

**All-Party Parliamentary Group on Immigration Detention  
Meeting on small boat arrivals**

Thursday 26 November 2020, 10.00-11.30

Online via Zoom platform

**Minutes**

---

|                             |  |
|-----------------------------|--|
| <b>Parliamentarians:</b>    | Alison Thewliss MP (SNP) - Chair<br>Baroness Bennett of Manor Castle (Green Party)<br>Baroness Hamwee (Liberal Democrat)<br>Baroness Lister of Burtersett (Labour)<br>Stuart C. McDonald MP (SNP)  |
| <b>Secretariat:</b>         | Emma Ginn (Medical Justice)<br>Kris Harris (Medical Justice)<br>Elspeth Macdonald (Medical Justice)  |
| <b>Speakers:</b>            | Jennifer Blair (Helen Bamber Foundation)<br>Kolbassia Haoussou MBE (Survivors Speak OUT)<br>Sonia Lenegan (ILPA)<br>Dame Anne Owers DBE (Independent Monitoring Boards)<br>Theresa Schleicher (Medical Justice)<br>Hindpal Singh Bhui, Inspector Team Leader (HMIP)<br>Charlie Taylor (HMIP) |
| <b>Others participants:</b> | Over 60 experts by experience and representatives from relevant external organisations   |

---

**Minutes**

**1. Welcome**

The chair welcomed the speakers and attendees to the meeting of the APPG on Immigration Detention.

## **2. Opening remarks: Theresa Schleicher, Casework Manager, Medical Justice / APPG Secretariat**

Theresa introduced Medical Justice and its work providing independent medical assessments and reports for people in immigration detention.

Referrals to Medical Justice had risen dramatically since August, a result of the Home Office's accelerated processing of people who were arriving by small boat across the Channel. Medical Justice saw people when they were about to be removed from the UK - ie. almost at the end of the process. Medical Justice's current clients had typically arrived by boat in the late summer or autumn of this year, some as recently as early November. They described terrifying journeys, often being forced into boats by smugglers when they could see that the boat was not safe and they could not swim.

Upon arrival they entered detention facilities in Dover and were then taken to Yarl's Wood Immigration Removal Centre (IRC). At Yarl's Wood they were given a short asylum screening interview by telephone. Some were taken directly from Yarl's Wood to Brook House IRC for detention prior to a removal charter flight. Others were released to hotels where they waited for several weeks or even months, expecting to be moved to more permanent accommodation. Instead however, they were then taken to Brook House IRC for detention prior to removal.

Brook House IRC appeared to be very full at the moment. General levels of distress were very high. A large percentage of detainees had survived horrific trauma or even repeated multiple traumas in their country of origin or en route to the UK. The main nationalities were Sudanese, Syrian, Yemeni, Eritrean and Iranian, so it was easy to imagine the types of experiences they might have had; many had also been trafficked and exploited during their journeys.

The screening mechanisms to identify such vulnerabilities did not work effectively however. Levels of self harm and suicide attempts were currently high. A very high percentage of detainees were on ACDT (Assessment Care in Detention and Teamwork), the process of reviews and frequent observation by IRC staff of detainees at risk of self harm or suicide. Many were in fact on constant observation due to the high level of risk. Detainees were also witnessing each other's distress and self-harm.

Getting access to legal advice and representation was difficult too. Many of Medical Justice's current clients had never received advice from a solicitor, despite having almost reached the end of the process and being faced with imminent removal.

The Rule 35 process, one of the main safeguards for vulnerable people in detention, did not work effectively. Currently there were not enough Rule 35 appointments available, resulting in long

delays for assessments and even in some cases people being removed from the UK before they had been assessed.

Many clients of Medical Justice's clients were found to be medically unfit for detention or to fly. Some had family in the UK, and/or physical and psychological scars of torture or trafficking, which could mean their asylum claim should be heard in the UK. Concerningly, however, many told Medical Justice that they have not been asked about their experiences and history in any detail by anyone in the UK.

Almost all Medical Justice's clients were released from detention. Though positive, this indicated that they should have never been detained in the first place. They had just been lucky to come into contact with Medical Justice, a small charity with limited resources. Undoubtedly there were others who were not so lucky.

