

APPG ON IMMIGRATION DETENTION INQUIRY INTO 'QUASI-DETENTION'

Helen Bamber Foundation submission

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The Helen Bamber Foundation (HBF) is a specialist clinical and human rights charity that works with Survivors of trafficking, torture and other forms of extreme human cruelty and believes that all Survivors should have safety, freedom and power. Our work alongside Survivors shows us that with early and appropriate care and support Survivors build the strength to move on with their lives (or strength to fly). Our multidisciplinary and clinical team provides a bespoke Model of Integrated Care for survivors which includes medico-legal documentation of physical and psychological injuries, specialist programmes of therapeutic care, a medical advisory service, a counter-trafficking programme, housing and welfare advice, legal protection advice and community integration activities and services.

HBF has considerable experience of the impact of immigration detention on asylum seeking populations and survivors of human trafficking.¹ HBF has also conducted clinical work in relation to Penally and Napier Barracks and engaged with the Home Office and others at a policy level about both Barracks since they started being used as asylum accommodation in September 2020. In the High Court case of *NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening* [2021] EWHC 1489 (Admin) on Napier Barracks Linden J accepted HBF's evidence.²

This evidence focuses on the use of the Barracks as contingency accommodation and will look at:

- The key features of the site that generate concern, and how these features impact on residents, with regard in particular to their mental health
- The ability of residents to access specialist support
- The ability of residents to exercise their right to claim asylum
- Existing mechanisms to identify and safeguard vulnerable people, and whether these are adequate

The mental health vulnerabilities of people seeking asylum and victims of human trafficking

¹ For example, in November 2020 HBF, alongside Detention Action, intervened in the Supreme Court in the case of *R (TN Vietnam) v Secretary of State for the Home Department* UKSCID 2020/0031 (judgment awaited) on the legacy of the Detained Fast Track. HBF staff co-authored research entitled 'The impact of immigration detention on mental health: a systematic review' - Von Werthern and others (2018) 18:382, *BMC Psychiatry*.

² *NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening* [2021] EWHC 1489 (Admin), at paragraphs 187-189

People seeking asylum are an inherently vulnerable population,³ because of their experiences of war, conflict, torture, human trafficking and abuse. They face significant healthcare challenges and have a high prevalence of trauma symptoms. People seeking asylum and survivors of human trafficking have been consistently found to have high rates of Post-Traumatic Stress Disorder (PTSD), Complex PTSD, depression and anxiety disorders. Some people seeking asylum have mental health problems and associated behaviours that can place them at higher risk of suicide or accidental death. These including suicidal behaviours, self-harm and substance dependence. Symptoms of PTSD or Complex PTSD are often comorbid (i.e. co-occurring) with depressive and/or anxiety disorders. Many of those people seeking asylum who have been able to access a full mental health screening receive multiple psychiatric diagnoses.

Survivors may have pre-flight vulnerabilities (such as being disabled or having a history of interpersonal abuse), which in some cases made them more vulnerable to exploitation and persecution. They may also experience adversity following persecution. These factors add to the mental health consequences of the original persecutory experience itself. People seeking asylum can experience barriers to accessing services linked with issues such as language, lack of education or disrupted education, and isolation (many arriving without a wider support network). The high prevalence of destitution amongst people seeking asylum also increases their vulnerability in terms of healthcare outcomes (for example due to difficulties accessing or registering with healthcare, travelling to clinical services or paying for preventative medication) and in terms of risks of further exploitation and abuse.

Good clinical care for people seeking asylum depends upon consistent, trauma-informed working, proactive health screening and careful management of the balance between treatment with medication and therapeutic care. Therapeutic treatments, which must be evidence-based, can include cognitive-behavioural therapy (CBT) (for PTSD, depression and anxiety disorders), counselling (for depression) and Narrative Exposure Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) for PTSD and Complex PTSD).

Some people with severe symptoms, and with comorbid problems including high suicide risk, self-harm and substance misuse may require multidisciplinary community mental health care (such as a community mental health team (CMHT) or secondary care substance misuse service), through which they can access assistance to managing and reducing their risk as well as interventions to improve their mental state. Usually clinical care will be overseen by the person's GP, who can diagnose and prescribe any needed medication, although in some cases a psychiatric referral may be made.

