

# The All Party Parliamentary Group on Immigration Detention inquiry into 'quasi-detention'

Freedom from Torture submission – June 2021

## Introduction

Freedom from Torture is a UK-based human rights organisation and one of the largest torture rehabilitation centres in the world. Each year we provide clinical services to more than 1,000 survivors of torture in the UK, the vast majority of whom are asylum seekers or refugees. We also have a Legal Advice and Welfare Service that provides support to torture survivors in treatment at a Freedom from Torture centre.

We are pleased to share our reflections and evidence related to the Home Office's use of large-scale institutional sites such as asylum accommodation. Our submission focuses on the treatment of vulnerable individuals, including survivors of torture and trauma, in such accommodation. It draws on learning from remote medical screening assessments by clinicians from Doctors of the World (DOTW), Helen Bamber Foundation (HBF) and Forrest Medico-Legal Services (FMLS) of people housed in the Napier and Penally sites. It also draws on the nine remote medical assessments that Freedom from Torture conducted on residents of the Crowne Plaza hotel<sup>1</sup> between 17th March 2021 and 14th April 2021, following referral by their legal representative as a potential survivor of trafficking and torture. Finally, it draws on four witness statements provided by Freedom from Torture's Head of Doctors, Dr Juliet Cohen, regarding the suitability of specific sites<sup>2</sup> for vulnerable individuals. We also include analysis of the proposal to establish reception centres within the New Plan for Immigration.<sup>3</sup>

Our response will focus on the following inquiry questions:

- 2) What are the key features of the site(s) that generate concern, and how do these features impact on residents, with regard in particular to their:
  - Physical health?
  - Mental health?
  - Ability to access specialist support e.g. for victims of trafficking, age disputed minors, etc?
- 3) What mechanisms, if any, exist at the site(s) to identify and safeguard vulnerable people, and are these mechanisms adequate?
- 4) What changes, if any, have been observed in the way that the asylum/immigration claims of residents at the site(s) are being processed, and what implications might these changes have?
- 5) What recommendations (both short-term and long-term) do you have for the government regarding the site(s) and others like them?

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<sup>1</sup> The Crowne Plaza hotel, while not meeting the definition of 'quasi-detention', shares characteristics with other forms of institutional accommodation used or proposed for use by the Home Office to accommodate asylum seekers while their claim is processed.

<sup>2</sup> The sites to which the witness statements refer are Twinwoods Business Park (adjacent to Yarl's Wood), the Napier Barracks, the Penally Camp and the Crowne Plaza hotel.

<sup>3</sup> The Plan includes a proposal to establish reception centres to provide basic accommodation while processing the claims of asylum seekers. The stakeholder questionnaire further clarifies that the centres will be used for those whose claims are considered inadmissible. However, no further detail has been provided regarding the type of accommodation or the intended residents.

## Recommendations

- 1) The Government should close Napier barracks immediately and transfer the residents into appropriate accommodation in the community. Army barracks and re-purposed Immigration Removal Centre (IRC) sites should never be considered appropriate accommodation for asylum seekers.**
- 2) Rather than expanding the use of harmful institutional accommodation, the Government should be making a full commitment to housing people seeking asylum in communities and urgently addressing the long-standing structural issues in the management and monitoring of contracted provision.**

## Impact on mental health

People seeking asylum are an inherently more vulnerable population, because of their experience of war, conflict, torture, human trafficking, and other forms of abuse. As a result of their experiences there is a high prevalence of trauma symptoms (including post-traumatic stress disorder [PTSD], anxiety and depressive disorders) among this group. Institutional accommodation of the sort used as contingency housing during Covid, and now proposed in the form of reception centres, should never be considered appropriate accommodation for this population.