Medical Justice had never seen this number of extremely distressed, traumatised clients in detention all at once and all at immediate risk of removal. Theresa asked for the APPG's help in raising the alarm in Parliament about what was happening. The accelerated system of processing was currently only being used for Dublin cases. Medical Justice was concerned the Home Office might be planning to expand its use to non-Dublin cases too however. So now was the time to take action and address the issue.

### **3. Charlie Taylor, HM Inspector of Prisons, and Hindpal Singh Bhui, Inspection Team Leader, HMIP**

Charlie introduced himself briefly, explaining that he had just recently been appointed as Chief Inspector. He thanked the APPG for hosting the event.

Hindpal explained that HMIP undertook inspections of all forms of detention, as well as escorts on removal flights. HMIP was an independent body with its own standards. He would speak about conditions and safeguarding at the Dover STHFs and Yarl's Wood IRC.

**Tug Haven** - The arrivals area at Dover was called Tug Haven. Between June and August 2020 approximately 2,500 people had arrived at Tug Haven before being bailed or moved to other detention facilities. The facilities were not fit for purpose. The area resembled a building site with rubble on the ground. People were held in small metal containers which were crowded and did not allow for social distancing, or under gazebos which were open to the elements. Many people were soaking wet after their boat journey but conditions meant they were not able to warm up. Supplies of dry clothes were also running out. HMIP has seen some people put into escort vehicles and arrive at Yarl's Wood still in wet clothes.

The Home Office had recently notified HMIP that conditions at Tug Haven have been improved by using humanitarian tents rather than gazebos, and providing larger containers to hold people in. Inspectors had not seen these changes in-person.

**Kent Intake Unit (KIU) / Frontier House** - The other two facilities at Dover were the KIU and an overflow unit called Frontier House. Both had been refurbished since last inspection, but were still very cramped and not suitable for the number of people being held. Many people were held for over 24 hours, and some for more than two days. The rooms did not have proper sleeping facilities, and access to showers was poor. People could not go outside and natural light was very limited.

The KIU was crowded, poorly ventilated, and socially distancing was almost impossible. Hand-washing facilities were not available in the women's toilets. People had to sleep on the floor, often on either thin mattresses or beanbags. The rooms were often very dirty. Toilets were also dirty and had no locks so were not private.

No overall health needs assessment had been carried out at Dover to help respond to the changing needs of the people held there. People did not always receive a health screening. HMIP reviewed approximately 150 incident reports and most referred to medical issues or mental health problems.

According to HMIP's evidence, the problems did not lie with individual staff behaviour; the issues were systemic, relating to resourcing and conditions.

**Safeguarding of children at Dover facilities** - children were not detained for the shortest possible period of time. Detentions lasted up to 66 hours. 29% of unaccompanied children had been held at KIU for over 24 hours. Welfare interviews with children were often taking place in the middle of the night for no obvious reason. Children were not always being identified properly in Dover - HMIP saw four cases of children being missed and transported to an adult detention centre.

HMIP also saw a case of a 12 year-old boy who was transferred from Dover to asylum accommodation with his 18 year-old brother. UKVI should have informed the local authority that a child had come into their area to ensure the child was safeguarded, but no such referral was made. HMIP made their own referral independently. UKVI had told HMIP that they were investigating what had happened. This was useful, but HMIP's main concern was ensuring the child in question was actually safeguarded.

During the inspection period there were 109 age assessments where the person assessed was deemed to be an adult. The Home Office could not provide information about how many were

deemed to be children, nor on how many child safeguarding referrals were made to social services. Such examples of a lack of relevant information suggested a deeper, ongoing problem.

The Refugee Council were providing good support to children at Dover. This was one area of more positive practice.

**Safeguarding of adults at Dover facilities** - HMIP saw an elderly woman at Frontier House who was held for 40 hours. No vulnerable adult care plan was completed.