Where a person's circumstances remain very unstable, this can interfere with the effectiveness or suitability of therapeutic treatments. Guidelines on treatment for PTSD for those who have experienced repeated traumas⁴ advise that people need to have a basic sense of safety in order to be able to engage and benefit from psychological treatment that addresses past trauma memories. Without appropriate accommodation, the instability this produces can become a focus of further anxiety and distress, and for many people has a marked detrimental impact on their ability to engage in an evidence-based treatment.

In February and March 2021, the HM Inspectorate of Prisons (HMIP) and the Independent Chief Inspector of Borders and Immigration (ICIBI) carried out a joint inspection of Napier and Penally Barracks and highlighted concerns around the unsuitability of these sites as contingency accommodation for asylum seekers. The joint inspection report⁵ found that all those who responded at Napier Barracks said they had felt depressed at some point. About a third of respondents at Napier said they had felt suicidal, which is a much higher than one would expect among asylum seekers living in the community.

The British Red Cross, based on its experiences in Penally Barracks,⁶ has called for the Home Office to arrange the immediate closure of all contingency accommodation that uses military buildings and/or immigration detention buildings to house people seeking asylum

³ Porter and Haslam (2005), JAMA Aug 3;294(5):602-12. 'Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis'; and Ottisova, L., Smith, P., & Oram, S. (2018). Psychological consequences of human trafficking: Complex posttraumatic stress disorder in trafficked children. Behavioral Medicine, 44(3), 234–241.

⁴ NICE guideline [NG116]: Post-traumatic stress disorder, December 2018

⁵ ICIBI, 'An inspection of the use of contingency asylum accommodation – key findings from site visits to Penally Camp and Napier Barracks', 8 March 2021.

⁶ British Red Cross, 'Far from a home: Why asylum accommodation needs reform', 2021

and for the Home Office to recognise the temporary and volatile nature of the site, its potential detrimental impact on a range of health issues, and the challenges of the site for wellbeing.

The key features of Barracks accommodation and their impact on mental health

HBF carried out a scoping review on *“The Documented Impact on the Health and Welfare of Asylum Seekers Housed in Refugee Camps and Institutions”* the purpose of which was to examine how the specific features of contingency accommodation, such as Napier Barracks, impact upon the mental and physical health of asylum seekers, considering both where people may have pre-existing health conditions, and the risk of people developing new conditions as a result of living in these types of facilities.

Many of the studies detailed in the scoping review were conducted in refugee camps and provide a useful comparison due to the number of key features which such camps have with Barracks, including:

- The use of semi-closed environment, with limited freedom of movement.
- Limited facilities for independent living, such as no facilities for residents to cook their own meals.
- The inability of residents to access education or training, the normal economy or normal leisure activities as they would in the community.

The scoping review concludes that *“contingency accommodation is itself associated with poorer mental health outcomes”*. The features of this type of accommodation likely to lead to symptoms of psychological distress and contribute to worse mental health outcomes include:

- isolation from communities,
- perceptions of being unwelcome,
- shared facilities,
- lack of privacy and
- lack of freedom to move within and without.

The length of stay in camp accommodation has also been demonstrated to lead to objective deteriorations in mental health. In light of this *“mounting body of evidence”* the scoping review recommends the housing of asylum seekers in communities rather than contingency accommodation.

Even without the connotations of being in an isolated ex-military facility, the review illustrates that refugees living in institutional accommodation have been shown to have poorer mental health. Residents of Penally and Napier Barracks have reported experiencing the sites as prison-like; this is likely to trigger a trauma response and deterioration in mental health and welfare, particularly in those with a relevant traumatic history, such as those who have experienced persecution from state, militia or para-military actors. These risks are also heightened by the way in which asylum seekers are transferred to such accommodation – at short notice and without being told where they were going – and the uncertainty as to how long they would be there.⁷

The following factors in Napier Barracks are factors which are particularly likely to trigger or aggravate mental health problems, although this is not intended to be an exhaustive list:

1. Lack of privacy

Residents have frequently reported difficulties with the mass shared facilities and lack of privacy at Napier Barracks. In particular, residents and former residents describe difficulties with sleep (interlinking with sleeplessness and nightmares for some), a sense of

⁷ [NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening](#), para 189

loss of privacy, feelings of distress and humiliation linked with having to change and clean in front of others, feelings of lacking safety/being in danger and extreme fear of being exposed to risk around COVID-19.

