board; Southwark Health and Social Care Scrutiny Committee; Citizens UK Health and Housing Coalition | Governance |

We will publish a summary version of this report in all languages used by our research participants. These resources will be available on Healthwatch Southwark's website and shared directly with participants.

Statutory partners will be asked to provide formal responses to the recommendations in this report. Responses will also be published on Healthwatch Southwark's website.

To track progress, we will complete follow-up reviews with partners six and 12 months after publication. Participants will receive updates outlining the impact of our work. In addition, a one-year progress update will be shared publicly on our website and social media channels.

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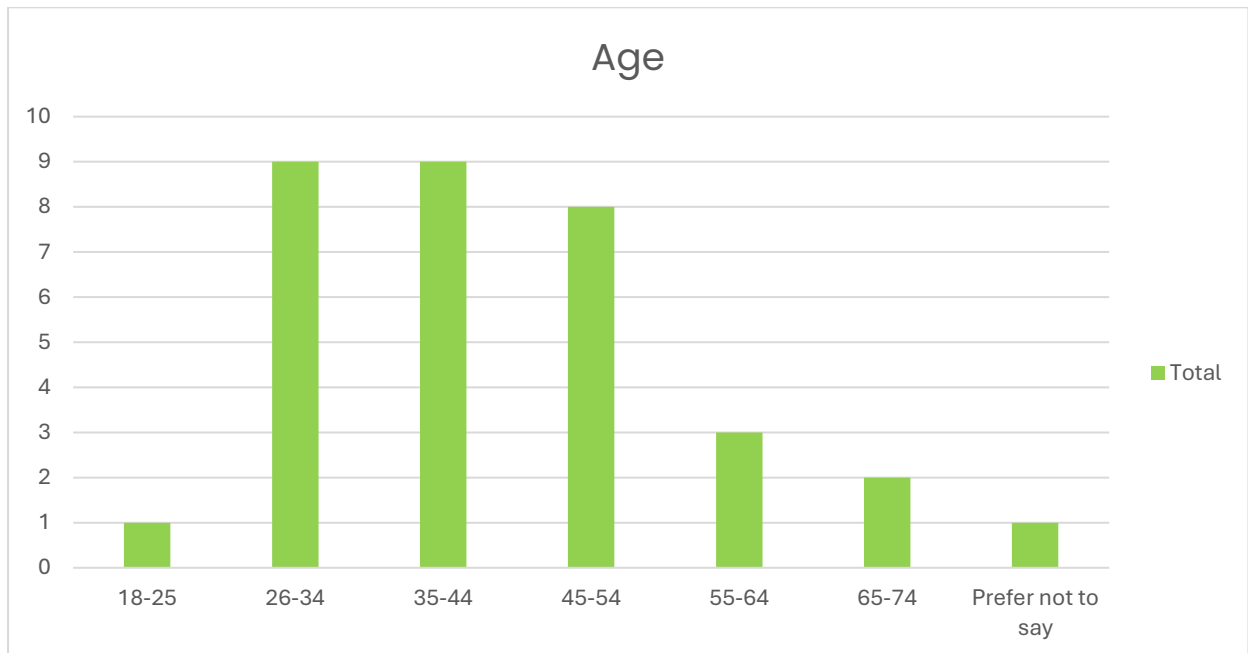
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Appendices