Asylum screening interviews were abridged, with less information being gathered. They were also often being conducted in early hours of the morning with exhausted detainees. This was not the best way to obtain sensitive information about vulnerability risk and needs. Records seen by HMIP suggested vulnerabilities were not being explored fully; much of the information recorded was quite perfunctory. The Home Office could not tell HMIP how many referrals had been made to the National Referral Mechanism (NRM) from individual sites. An overall figure was published, but it was important to know the figures for individual sites in order to understand whether procedures were being followed correctly. Electronic records were very poor with very minimal evidence recorded, including lack of evidence of a person's detention being routinely reviewed if they were held for more than 24 hours. UKVI staff confirmed the reviews did not always take place because of the large number of people coming through.

The reason given by the Home Office to explain many of the problems identified by HMIP was that the number of people arriving was unprecedented. In HMIP's view this explanation was not good enough. Numbers were high but not unpredictable. Similar situations had occurred in 2018 and 2019 and HMIP would expect some basic contingency planning to be in place. It was also important to note that conditions at Tug Haven were simply inadequate, regardless of how many people were arriving.

**Yarl's Wood** - at the time of the inspection, Yarl's Wood had been repurposed as a Short-Term Holding Facility (STHF). Generally the centre had adapted well to the change of function. The standard of accommodation was good. Detainees were positive about how individual staff were treating them and had access to outside space. When vulnerabilities in adults and children held at the centre were identified, staff responded quite well.

**Charter flights** - Issues such as the last minute identification of vulnerabilities meant that the final number of people removed on a charter flight was always lower than the number originally planned. This was concerning - vulnerabilities should be identified as early as possible to avoid creating distress amongst detainees, and to avoid wasting resources.

HMIP had long-running concerns over the use of restraints on removal flights. On the charter flight to France/Germany, half of the people being removed (7 of 14) had waist restraint belts used on them. Inadequate dynamic risk assessment meant the belts stayed on until arrival, despite all the people in question being physically compliant after take-off. On charter flights to Sweden, Romania, Lithuania, and France, vulnerabilities were not identified early enough, though fewer people were restrained and de-escalation was better.

#### **4. Sonia Lenegan, Legal Director, Immigration Law Practitioners' Association (ILPA)**

Sonia introduced ILPA, a membership association made up of lawyers and NGOs working in the immigration sector.

The Home Office's lack of transparency about how people arriving in small boats were being processed was of the utmost concern. The system could not and should not be operated in the shadows - yet this was what was currently happening.

Since the end of August, the Home Office had been operating approximately two charter flights per week to remove people to Europe under the Dublin Regulations. Such high levels of returns were unprecedented. ILPA had grave concerns about the legality of the process as currently operated. This made it all the more important for people affected to be able to access legal advice at an early stage.

ILPA had raised concerns with the Home Office in mid-September about people's lack of access to legal advice and the fact that certain questions were being omitted in the asylum screening interview. The screening interview was how a person registered their asylum claim and took place shortly after arrival in the country. For people arriving by boat, it would usually take place at the KIU or Yarl's Wood IRC.

The Home Office had stated that any questions missed at screening could be remedied at the later substantive asylum interview. Not everyone would get to the point of having a substantive interview however, and whether a person did was determined to a large extent on the information they gave during their screening interview. By omitting questions at that stage, the Home Office were denying people the opportunity to properly enter the UK asylum system.

There was an ongoing challenge around the asylum screening interviews. In early November, a High Court judge had ordered the Home Office to ask questions at the screening stage that would assist in identifying people who have been trafficked.

Early access to legal advice when claiming asylum was vital. In the current accelerated process, the first time many people accessed legal advice was in a detention centre immediately prior to their removal flight ie very late on and when the Home Office had already decided not to process their claim in the UK. At this point, their lawyer had to do an immense amount of work in an extremely limited period of time in order to stop the removal and ensure the person's asylum claim was considered properly.

Lawyers had been quite successful at stopping removals. In response the Home Secretary had launched repeated public attacks on them for bringing so-called "last minute challenges to removal". In fact, those legal challenges were the inevitable result of the way the system had been designed and operated by the Home Office.