Many residents of Napier Barracks have complained about the lack of privacy associated with the shared bathrooms and communal showers. Particularly for survivors of torture who may have scars visible on their bodies, such an experience will be inherently humiliating and degrading. Avoidance of recalling traumatic memories is a symptom of PTSD and trauma can impact on self-care. Such forced reminders of trauma injury therefore risks causing high levels of mental distress on a repeated basis.

PTSD can cause irritability, nightmares, intrusive thoughts, flashbacks and hypervigilance, which have been reported as being aggravated by the dormitory nature of the sleeping facilities in Napier Barracks. The presence of others in the room at night is likely to contribute to sleeplessness and risks escalating tensions and conflict between residents. Lack of sleep has a particularly harmful effect on people. It reduces their ability to concentrate, which could affect their ability to recall and recount information as they are required to do (and expected to do competently) in the process of their asylum claim.

For the residents placed there, Napier Barracks is supposed to be their home. As outlined above, for people suffering anxiety symptoms who struggle to feel safe, being able to have a home space where they can shut the door and have a private, secure space, can assume fundamental importance. For many asylum seekers who have escaped persecution, the process of feeling constantly powerless and without privacy is likely to trigger a particularly high level of stress. The layout of accommodation in the barracks means that people can enter a resident's space without warning, conversations and music can be overheard and, as a result, sleep is likely to be disrupted. There has also been evidence of strained relations between and some verbal and physical aggression at times.

2. Isolation and perceptions of being unwelcome

The isolation of hundreds of people from the local community, in a male-only facility with large dormitories, very limited privacy and substantially reduced access to community spaces and services will amplify the isolation and sense of difference/otherness experienced by the residents of Napier Barracks. These conditions are materially different to those in semi-permanent asylum support accommodation in the community. In normal times, there are many activities put in place in dispersal areas for people seeking asylum to help them to cope and recover from their experiences. While living in such accommodation, they will be able to mix with people who are not experiencing the same high levels of stress and anxiety. None of this community infrastructure exists in a barracks environment, leaving residents of the Barracks in an extremely isolated situation, which is likely to have an adverse impact on residents' welfare and mental health.

This feeling of isolation has been compounded by exposure to the far-right protests that have taken place outside the barracks. HBF's scoping review highlights that being made to feel unwelcome is a risk factor for refugee mental health. Fear of hate crime, and increased objective risk of hate crime, harassment or abuse, will discourage people from leaving the barracks, increasing feelings of isolation and imprisonment.

3. Detention-like setting

Although the Napier residents are not detained by law, they are still accommodated in a detention-like setting, in a site surrounded by a perimeter fence topped with barbed wire that, in the words of the Home Office, creates "a perception of an austere environment (detained)".⁸ Furthermore, the Barracks have padlocked gates and entry to, and exit from, the Barracks requires residents to ask a uniformed security guard to unlock, and to sign in and out using a log book. All of this is in stark contrast to asylum accommodation in the community and will add to the feeling amongst resident that they are effectively confined.

We understand that many Barracks residents believe that they have to abide by a curfew or "recommended return time" of 10pm and that their asylum case may be affected adversely if they fail to do this. It is also important to note the imbalance of power and that

⁸ [*NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening*](#)

many residents will feel inherently insecure and reluctant to challenge any form of authority. The absence of services and community infrastructure, the limited financial resources of people in Napier Barracks and fear of what will happen when/if they leave the site will create a feeling of being trapped. These factors are not present in this way in community accommodation.