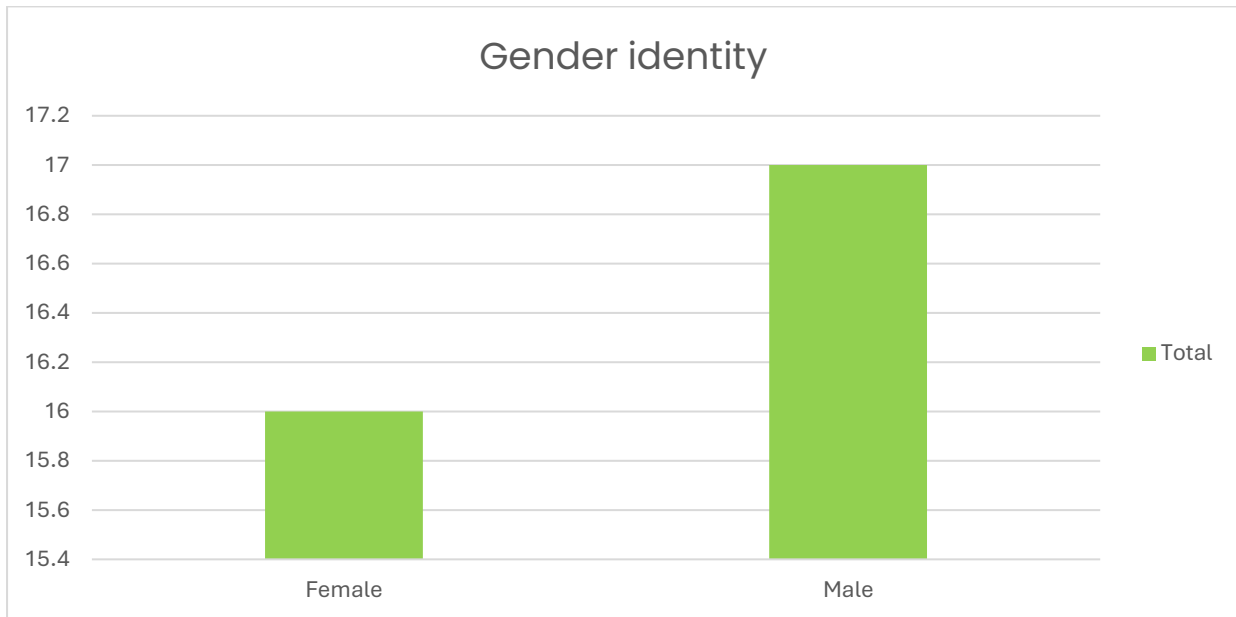
Appendix 1- Equalities Data³

Age

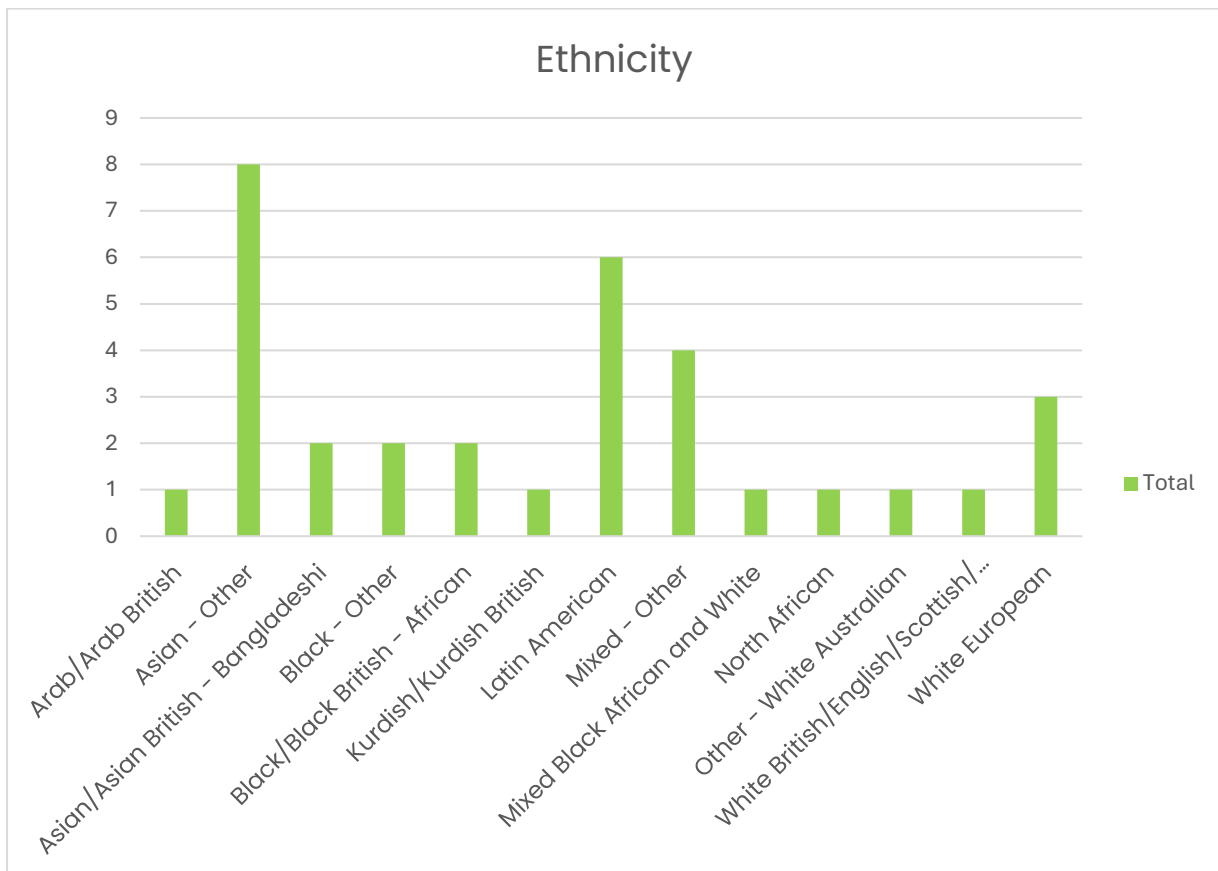


³ Equalities data is shared voluntarily by participants. This data represents 28 out of 30 lived experience participants, and five out of 11 staff and volunteer participants.

