From asylum hotels to food banks: Barriers to healthy diet for asylum seekers

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Summary

Asylum seekers and refugees in high income countries, like the UK, are vulnerable to food insecurity. The UK asylum system is historically underfunded and has become less efficient over the last 10 years. There has been a growing backlog of asylum cases waiting for a decision. In combination with record numbers of applications and the complexities of international co-operation on the issue, these factors have made asylum a chronic policy and public health problem.

Housing asylum seekers in hotels whilst they wait on the outcome of their asylum application was a short-term measure that has become long-term. The current Government have pledged to end the use of 'asylum hotels' by 2029, but there are still around 30,000 people staying in asylum hotels, and there is uncertainty over what will replace them. One of the most pressing health concerns for asylum seekers staying in these hotels is around limited access to healthy, nutritious food.

This study worked with a London food bank to investigate experiences of asylum hotel food and its impacts upon health and wellbeing. Asylum seekers were described as being in 'impossible situations', facing severely limited income, very little personal independence, and poor housing quality. They lacked the financial resources, facilities and freedoms to achieve an adequate diet. Descriptions of asylum hotel food provision were characterised by rigid mealtimes, and inadequate and low-quality catering, including unsafe, inedible and inappropriate food being served. There was reportedly little or no choice and typically no consideration given to the dietary preferences, health, or the needs of children. As a result, asylum seekers turned to food banks for support and sometimes found themselves trying to construct a diet from a combination of substandard asylum hotel catering and donated food from charities. Over the longer term, this was felt to impact negatively on physical and mental health. Reported health problems included dental problems, food poisoning, weight loss, weight gain, depression, and early menopause. Most of all, asylum seekers and those who supported them at the food bank worried about the impact of poor diets on children.

Why was this research done?

There are more than 117 million people in the world who have been forcibly displaced from their homes due to issues like conflict, disaster, poverty, hunger, climate change, and political instability [1]. Most displaced people stay within their country of origin or remain close to it [2]. However, more than 8 million people make long and sometimes unsafe journeys to seek asylum in far-off destinations, usually wealthier countries where they hope to find safety and stability [1].

Asylum seekers are those who have left their home country and are seeking protection from persecution or harm in another country, but who have not yet been legally recognised as a refugee and are waiting on a decision about their asylum claim [3].

However, asylum seekers and refugees in high income countries, like the UK, face a range of problems and are vulnerable to food insecurity [4].

According to the Home Office, there were over 100,000 UK asylum applications in the year ending March 2025 [5]. The UK asylum system is historically underfunded, becoming less efficient over the last 10 years and with a growing backlog of cases waiting for a decision. This, in combination with record numbers of applications and the complexities of international co-operation on the issue, has made asylum a chronic policy problem [6].

At the end of 2025, more than 20,000 people had been waiting more than a year for an initial asylum decision in the UK. While this is an improvement on the peak of over 90,000 in 2023 [7], it is still leaving far too many people in the asylum system unable to properly participate in society and thrive. In the UK, asylum seekers are only around 0.5% of the population, but are thought to make-up at least 5% of those referred to food banks [8], meaning they are around ten times more likely to need a food bank compared to the rest of the population.

'No Recourse to Public Funds' (NRPF) status is typically imposed on asylum seekers. This means that they are not allowed to work or claim most social security benefits. As a result, they cannot support themselves and are dependent on the Home Office. The Home Office has a legal duty to provide accommodation and financial support to destitute asylum seekers while their asylum claim is being decided or during appeal processes. Financial support is minimal; less than £50 per week per person (including dependants) if their accommodation does not provide meals, and less than £10 per week if it is catered. There are some small extra allowances such as access the Healthy Start scheme if their child is British [9] or a maternity grant and support when pregnant [10].

Despite ongoing efforts to reduce the asylum backlog, it is a long-standing problem that has exhausted ordinary asylum accommodation. As a result, the Home Office has been using hotels and other 'contingency accommodation'. Hotel use intensified during the pandemic because routine dispersal accommodation (such as shared properties from the private rental sector or housing associations) was in short supply. Housing asylum seekers in hotels was meant to be a short-term measure, but without resolution of the backlog this type of accommodation has become routine [11]. Housing asylum seekers in hotels can be profitable for those providing the accommodation, which has likely contributed to the rapid establishment of this model. It was a short-term measure that became long-term. Some regions have been more reliant on hotels than others. In London, nearly half of asylum seekers were accommodated in hotels in 2023.