At Yarl's Wood IRC, people had the opportunity to access legal advice at the very beginning of their case via the Detained Duty Advice (DDA) scheme. However, detainees did not seem to be accessing the scheme. At least eight firms had held surgeries at Yarl's Wood without a single detainee attending. Reports suggested detainees were not being told that legal advice was available or necessary, and were not receiving information in their own language.

After Yarl's Wood, some people were moved to hotels to quarantine for 14 days. As far as ILPA was aware, nothing was being done to facilitate legal advice at this stage. Due to quarantining, people could not leave the hotel to find a lawyer.

The Home Office appeared to be seizing many people's mobile phones. This hampered a person's ability to access a lawyer, disrupted contact with friends and family at an extremely difficult time, and limited access to language assistance for those who did not speak English. The Home Office was yet to provide an adequate justification for the seizures.

After hotel quarantine, it appeared people were moved either to the new army barracks sites in Kent and Penally, or back into immigration detention prior to removal. Some people were moved directly from Yarl's Wood to Brook House IRC to be removed. In such cases it would appear no quarantining took place. It was not clear under what circumstances quarantining was being used.

ILPA had many concerns about the use of army barracks as initial asylum accommodation. This included concerns around people's ability to access legal advice. ILPA had raised these concerns with the Home Office in September and continued to do so.

The Legal Aid Agency (LAA) had not been informed by the Home Office about Yarl's Wood being repurposed as a STHF. This was very concerning as the LAA facilitated the DDA scheme. The Home Office had also stated they were working with Migrant Help to pilot a new legal aid signposting scheme for people in temporary accommodation, including the barracks. In ILPA's view such a

scheme could not be successfully designed or operated without input from the legal aid sector, yet neither ILPA, the LAA and the Law Society had been consulted. ILPA had raised this as a concern with the Home Office.

In summary, the Home Office could not claim to be unaware of the large number of concerns around the accelerated process as currently operated – they had been raised in numerous ways. Yet the Home Office seemed content to leave the problems to lawyers to sort out, and then complain about “activist” lawyers and judges, who were in fact simply applying the law. The law would ultimately prevail, but that would take time; meanwhile people caught in the system might suffer irreparable damage.

## **5. Jennifer Blair, Co-Head of Protection, Helen Bamber Foundation**

Jennifer introduced the Helen Bamber Foundation, a specialist charity that offered clinical and holistic services to people who had survived torture, human trafficking and other forms of severe abuse.

People arriving at Dover were not being given a health-screening. As discussed earlier, key questions that could identify victims of trafficking and other trauma were being missed out during people’s asylum screening interview. Following the High Court interim relief order, it was not clear whether people subjected to the abbreviated interview would be re-interviewed.

The phone seizures mentioned earlier meant that people were losing a lot of information and connectivity. This caused distress, and reduced people’s ability to access NHS services phone/online services.

Limited screening upon arrival meant that people were being taken to Yarl’s Wood who were unsuitable for detention. Potential victims of trafficking were not being identified or referred into the NRM. People were unlikely to receive prescription medication in a safe way at Yarl’s Wood because there was little time to gather information about them.

Many people were being placed in initial accommodation in hotels, sometimes for months at a time. People were given no cash support, so had very little access to hygiene products or to food that met dietary requirements (e.g. diabetic). People also struggled to travel to or register with a GP. This was further complicated by the fact that people were frequently moved between different accommodation, so did not have time to register.

New arrivals were all placed together in the hotel, leaving them without the benefit of peer support - which usually happened in more mixed populations, where people who had been in the UK longer were able to help others.



People seeking asylum had the same rights to healthcare as anyone else in the UK. However, GPs were often reluctant to register large transient populations with language barriers and who did not have up-to-date health screening and immunisations.

The use of army barracks at Napier and Penally for initial accommodation was an extreme form of institutionalised accommodation. HBF, Freedom from Torture and Doctors of the World had collected case studies of the harm being done at the sites. Various clinical organisations including the Royal College of Psychiatrists and the British Medical Association had also called for the sites' closures. Residents of the Penally camp had also written a powerful report detailing their experiences around health and welfare access. This had been prepared specifically for the meeting today, and would be shared afterwards with Members.