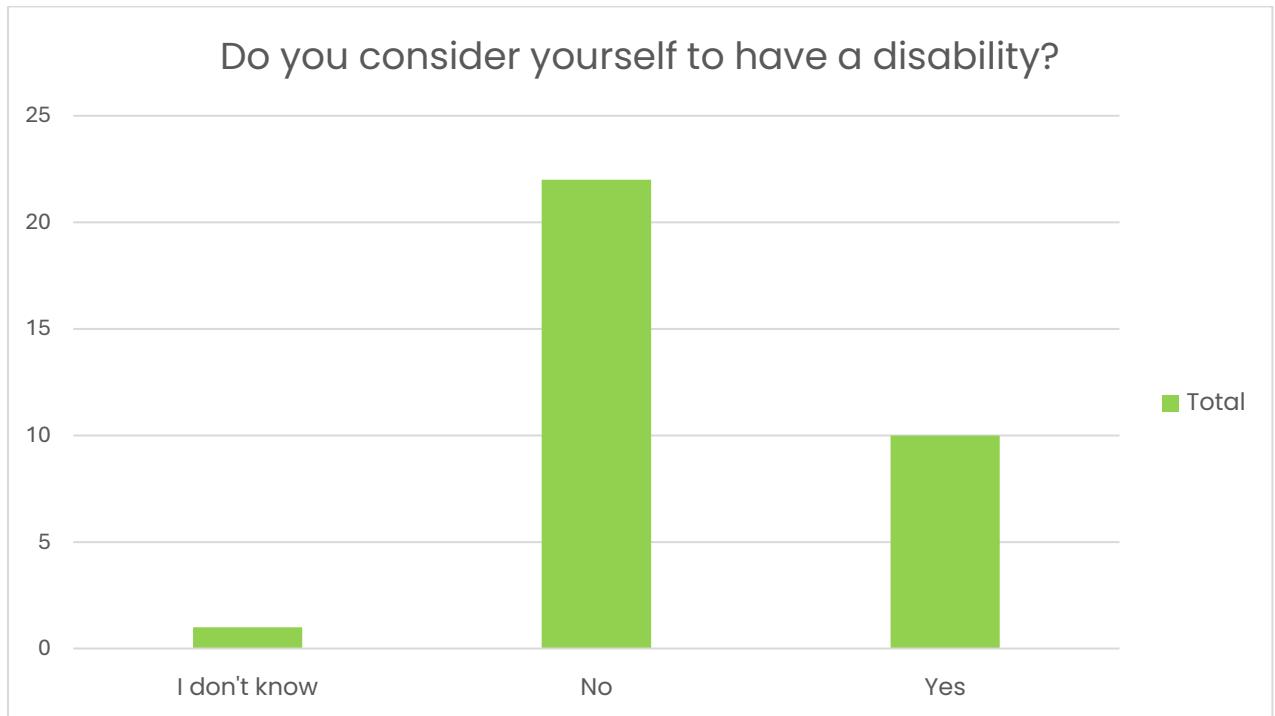
Gender identity



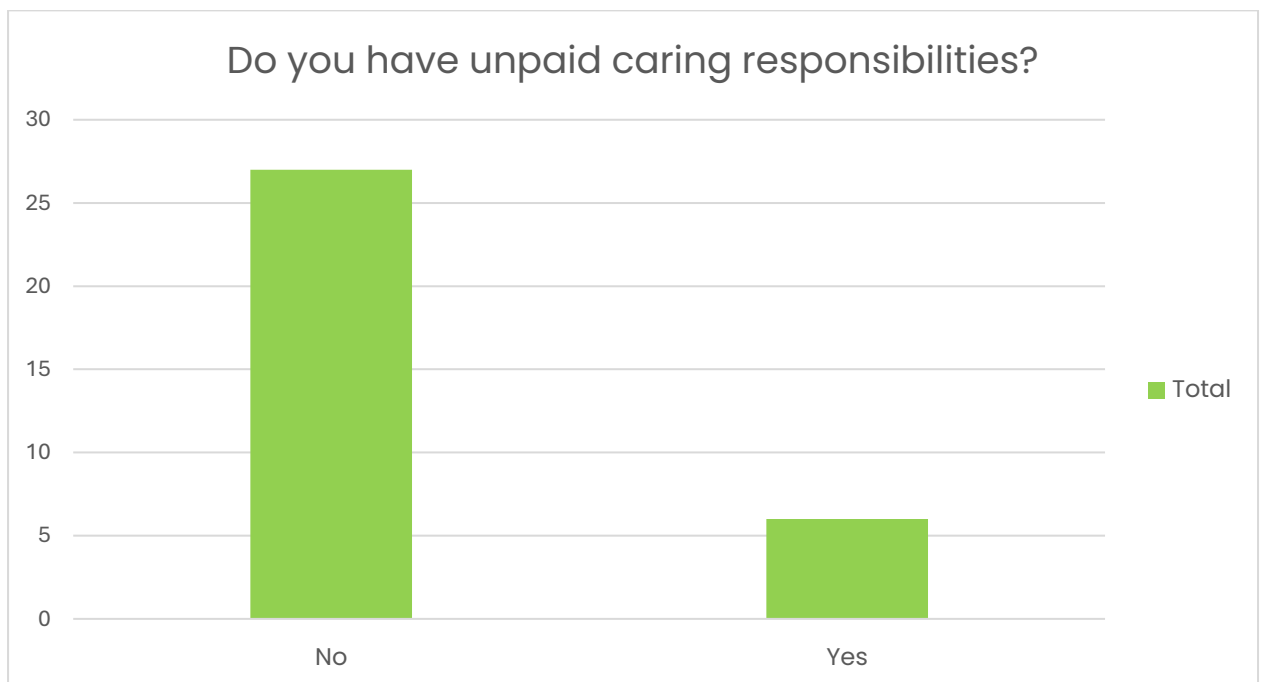
Ethnicity