The legal distinction between detention and 'quasi-detention' is not always clear to Barracks residents, particularly when many will have been detained in Yarl's Wood Immigration Removal Centre (operating as a short-term holding facility), then briefly been placed in a hotel, before being transferred on again. Many residents also have experiences of other 'camps' in Egypt and Libya for example, where they were detained, and feel like this is another camp of a similar kind.

Because the residents in the Barracks are mostly recent arrivals and there is limited access to the wider community, there is very limited access to the kinds of peer and community knowledge many people seeking asylum traditionally rely on to inform them about the 'way things work' in the UK (what to expect, what administrative systems are in place and how to access them, if there are limits to how they can be treated and how to access justice). This lack of reliable dissemination of community knowledge risks increasing paranoia, fear and distrust of figures of authority in Napier Barracks and further reducing help-seeking and self-care/identification behaviours (which can already be impaired significantly by trauma).

It also of course vital to note too that the Court has found that from 15 January 2021 (when an instruction was given that residents were not to leave Napier Barracks), the residents were unlawfully detained under Article 5 of the European Convention on Human Rights.⁹

4. Length of time residents remain in the Barracks

The length of time that a person remains in contingent/institutional accommodation was found to be a factor relevant to adverse health outcomes in HBF's recent scoping review. There is also a very strong evidence base from immigration detention research showing that the longer an individual is kept in such detention, the more adverse the impact on mental health.¹⁰

Although they had been told that they would be there for shorter periods, all but one of the claimants in the recent High Court judgment on the use of Napier Barracks as asylum accommodation were accommodated there for at least four months. The findings of HMIP suggest that this was typical, and that the residents which they spoke to had been there for longer.¹¹ This is, in HBF's view, an unacceptably long period of time. As set out above, continued instability, uncertainty and placement in unsuitable conditions can have an ongoing negative impact on mental health and on prospects of recovery. Therefore the longer people are kept in Napier Barracks, the worse the impact on them is likely to be. The absence of a fair and transparent move-on system may lead to the sense of indefinite internment, further fostering the 'detention-like' atmosphere there. When Napier Barracks is being used as a placement for months rather than for a few days, it is being used as de-facto dispersal accommodation for those transferred there, rather than only as 'initial accommodation' while they are triaged for longer-term placement. At the same time, the conditions of Napier Barracks mean that it cannot be considered a 'home' in the way that dispersal accommodation can and often does become, and cannot act as a springboard to integration and a safety net for rehabilitative and support services.

Access to healthcare and specialist support

HBF has long highlighted concerns about the adequacy of the healthcare provision at in the Barracks. It is fundamentally unethical to move a population with known vulnerabilities and complex healthcare needs to a new site without ensuring in advance that the necessary care provision, pathways and expertise are in place.

⁹ Ibid, para 324

¹⁰ von Werthern, M., Robjant, K., Chui, Z. *et al.* [The impact of immigration detention on mental health: a systematic review](#). *BMC Psychiatry* 18, 382 (2018).

¹¹ Ibid, para 166

Doctors from HBF have undertaken medical screening assessments of residents, and former residents, of Napier and Penally Barracks. HBF's assessments were undertaken by GPs who are specialists in refugee health and by HBF's Medical Director who is a psychiatrist. All of the residents assessed by HBF doctors displayed symptoms of worsening mental health following transfer into the barracks. 5 out of 8 residents assessed were experiencing a worsening in their Post-Traumatic Stress Disorder symptoms since placement in the barracks and every resident assessed presented with clinical symptoms of depression.

Residents assessed to be experiencing poor mental health included a domestic abuse survivor who was experiencing suicidal thoughts for the first time in his life since transfer to the barracks and a Syrian war survivor whose mental health had deteriorated into a clinical range for depression and anxiety, but who had no history of mental illness prior to being placed in the camps.

HBF doctors undertaking these assessments frequently found that in their medical opinion the resident's mental health was likely to continue to deteriorate whilst they were placed in the barracks. Alongside the damaging impact on mental health, HBF's doctors also documented barriers to healthcare for physical health conditions. For example, one resident of Penally Camp who was assessed had had a persistent right-sided headache for several days, which was assessed by an experienced HBF doctor as requiring medical attention, but he had been denied an appointment with a clinician and was instead given painkillers by barracks staff who had wrongly assessed his presentation as 'non-serious'.