### *The prison-like and isolated nature of 'quasi-detention' institutional accommodation risks re-triggering trauma*

The former barracks, re-purposed IRC sites<sup>4</sup> and even the Crowne Plaza hotel all have the bearing of a prison, with a high wall surrounding the buildings and warning signs. According to the medical assessments Freedom from Torture clinicians conducted with residents of the Crowne Plaza, they find these aspects of life at the hotel to be prison-like. There are limitations on access to communication with friends and family, and few opportunities to socialise, leading residents to feel a strong sense of social isolation. Lack of credit or poor or inaccessible WiFi only increases the sense of feeling cut off.

Prison-like accommodation, with bag searches and limits on communication and visitation rights, contributes to creating an atmosphere of detention, whether movements are fully restricted or not. This is likely to be exacerbated where the accommodation is based on the site of an IRC, where the boundary between detention and accommodation is further blurred.

Research on the accommodation provided to survivors of modern slavery shows that the experience of isolation contributes to increased symptoms of depression and trauma and identifies links with increased rates of early mortality.<sup>5</sup> Prolonged isolation and uncertainty of this nature is stressful and destabilising, particularly for victims of trauma.

Clinical consultations<sup>6</sup> with residents of the Napier site demonstrated that the general wellbeing of residents was profoundly harmed by the experience. Clinicians identified residents with PTSD, depression, anxiety and suicidal ideation. Several reported exacerbation of trauma from past experiences, and suffering from flashbacks and nightmares. Residents reported that the accommodation reminded them of their past experiences of exploitation and abuse including imprisonment and violence. One person stated that: *"we're being housed like goats"* and another that: *"this is the same as when we were imprisoned in Libya, just without the physical violence"*.

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<sup>4</sup> Including the actual use of Tinsley House IRC and the proposed temporary facility within Yarl's Wood IRC.

<sup>5</sup> *Life Beyond the Safe House for Survivors of Modern Slavery in London: gaps and options review report*, Human Trafficking Foundation, 2015: <https://www.antislaverycommissioner.co.uk/media/1260/life-beyond-the-safe-house.pdf>

<sup>6</sup> *Written evidence submitted to the Home Affairs Select Committee inquiry into Home Office preparedness for Covid-19 (Coronavirus) by Doctors of the World, the Helen Bamber Foundation, Forrest Medico-Legal Services and Freedom from Torture:* <https://committees.parliament.uk/writtenevidence/22217/html/>

In addition to the trauma caused by this form of institutional accommodation, it is also inherently incapable of ensuring appropriate access to healthcare for residents. Six months after it opened, residents in Napier barracks still only had access to one privately contracted nurse and residents at the Penally site had to go through a member of the contractor's staff in order to access an NHS medical appointment. In the latter, a Home Office-provided nurse was found to be so inadequate in terms of training, experience and supervision that they first had their scope of practice limited and then were removed entirely. Some of the medical assessments we conducted for residents of the Crowne Plaza also reference difficulties in making adequate contact with GPs, including due to lack of interpreters.

#### *Residents of institutional accommodation often lack control and autonomy*

Crowne Plaza residents told us that they could not cook their own food, access cleaning materials or adequate heating for their rooms. They therefore had little control over their immediate environment's hygiene or temperature, and the only way to exercise choice in what they ate was to buy their own food, provided it did not need to be cooked. They were advised that the water from taps in their bathrooms was not drinking water, so they needed to ask staff permission to refill water bottles.

Residents reported difficulty accessing cleaning products in order to maintain hygiene in their rooms. Due to the poor quality of the food, which did not accommodate for special dietary needs, they reported spending their allowance on fresh food and then having no money left over for cleaning products, a laundrette or phone credit.

The barracks have shown us how placement in a male-only facility with large dormitories, very limited, or no perceived, privacy or autonomy, and substantially reduced access to community spaces and services all amplify the residents' sense of being discriminated against and punished. This feeling of victimisation and the associated trauma is exacerbated by the increased likelihood of far right harassment created by such visible focal points.

#### *Institutional accommodation is ill-suited to the identification of vulnerability or the treatment of trauma*

The conditions at Crowne Plaza hotel, and similar types of institutional accommodation, are entirely unsuitable for victims of trafficking, torture and other forms of persecution. Freedom from Torture medical assessments indicate that the Crowne Plaza was exacerbating pre-existing mental health conditions.