The current Government have pledged to end the use of 'asylum hotels' by 2029. At present, there are still around 30,000 people staying in asylum hotels. These sites have been widely criticised in terms of expense, over-crowding, infestation, poor mental health, and poor hygiene [12, 13]. One of the most pressing health concerns for asylum seekers is food and nutrition, but there has been little research that has critically examined the food provision from hotels that house asylum seekers or that has examined how this may relate to food bank use among this population. This study worked with a London food bank to investigate experiences of asylum hotel food and its impacts upon health and wellbeing.

How was this research carried out?

This research was conducted as part of the SALIENT research programme, which tested interventions in the food system. Our research on food banks took place in Sufra, a London-based food bank serving the community of Brent. Data collection took place over January to April 2025.

The research project was designed to answer the following questions:

- What are the barriers to asylum seekers achieving an adequate diet?
- How does this impact upon health and wellbeing?

Who took part and how?

Semi-structured interviews were conducted online and over the telephone with **five food bank staff members who worked closely with asylum seekers**. We talked to them about the support they offered asylum seekers and the challenges their service users faced in terms of food, accommodation, income, health, and legal issues.

We also spoke to people who were seeking asylum and who had used Sufra food bank. These participants were recruited with the help of food bank staff. The group included 15 women and seven men who had travelled to the UK from a range of countries. We interviewed them at the food bank across three focus groups, with the support of interpreters. Topics explored included their diet, accommodation, interactions with food banks and other food aid providers, and their health. All of these participants were adults currently in the process of seeking asylum, with durations ranging from several months to up to five years.

What did we learn?

From speaking to asylum seekers and staff at Sufra food bank, we identified two key barriers to adequate diets among asylum seekers.

Barrier 1: The immigration system

The uncertainty and complexity of claiming asylum and the subsequent waits, appeals and problems could be stressful, distressing, and sometimes all-consuming. Participants explained that having no control over where you live, not being able to work, and not knowing if or when your asylum claim would be approved impacted negatively on health and quality of life. A food bank service user who had been in the asylum system for five years at the time of interview explained the corrosive impact of long-term waiting and uncertainty:

> "Because people are really going through stuff not working and it's like, it don't help … So, if care is not taken, the system will collapse because you get people on asylum application, it's the same with them. For ten, fifteen years without working. Obviously, it affects them psychologically, it will affect their health. And you are doing a lot of harm to them by not allowing them to fend for themselves. You are painting it as if you are taking care of them but you are really harming them. You are really harming them."
>
> Asylum seeker participant, waiting on application for five years

As above, asylum seekers in the UK cannot usually work while their claim is considered because they are subject to NRPF. However, they can apply for permission to work if they have been waiting for an initial decision for 12 months or more [14]. Some of the people we interviewed had been granted permission to work. However, asylum seekers, if and when granted permission, can only work in occupations stipulated by the Government (in the Immigration Salary List).

Participants expressed frustration about being restricted to lower-paid jobs, like caring assistants, and how this could cause financial hardship and make it even more difficult to find a job. As one woman told us:

> "I'm pharmacist. They refused my work permission … Because the work permission, they give, these have restriction … You can only do jobs in care. And when you apply for the carer job, they ask you for experience. So, you've never worked in this UK so where are you going to find experience, work experience? So, some people have now their work permission over eight months, no work."
>
> Asylum seeker participant, restricted to low-paid work

The lack of funds and isolation could make cooking and eating well a distant reality for some. It was difficult to afford food and, if they could, they sometimes had little motivation or energy to cook. As a food bank user who had to leave her family behind in home country explained, '*It's not easy to cook here. Thinking of your family, maybe like, me, my kids are back home. I'm not doing nothing. Financially, I can't support them*'.