An HBF GP assessed a torture survivor in Barracks accommodation who was suffering urinary incontinence and had to disclose private medical information to Clearsprings Ready Homes staff for him to be able to access medical assistance with a GP. He did not have a private space to clean himself or change after episodes of incontinence, and he was housed far from the shared toilets so the risk of incontinence was increased. The patient reported that he found this humiliating and his mental health trauma symptoms were objectively worsened as a result.

It is critical that anyone responsible for the health needs of a high volume of people seeking asylum or who have experienced modern slavery has adequate training on the needs of these groups. There are particular and severe barriers to these cohorts meeting their health needs, which include practical barriers (language, illiteracy, no knowledge of systems) and trauma-related barriers (minimising or lacking insight into medical issues is prevalent with this group for example and lack of trust and difficulty building relationships are trauma symptoms, as above). We understand that there has been only one prescribing nurse on site at Napier Barracks and that some of the necessary expertise may have been lacking from the provision. There has also been a serious issue regarding access to medical assistance of any kind at all outside of the camp nurse's working hours, because residents are destitute but for the £6/week that some are given towards essentials. This can result in residents being forced to disclose highly sensitive medical information to be triaged by non-clinical personnel.

Furthermore, there is still no specialist trauma-focussed therapeutic support at Napier Barracks. This is a core health need for refugee populations. Mental health assessments, pathways and treatment around stabilisation and trauma recovery rely heavily on a person feeling safe enough to engage with professionals. Residents of Napier Barracks have repeatedly reported to our clinicians that they feel unsafe. This mental health support is not available, but even if a pathway were created, we would still be concerned that Napier Barracks is not a suitable location for people to undergo rehabilitative treatment (i.e. it could not be fully effective and in some cases would not be safe to undertake). This kind of support would be a fundamental component to designing any clinical service to promote the welfare and recovery of an asylum seeking population, alongside access to comprehensive/proactive health screening and referral pathways.

Of course contracting Covid-19 has also been a real and ongoing threat for all barracks residents – we welcome reports in the media to see the recent announcement that Napier will not be taking on new residents but remain concerned about those currently there.¹²

The ability of residents to exercise their right to claim asylum

The legal aid infrastructure for asylum claims is very precarious, with frequent geographical legal aid deserts and widespread difficulty in accessing a sufficiently specialist legal representative.¹³ Kent has a particular problem with a small number of lawyers overwhelmed

¹² <https://www.theguardian.com/uk-news/2021/jun/22/transfers-of-asylum-seekers-to-napier-barracks-suspended>

by a high volume of claimants, prompting the Legal Aid Agency to make specific calls for firms to provide legal advice in Napier. It has anecdotally been reported to HBF staff that many residents at Napier Barracks have never had the opportunity to meet their lawyer face to face and some have had cases proceed all the way to substantive asylum interview without them having access to a legal representative.

Asylum interviews require people to provide as coherent, accurate, complete and consistent an account as possible. A failure to do this can, and often does, lead to the refusal of a person's asylum claim, leaving them at risk of removal to the country they have fled. It is therefore critical that asylum interviews are undertaken in a trauma-informed way, in an environment that facilitates disclosure of sensitive and difficult information. If a person seeking asylum is in an environment where their mental health, or the mental health of others around them, is deteriorating, it is going to be more difficult for them to tell their story clearly and consistently. Similarly, if there is insufficient privacy, insufficient remote facilities are available, or if the individual does not have confidence in the process, then it will be more difficult to establish a rapport with the interviewer. While there are clearly some benefits to having increased flexibility in interviewing, in light of HBF's collective professional experience, we remain concerned about the suitability of Napier Barracks as a location for undertaking asylum interviews and regarding the use of remote interviewing of residents there. People who claim asylum require sufficiently competent legal advice (in person as needed and via video link as needed) and access to therapeutic support in advance of interview to give people the resilience to make difficult disclosures. People also require sufficient warning to allow them to prepare appropriately – both practically and emotionally. Furthermore, while residents may be given the option to have a face to face interview, the delays involved in doing so may result in their opting for a remote interview when it is not the best option for them and may prejudice their claim.