The management of PTSD requires an environment where the subject feels secure and supported in order to be successful.<sup>7</sup> It is impossible to manage serious mental health conditions, like PTSD, adequately in the sort of institutional accommodation so similar in nature to detention, that is currently being used, and proposed for further use, by the Home Office.

The UK National Institute for Health and Clinical Excellence (NICE) states, in relation to the treatment of PTSD: *'Be aware of the risk of continued exposure to trauma-inducing environments. Avoid exposing people to triggers that could worsen their symptoms or stop them from engaging with treatment, for example, assessing or treating people in noisy or restricted environments, placing them in a noisy inpatient ward or restraining them.'*

Survivors of trauma need to be in an environment where stress and triggers to re-experiencing symptoms are minimised, where they have a level of control and autonomy, and where they can develop trust and feel respected by those with whom they interact. We know from our medical assessments of the residents at Crowne Plaza and those of partner organisations working with residents in the barracks, that existing

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<sup>7</sup> The Royal College of Psychiatrists has issued a Position Statement<sup>7</sup> setting out why an environment that increases PTSD symptoms, such as in detention, is not a suitable therapeutic environment. The Quality Standards for healthcare professionals working with victims of torture in detention<sup>7</sup> further discuss the mental health care needs of victims of torture and the impact of detention.

Home Office processes consistently fail to identify mental health conditions and other vulnerabilities prior to routing into unsuitable contingency accommodation.

We have heard anecdotally of a number of suicide attempts at the former army barracks sites but are not aware of any relevant data published by the Home Office.

### Impact on physical health

High-density accommodation with shared sanitary facilities and communal dining areas will always present a risk in terms of compliance with public health and disease control requirements. Napier residents were accommodated in rooms with 14 beds, while in the Penally camp, the dormitory rooms held at least 6-8 men with very limited space to allow for social distancing. Residents at Napier barracks were obliged to queue outside, without shelter, to receive food. Both former barracks showed evidence of poor maintenance of their sanitary facilities.

It is alarming that the Government even considered using accommodation of this nature during a global infectious disease pandemic and with a BAME cohort that has a recognised heightened risk of infection and death from COVID-19. We may now be gaining some degree of control over the Covid pandemic, although mutations and vaccine-resistant strains are inevitable, but it is unlikely to be the last time we encounter such a public health threat.

### Institutional accommodation can act as a barrier to access specialist support

The restrictions in place at the Crowne Plaza meant that support workers could only see residents from the car park, a completely unsuitable environment in which to provide vulnerable individuals with support.

Institutional accommodation located in remote sites far from a community or facilities and obliging long distances to travel on limited public transport, to access support services, shops, medication, education or places of worship make it difficult or impossible for most people to overcome the enforced isolation. The limitations associated with health issues and insufficient cash only exacerbate this isolation.

Comprehensive access to adequate and appropriate support services can only be delivered in the community. This need is even more urgent in relation to specialist services, including for torture and trauma rehabilitation, which are often not available in remote locations.

### Safeguarding mechanisms

The continued presence of survivors of trauma, torture and trafficking in the former army barracks and hotels demonstrates the failure of the Home Office safeguarding mechanisms.

The Asylum Screening Form (ASF1) is one of the primary ways in which the Home Office identifies vulnerability in asylum applicants, at an early stage in the process. In relation to identification of trauma-related mental health conditions, the relevant section on this form is section 14. Applicants are asked to briefly describe any individual circumstances such as being pregnant, having a learning disability, being a victim of trafficking, having mental health problems, physical health problems, being a victim of domestic violence or 'other' reason.

This form is usually completed by applicants themselves, or with the help of a voluntary organisation such as Migrant Help. They would not normally have the assistance of a solicitor or a healthcare professional. The difficulty therefore is that at this early point in their asylum application they may not understand how their particular experiences or symptoms fit into this list of vulnerability characteristics. Trafficking victims in particular may not identify as such initially if they do not understand their experiences as falling within the scope of modern slavery.