Transfers to the barracks often occurred at night, without notification and involved people being bundled into a car. Residents had repeatedly described it as feeling like kidnapping or abduction. The people affected were new arrivals in the country, so often did not know much about the system and how they might be kept safe within it. People arrived at the camps exhausted and distressed.

There was no infrastructure to give people a healthcare screening upon arrival at the barracks. People should have received a screening before transfer, but in many cases that was not possible e.g. people had not been able to register with a GP.

The local healthcare board in Penally was give just two days' notice before residents were moved into the barracks. This gave little time to put measures in place. A private nurse was planned for each barracks site; however they arrived without appropriate equipment, no professional support framework, and no healthcare pathways or external expertise in place. Pathways were being developed now, but in HBF's view this was unethical - people should not be sent to a site without them already in place.

HBF had documented high levels of distress amongst residents at the barracks. Self-harm and suicide attempts had been reported in the past week. The sites were wholly unsuitable for survivors of torture, trafficking or severe forms of abuse: there was little privacy, they were surrounded by barbed wire, and loud military exercises were being carried out near the Penally site for example.

The Home Office claimed not to be placing people with vulnerabilities in the sites. Such a claim was unrealistic given that all the people at the barracks were in the process of seeking asylum.

The sites were not Covid-safe. People had not self-isolated before they arrived, and were coming from different local authorities. The majority of Covid-related recommendations from the local health board had not been implemented.

The situation must not become business as usual or embedded. HBF asked parliamentarians to think about how to avoid this.

## **6. Kolbassia Haoussou MBE, Co-Founder and Co-ordinator, Survivors Speak OUT**

Kolbassia introduced Survivors Speak OUT (SSO), a network of torture survivors and refugees. He thanked the APPG for hosting the meeting and for prioritising the topic of immigration detention.

It was sad to see how the UK was changing. The country had been a beacon of hope and resistance during WWII, setting an example on how to treat people fleeing persecution, and standing firm on an absolute ban on torture. Now it was tearing down that legacy. The country seemed to be in competition with the US on who would treat people seeking safety the worst, who would sanction torture first, who would use the most divisive language.

The UK had a global role in upholding human rights. However the current Overseas Operations Bill and the hostility shown against people seeking protection had damaged the UK's standing. The Bill in particular would set an example to other countries that they too can get away with torture. This would damage the chances of torture survivors around the world getting justice and protection.

Kolbassia noted that his experiences in immigration detention in the UK had been worse than his experiences in a torture chamber. This was because it directly contravened the UK's value of protection. If the UK was seeking to be force for good in the world, it should not regress from its obligations under international law. Those obligations made the country stronger, not weaker. SSO would welcome a discussion on how to work together to remove the barriers to justice for torture survivors, and to ensure that the UK was a welcoming, compassionate country. People with experience of detention and the asylum system could help parliamentarians to better understand these challenges and how best to address them.

## **7. Dame Anne Owers, National Chair, Independent Monitoring Boards**

In the IMB's view the Home Office's current imperative seemed to be moving people through the system as quickly as possible, rather than doing proper assessments - of age, medical need, asylum, modern slavery, vulnerability and risk - at the right time. The process had begun to resemble a human pin-ball system.

The most acute pressure was at Brook House, where there were unprecedented levels of vulnerability, stress and anxiety. Over 1 in 5 detainees at Brook House were now at risk of self-harm or suicide. The number of recognised adults at risk was rising, as was the number of detainees on constant watch. Being placed on constant watch was very traumatising for the person involved and required a lot of resources.

Such levels stress, risk and vulnerability at a detention centre were unprecedented - no board had ever seen them before. It was in part due to the accelerated way in which people were being processed, meaning that a lot of extremely vulnerable, anxious, despairing people being held together in one place. Speed was taking over from humane treatment.

The IMB had raised these concerns with the Immigration Minister in early October. They received a response only yesterday when they were giving evidence to the Home Affairs Committee. It was extremely rare for the IMB to write to the Minister in such terms; it was even more rare not to receive a response in good time.