Food banks and other charitable organisations were an important source of support for the asylum seekers we spoke to. Many had experience of using different forms of food aid over the years. In fact, food banks are increasingly adapting and tailoring their services to support the needs of specific vulnerable groups, including those in the asylum system [15]. However, this is far from an ideal solution to the difficulties faced by asylum seekers and can be something of a grey area in terms of who can receive support. One of the food bank managers, who had worked closely with asylum seekers for 12 years told us that:

> "They [asylum seekers] have no right to work … and no right to do anything else … Those who are in hotel accommodation …. technically their food and their toiletries and everything is covered because the hotel is, obviously provides all of that. They don't have to pay any bills. Their food, they get three meals a day, you know, dropped off to the hotel … they're supposed to be covered by the government."
>
> Food bank manager, working with asylum seekers for 12 years

Barrier 2: Asylum hotel food

Supporting asylum seekers through food bank provision in not straightforward. As the quote above alludes to, catered asylum hotels are typically required and contracted to provide their residents with three meals a day (full-board) to meet nutritional standards and dietary requirements, such as halal, vegetarian, and medically restricted diets [16]. In theory, this should mean this is no need for food banks to supplement or mitigate this provision. Unfortunately, this assumption has been shown to be problematic, with reports of hotels providing low quality food, with little concern for food preferences, dietary restrictions, or religious observances [12]. Food banks and other charities have ended up mitigating the harms of the immigration system and the inadequacies of the food served to asylum seekers housed in hotel accommodation.

We heard a lot about asylum hotels from our study participants. Some participants explained that not all asylum hotels were substandard and not all hotel food was poor quality. Some service users described positive experiences in at least one of the hotels they had stayed in. Participants also expressed sympathy with some hotel staff, who had the difficult task of trying to accommodate and cater to people from all over the world within an inflexible system. However, even with this caveat, accounts of hotels and hotel food remained overwhelmingly negative. A food bank manager who organised wrap-around support for asylum seekers summed up the extent of the problem neatly:

> "The food that they [asylum seekers] are provided is atrocious. We've seen pictures by several guests … My colleague has actually been to the hotel a few years ago and seen the food with her own eyes. It's not nutritionally balanced. It's not really suitable for people with health needs, like diabetes or cholesterol. You know. There's not a lot of veggies."
>
> Food bank manager, supporting asylum seekers

Although meals were usually provided three times a day in the dining area, there was often no provision outside of these times. Given that hotel residents had little or no money to buy their own food, this presented practical problems in the longer term. For example, those with children that had to leave early in the morning to travel considerable distances to school or had children at different schools could find that they and their children had to miss breakfast.

Even when residents could afford some food or had been given some by the food bank, there were no food storage or cooking facilities in the hotel rooms (like fridges or toasters) and rules against food from outside the hotel were heavily enforced by the staff.

Alongside the lack of flexibility about food timings there was a lack choice at mealtimes, with usually only one option offered that might be unpalatable, unhealthy, or poorly cooked. Above all, the lack of fresh food was keenly felt. Volunteers and staff at the food bank provided context, pointing out that most of the asylum seeking service users were from countries and cultures with diets largely based on fresh produce and involving lots of vegetable dishes. These types of foods were usually lacking in hotel provision. One couple living in a hotel explained, through an interpreter, what was – and was not – on offer at mealtimes.

> "Breakfast is sort of fixed. I think …. cereal or whatever. But lunch and dinner, they only get one option. So, they cannot get, they're mostly yearning for fresh fruit and veg. And they do not get it because they will not give them both. Let's say, if you got fried chicken… They would like to have veg with it or a salad with it. They will not give them that. They are only allowed one, not the other as well."
>
> Asylum seeking couple, as told through an interpreter

During the same focus group, another participant, also living in a hotel, highlighted the particular concerns people had over the safety of meat.

> "The food is appalling. Terrible. It's very spicy. So, they try to disguise the quality of the meat or the chicken by the spices they use. So, the chicken is not white in colour. It's sort of bloody … It's sort of stale. Yes … So, when you open the kitchen door, you can smell the rotting food."
>
> Asylum seeker participant, living in a hotel

How did a lack of access to adequate diets impact upon health and wellbeing?

Unsurprisingly, our participants linked the low-quality diets they endured to a range of health issues, including over and underweight, dental problems, high cholesterol, diabetes, and perimenopausal symptoms. Above all, participants were worried about the effects on their children. Being unable to provide an adequate and sometimes even safe diet was a constant source of distress.