## Changes to the asylum process

The Home Office has been implementing a pilot to facilitate the delivery of asylum substantive interviews and, where appropriate, decisions, for asylum applicants who are accommodated in hotels in order to reduce the number of hotels being used as contingency accommodation. They have also been delivering onsite remote asylum substantive interviews for asylum seekers who are accommodated in Napier barracks. We have been told that at least one substantive interview took place in the kitchen at Napier barracks.

While applicants in the hotel pilot were signposted to legal advice and specialist healthcare, the Home Office has not been able to demonstrate that all those involved in the pilot were able to secure adequate legal advice and specialist healthcare prior to the interview.

## Reception Centres

Our evidence demonstrates that institutional accommodation, including ‘quasi-detention’ such as the former barracks, is profoundly harmful to the health and wellbeing of asylum seekers. We are concerned that the proposed reception centres will share many of the characteristics with the contingency accommodation used during Covid.

Reliance on the model of accommodation used in Denmark, Sweden and Switzerland is cause for concern. Research in the Danish accommodation centres revealed high levels of isolation due to the remote location and conditions within the centres, with residents spending all day in their room, moving only to the shared kitchens to cook. Due to the lack of women-only spaces in almost all centres, some women residents chose to self-confine so as to avoid men in the aftermath of their own experiences of sexual or domestic violence.<sup>8</sup>

A January 2019 report<sup>9</sup> by the Swiss National Commission for the Prevention of Torture (CNPT) highlighted several shortcomings relating to the conditions of accommodation and care of asylum seekers in federal reception centres in Switzerland. The report notes the absence of a specific procedure to identify and care for particularly vulnerable persons such as potential victims of torture or human trafficking. The latest AIDA country report on Switzerland<sup>10</sup> described the lack of privacy and sanitary equipment in the federal reception centres and concluded that they create a situation that is ‘*very difficult for children, single women or other vulnerable persons*’.

The stated policy objective of the reception centres proposal is to speed up the processing of claims and removals but there is no evidence that this will be achieved. Over the last two years, the Home Office has increasingly employed remote processes to facilitate and expedite casework. This includes remote asylum interviews and a ‘push model’ that has broken the geographic link between applicant and caseworker, and allows casework to be directed anywhere within the UK according to capacity. The Plan does not explain how the use of reception centres would contribute further to this goal.

Accommodating traumatised people in reception centres will act as a significant barrier to the disclosure of sensitive, personal or traumatic information which may be critical to the asylum claim or to an understanding of the needs and behaviour of the applicant. This sort of disclosure can take a long time and often relies on relationships of trust with the legal representative, friends, community members and support services which will be difficult to access under these proposals. This will inevitably mean that the

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<sup>8</sup> <https://www.statewatch.org/media/documents/news/2019/mar/uk-dk-se-reimagining-refugee-rights-asylum-harms-3-19.pdf>

<sup>9</sup> *Synthèse du rapport de la Commission nationale de prévention de la torture sur ses visites dans les centres fédéraux pour requérants d’asile en 2017 et 2018*, National Commission for the Prevention of Torture (NCPT), 11 January 2019, available in French at: <https://bit.ly/2BLzGDx>.

<sup>10</sup> [https://asylumineurope.org/wp-content/uploads/2020/04/report-download\\_aida\\_ch\\_2019update.pdf](https://asylumineurope.org/wp-content/uploads/2020/04/report-download_aida_ch_2019update.pdf)

wrong decision is made in asylum claims involving some of the most vulnerable people. This is not the way to build a system that is fair or efficient.

Accommodating asylum seekers in an isolated reception centre will have implications for all of the requirements under Section 149 of the Equality Act 2010. At present, UKVI does not collect data which relates to the majority of the protected characteristics for those in asylum accommodation, and where it does, this is often not kept in a format that can easily or accurately be analysed.

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