## **8. Q & A**

**8.1 Baroness Lister of Burtersett noted that the Home Office was planning to tighten the asylum system. What were the implications of current accelerated process for the new system the government was planning to bring in?**

**8.2 Cornelius Katona (Helen Bamber Foundation) pointed out that many people arriving by boat had not only been trafficked in Libya, but also in France where they were being made to pay for their boat journey by working for their trafficker. This was a new and little known phenomenon.**

**A failure to identify vulnerability underpinned the whole discussion. Accelerated processes were not designed to identify vulnerability properly. The current situation was reminiscent of the Detained Fast Track process, which was found to be unlawful because it failed to give adequate opportunity for the identification of vulnerability. There was a real danger of the same thing happening again, either by mistake or deliberately.**

**8.3 Stuart C. McDonald MP noted that the asylum screening interview involved filling out a set form. The presentations seemed to suggest a conscious decision had been made to not ask certain questions on that form ie. those that would identify vulnerabilities such as trafficking. Was that correct? Was there a clear pattern to the questions not asked?**

Sonia Lenegan - that was correct. The Home Office had been writing the answer “not asked” in certain boxes. It did appear there was some kind of undisclosed process in place. The full hearing of the current High Court legal challenge would try to uncover more details.

Hindpal Singh Bhui - screening interviews were often taking place late at night when people were exhausted. This meant they were not being given a proper opportunity to disclose information about trafficking. Even a thorough pro forma would not be effective under such conditions.

Jennifer Blair explained that there were questions that were not being asked, or asked in a restricted way. One example was the question about a person’s journey to the UK. This was either not asked at all, or the information gathered only referenced the person’s journey from Europe to the UK, not their entire journey from their home country to the UK. Another example was the question about why a person was claiming asylum. This was not asked at all.

**8.4 Baroness Bennett of Manor Castle asked whether the situation improving at all, or were any changes more “hostile environment” in nature? What would be the impact of additional EU citizens becoming subject to the detention system after 31 December?**

Sonia Lenegan - The Home Office’s priority was on removing people to Europe as quickly as possible while the Dublin Regulation was still in force. Improvements were therefore unlikely. Generally speaking EU citizens would not be claiming asylum, so would not be affected.

Anne Owers - The situation at Brook House was unsustainable. The levels of stress and anxiety for detainees and staff were very high. The IMB had asked the Immigration Minister what plans he had to address the situation but had received no response.

Theresa Schleicher - There had been no improvement on vulnerability screening at Brook House, despite the fact that the situation had been ongoing for some time. Removal flights to other non-European countries had also recently restarted. So it seemed pressure was increasing.

Hindpal Singh Bhui - The changes at Tug Haven should improve the situation there but inspectors had not seen these changes in-person. In relation to KIU, at the Home Affairs Committee, a senior manager at Mitie Care and Custody felt the facility needed to be three times as large to manage the numbers of people arriving. Other parts of the estate could also be used given relatively low numbers in most detention facilities.

**8.5 Nadine Tunasi (Survivors Speak OUT) argued that the UK needed a system that recognised that people seeking asylum were human beings. Most were not aware of their rights; this made early interventions of support even more important. People fleeing were just seeking protection; it really hurt to see how the system was still failing them. When vulnerable**

**people are put into detention, what is achieved? Does it allow them to be in the right mind-set to tell their story properly? Disclosing torture was not easy. The UK needed a system that facilitated disclosure and helped people to tell their difficult story. A lot still needed to be done.**

## **9. Agreed actions**

9.1 The APPG would write to the Home Office to raise various concerns discussed in the meeting and tie this into some media work.

9.2 The next Home Office oral questions would likely take place before Christmas recess. The secretariat would coordinate members to table some key questions on the topic for this. A topical question could be tabled in the Lords if the issue was first raised in the media. Members commented they would also be happy to table written questions.

9.3 The Chair was regularly applying for both Westminster Hall debate and adjournment debates. The secretariat would notify members if this was successful.

9.4 The secretariat would liaise with the Chair on a date for the next meeting and inform Members.

## **10. Meeting closed**