Our understanding is that all the interviews of Napier residents have been remote and some people have experienced huge difficulties with internet connection. Some people have also reported being given insufficient time to prepare for their interviews – we understand that at least one man was given notice on the morning of the interview and one at midnight the night before. We understand that one man reported that his interview had continued for many hours, starting first thing and running right into the evening which was exhausting given the additional difficulties with concentration for online meetings.

At HBF our particular concern is that in the context of Napier people will not feel safe and a common clinical concern is lack of sleep which will also impact on concentration. Combine this with a history of persecution and it is a poor environment for encouraging disclosure. Survivors of persecution can be hypervigilant in response to trauma or as a learned response to mistreatment and so the moment they perceive something is 'going wrong' they may lose trust in the interviewer or process, shut down and their evidence may deteriorate substantially. Furthermore, the residents themselves might not self-report problems with the Napier interview process partly because they will have little understanding of how the process *should* look.

While it has been announced that the Home Office has decided to suspend new transfers to the barracks,¹⁴ we understand that it still intends to carry out remote interviews with the residents currently held there. HBF remains concerned about Napier effectively being used as a reception centre with a focus on getting residents' asylum interviews completed.

Existing mechanisms to identify and safeguard vulnerable people

The Home Office recognised that "conditions at the Barracks were such that they would only be suitable for healthy adult males" and introduced 'suitability assessment criteria' to identify asylum seekers who should not be accommodated there because of their particular circumstances, including their mental or physical health and other vulnerabilities arising from experiences before coming to the United Kingdom.¹⁵ Therefore there should have been an effective system for ensuring that those who were unsuitable were not accommodated there, both at the point of allocation (requiring an effective screening process) and after an individual had been transferred (requiring a system to spot those who may have been missed at the initial screening stage or who had become unsuitable through a deterioration in their physical or mental health).

¹³ See Dr Jo Wilding, 'Droughts and deserts: a report on the immigration legal aid market', 2019

¹⁴ <https://www.theguardian.com/uk-news/2021/jun/22/transfers-of-asylum-seekers-to-napier-barracks-suspended>

¹⁵ *NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening*, para 3

The Napier judgment explores in depth the process for assessing suitability and how this was adapted over time. The Court found that the process for selecting people to be accommodated at the Barracks was flawed and unlawful, both in relation to the initial decision to transfer asylum seekers to the Barracks, and the monitoring or review of suitability post transfer. It found that there were significant numbers of people living at the Barracks for whom such accommodation was unsuitable as defined by the Home Secretary's own suitability assessment criteria. All of the claimants in that case had experienced trafficking and/or torture prior to their arrival in the United Kingdom and there is evidence in a number of their cases that they had pre-existing mental health issues as a result of their experiences. Under the Home Office's suitability assessment criteria, these factors ought to have disqualified them from transfer to the Barracks. All of them say that they experienced a deterioration in their mental health as a result of their stays at the Barracks and all of them have been formally diagnosed as suffering from recognised mental health conditions including Post Traumatic Stress Disorder and depression.¹⁶

It is HBF's position that if accommodation that is unsuitable for vulnerable people is used to house people seeking asylum, then vulnerable people will inevitably be placed there. There is no reliable means of 'screening-out' more vulnerable new arrivals. People seeking asylum are an inherently vulnerable population and the Home Office's position that a large group of men seeking asylum would be 'non-vulnerable' is not evidence-based and is discriminatory.