One of the women interviewed in the focus group was a single mother to two children and spent a year in various hotels before being moved into dispersal accommodation, where she had access to a kitchen and could prepare her own food. She described her time in hotels as profoundly damaging for herself and her children:

> "It was very, one of my horrible experiences for me and my children. We are mostly hungry all the time. They give very awful food and we have to eat that. Sometimes we don't eat and we keep on hungry, hungry, all three. We are three. Two are my children. And when my children, they got, they were very sick and they got some disease … My children, they got teeth problem. And very, very bad experience and very difficult time. We spend one year."
>
> Asylum seeker participant, single parent with two children

Another mother had been living in a hotel with her husband and two daughters for two years at the time of interview. Through an interpreter, she told us that her family had stopped eating meals at the hotel altogether because it made both her daughters ill. Instead, they relied on what they could get from the food bank and their own limited funds.

> "The quality of the food is so bad and it's inedible, she's saying. And her daughters got sick for a while from the food from the hotels … Usually it's chicken, fish, meat. But when you see it, you think that it's dog food … They didn't like the food at all. They found it unbearable. One of them had food poisoning, she went to hospital. She didn't like it. And, yeah. And they lost weight."
>
> Asylum seeker participant, living in a hotel with her family for two years

A significant aspect of the strain that asylum seeking placed on dietary health and mental health was time – long and uncertain waits in the asylum system, for months and sometimes years, during which everyday privations mounted-up. What could be endured in the short term became unbearable and damaging in the longer term. One of the food bank workers who was heavily involved in fundraising talked about the cumulative impact of living-off substandard food and staying in temporary accommodation.

> "Okay, it's [hotel food] a bit better that what you might have got in a refugee camp … But really anyone who's saying that or has lived and grown up here, go and put yourself in that situation, go and sit in a hotel with £7 a week so you can't really barely even leave the hotel. You've got two kids, three kids running around, trapped in a hotel room for a year and a half, eating this, that, the other. And you don't have, you're not allowed to go out and work. You're not allowed to better yourself …. Yeah, I don't think anyone would be happy. And everyone would be kind of complaining and going insane in that situation."
>
> Food bank worker, involved in fundraising

Participants often spoke about food and mental health together. Alongside housing (or lack thereof) it was one of the issues that caused them the most distress. While the health of children was the primary concern of most of the people we spoke to, poor diet also presented problems for those in middle age. It was difficult for them to manage existing health conditions and they often deteriorated. There was concern over health across the life course. For example, in accounts of both how poor diet might delay puberty for children and bring on early menopause for women.

> "I am having hyperthyroidism and my current level become more worse in my previous hotel and I'm facing early menopause. Because of no food. My menstruation become disappear."

Middle aged female asylum seeker participant

and

> "When she [daughter] growing up she was undernourished and didn't develop fully.… And even the doctor tried in vain to communicate with the hotel to give them better food. But still they found an excuse not to."

Female asylum seeker participant

What can we learn from this research?

Asylum applications in wealthier countries are at an historic high, which presents a range of challenges. Backlogs and longstanding shortages of suitable asylum accommodation have resulted in the now commonplace practice of housing asylum seekers in hotels. In addition to being unpopular with the public and the subject of heated political debate, these sites have prompted serious concerns about the quality of accommodation they offer and, crucially, the safety and healthfulness of the food on offer. Asylum seekers have little control over their lives whilst in the immigration system. Greater care and attention must be given to how they are housed and fed. Responsibility for trying to ensure that those in the asylum system eat well cannot be given over to charities. Food banks are a main source of support for asylum seekers for food, social support, (immigration) advice, and advocacy. But it is neither practical nor fair to task them with mitigating the failings and harms of existing provision.

The asylum seekers we spoke to told us that they would welcome more contact and engagement with the Home Office about their accommodation and diets, especially where hotels were concerned. The current Government have pledged to end the use of asylum hotels by 2029. Charities have long been calling for healthier, more cost-effective ways to feed asylum seekers, such as providing self-catering facilities in accommodation, issuing cash support instead of catering, and establishing community-led food projects [17]. These would be important first steps to ensuring future food provision for asylum seekers that meets their needs.

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