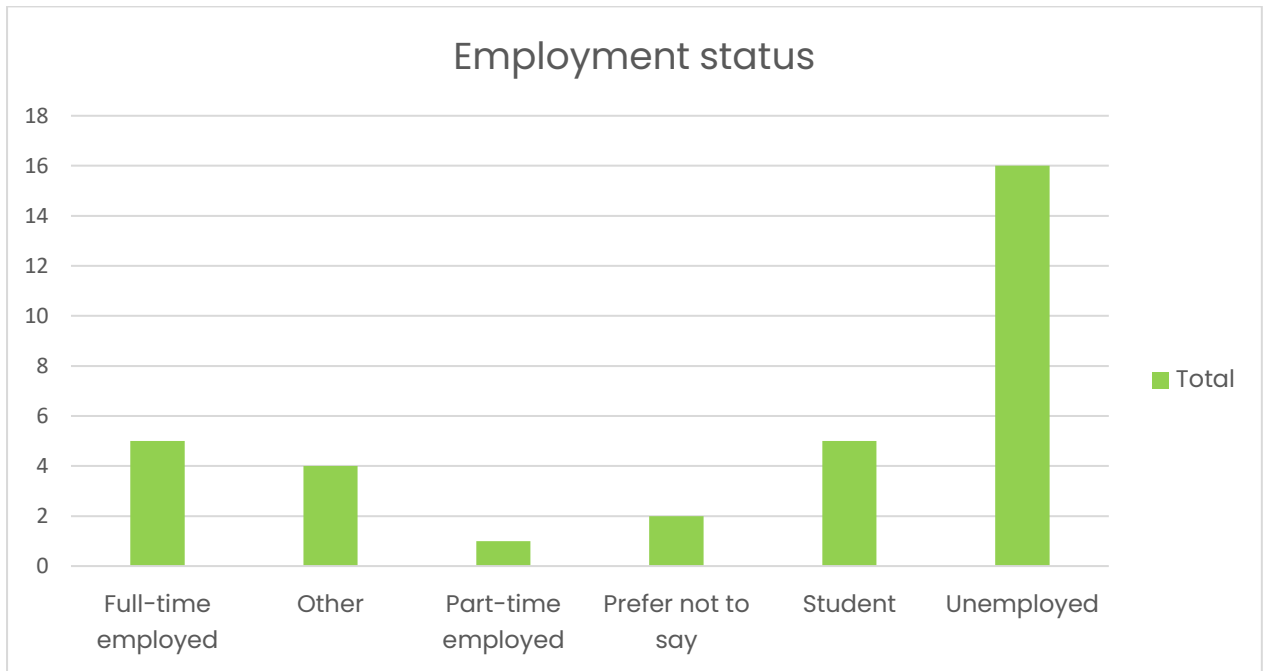
Disabilities



Unpaid Caring Responsibilities



Employment Status



Refugee or asylum seeker status