Due to the particular nature of trauma symptoms and their effect on day to day life (as above, including avoidance, and consequences of minimisation and distrust), many people seeking asylum will be unable to articulate in a timely way how and why they are 'vulnerable', particularly though an administrative process of any complexity or where there has not been time to develop a trusting relationship with a professional who is working in a trauma-informed way. The most severely disabled people will often be the quietest and least able to speak up. In addition, personal and cultural attitudes and understandings of mental illness may make people unwilling to self-identify as unwell when they arrive in the UK. It is a myth that young men are more resilient to coping with deprivation and unidentified mental illness than other groups. In addition, the use of such accommodation will trigger mental health deterioration even in people who did not previously have obvious mental symptoms.

Ultimately it is not possible to use screening to exclude vulnerability in an asylum-seeking population with an adequate degree of confidence/certainty. Without prejudice to that wider point, the existing process being used in relation to Napier Barracks is particularly inadequate. The placement process is based on insufficient information about the person's history, presentation, ability to cope with a camp environment and its likely impact on the person's health, welfare and vulnerability. In such circumstances, or if mental health problems arise as a result of the accommodation, HBF has concerns about the ability of camp staff to identify where people are facing difficulties with mental illness. Mental health problems may be not obvious and may be deliberately hidden.

Monitoring of contractors

Asylum support accommodation is outsourced to commercial companies based on procurement exercises. In January 2019 the UK government announced that 10-year contracts had been awarded to three companies.¹⁷ Napier Barracks is run day-to-day by one of the companies awarded contracts in this last procurement round (Clearsprings Ready Homes). On 14 December 2020, Knowles J in the High Court found that there was systematic unlawfulness and disability discrimination in the asylum accommodation system, because of a failure to monitor the contracts given to private companies.¹⁸ In the Napier Barracks High Court judgment the Judge recorded how senior Home Office staff seldom visited the site leaving their understanding of the situation dependent on private contractors.¹⁹

The risk with unmonitored outsourcing in this way is that people seeking asylum are commodified and the focus becomes about keeping costs low and making processes convenient. Institutional settings provide many potential benefits to private companies including greater control over those accommodated, efficiency savings (for example one receptionist can deal with issues for a high

¹⁶ *ibid*, para 8

¹⁷ ['New asylum accommodation contracts awarded'](#), Caroline Nokes MP, 8 January 2019

¹⁸ *DMA and Ors v Secretary of the State for the Home Department* [2020] EWHC 3416 (Admin)

¹⁹ *NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening*, para 27.

volume of residents), predictable repairs and easy evictions. Isolated, institutional, detention or pseudo-detention settings can also provide potential administrative benefits for immigration enforcement given the provider a greater level of control over people's location and access to a large number of people in one place.

Conclusion and recommendations

By repopulating Napier Barracks, the Home Office has failed to learn from the multitude of mistakes made between September 2020 and April 2021 which led to hundreds of vulnerable people being accommodated in Napier Barracks, multiple suicide attempts and a widespread COVID-19 outbreak. People seeking asylum require care and support to promote recovery, whereas Napier barracks is causing harm to survivors of torture and modern slavery. **Recommendation: The Home Office should immediately end the use of military barracks as asylum accommodation and move people out of Napier Barracks into safe and suitable housing in the community.**

It is clear that keeping people seeking asylum in open-prison-like camp conditions, with minimal access to specialist community services, advice and socio-cultural and educational activities has a detrimental impact on their mental health. Conversely, local community dispersal promotes recovery and integration and reduces difference and discrimination.

HBF believes that any person seeking asylum needs to be considered as vulnerable or potentially vulnerable. Even in a year which has involved a global pandemic and huge upheaval for many, it is not ethical or acceptable to place a vulnerable population in accommodation which risks causing poor mental health outcomes, prevents effective therapeutic treatment and causes psychological distress.

Recommendation: From the moment a person claims asylum, risk and needs assessment and identification frameworks should be in place to promote recovery. For the process to meet the mental health needs of those seeking asylum, they should be housed in accommodation in the community that is safe, appropriate, inclusive and allows access to specialist community services, advice and social-cultural and educational activities. All those placed in asylum accommodation should be able to access legal advice and recovery services.

Recommendation: A formal, independent inspection regime for asylum accommodation should also be introduced in order to monitor the quality and effectiveness of support provided and improve transparency and accountability.