

## **Medical Justice Submission to the All Party Parliamentary Group on Immigration Detention Inquiry on Quasi-Detention**

### **Introduction**

1. Medical Justice has been helping people held under immigration powers to document their scars of torture and challenge instances of inadequate health care since 2005. We work with over 80 volunteer clinicians and 100 volunteer interpreters, and handle between 700 and 1,000 referrals per year.
2. As well as our work with individual detainees, Medical Justice also undertakes research, advocacy and litigation on immigration detention policy to bring about wider systemic change.
3. Our submission focuses on what we regard as quasi-detention at Napier Barracks and at Tinsley House when operated as bail accommodation, specifically documenting the conditions, detrimental health impacts, lack of safeguards and inadequate access to healthcare.
4. Napier Barracks opened as a site to house asylum seekers in September 2020. Apart from a brief closure, following a fire and COVID outbreak, in April 2021, it has been in use since September 2020. Tinsley House was de-designated as an Immigration Removal Centre (IRC) in early 2021 to accommodate asylum seekers, and was then reverted back to being an IRC again. It was used as an 'Initial Accommodation Centre' in February 2021 for 13 asylum seekers who were moved from Napier Barracks after the fire. They were all arrested following the fire (not necessarily in connection with the fire) and then bailed and accommodated at Tinsley House.
5. Medical Justice conducted medical assessments and reports for 9 of the 13 asylum seekers who were transferred from Napier Barracks to Tinsley House. This submission draws on the evidence from the medical assessments and reports of a number of these clients.
6. The evidence submitted here relates to the conditions in Napier Barracks from September 2020 to February 2021, and in Tinsley House in February 2021.

### **Conditions in Napier Barracks**

7. Our clients describe the unsuitable and inadequate conditions they were held in at Napier Barracks. It was a cramped and overcrowded environment. Our clients reported staying in a large dormitory, divided up into cubicles for each person. There were around 14 people in each room. The cubicles were not sufficiently partitioned, with the entrance to each cubicle only covered by curtains. Another client stated that the beds in their room were only separated by cloth. Noise carried through making it very difficult to sleep. Bathrooms were shared by the residents from two dormitories.
8. One medico-legal report (MLR) documents a client's account of there being *"very minimal services and unsanitary facilities provided for those housed there, with "horrible" accommodation, interspersed with lots of barbed wire, and guards patrolling. There was a lot of*

*discrimination too, notably by racist and xenophobic British people who stood outside the camp shouting abuse at those inside”.*

9. These conditions are of concern as they do not provide adequate privacy and security. The recent High Court judgement<sup>1</sup> found that the site did not meet the minimum legal standards for asylum accommodation, as set out in section 95 of the Immigration and Asylum Act 1999 read with the Reception Directive.<sup>2</sup>
10. Moreover, the conditions at Napier Barracks were found to be inadequate to ensure compliance with Covid precautions, such as social distancing and hygiene precautions. There was a Covid outbreak at the end of January 2021, where several of the clients later seen by us also caught Covid; in the recent case of *NB v Ors*, the High Court found on the evidence that such an outbreak was “inevitable”.<sup>3</sup>

### **Transfer to and Conditions at Tinsley House**

11. Upon being transferred to Tinsley House, following the fire at Napier Barracks in February 2021, the 13 asylum seekers were required to quarantine for 10 days and were not able to leave the centre. They were told that they would be arrested if they did leave.
12. Having quarantined for 10 days, they were allowed to leave the centre but had to go through a number of locked doors to do so. Their movement was further restricted by a 10pm curfew. Our clients report having been told that the police would be called if this curfew was not adhered to. This environment and restrictions created a prison-like setting.
13. Given that Tinsley House was not being used as an IRC and those held there were not formal detainees, they did not have the same rights or safeguards that immigration detainees would be entitled to. Upon arriving at Tinsley House, many did not have their phones chargers; coupled with the curfew, they were effectively held incommunicado after 10pm. These were later provided by an NGO as the detention centre refused to assist. Our clients also did not have access to the Skype room at the centre; this made it harder for remote medical assessments to be organised, as they would be with detainees. We therefore had to rely on using clients’ own smartphones, often with poor reception.

### **Detrimental Health Impacts**

14. The conditions and environment at Napier Barracks and Tinsley House had profoundly detrimental impacts on our clients’ health.
15. Many of our clients had pre-existing mental health conditions which were severely exacerbated by the conditions in Napier Barracks. Some were also survivors of torture.
16. Our medical assessments and reports documented the deterioration of clients’ mental health, while they were accommodated in Napier Barracks. There was further deterioration caused by being accommodated at Tinsley House. Although not formal detention centres, the prison-style

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<sup>1</sup> *NB & Ors v Secretary of State for the Home Department* [2021] EWHC 1489 (Admin). Available at: <https://www.judiciary.uk/wp-content/uploads/2021/06/Napier-Barracks-judgment.pdf>.

<sup>2</sup> *NB & Ors v Secretary of State for the Home Department* [2021] EWHC 1489 (Admin). Available at: <https://www.judiciary.uk/wp-content/uploads/2021/06/Napier-Barracks-judgment.pdf>.

<sup>3</sup> *NB & Ors v Secretary of State for the Home Department* [2021] EWHC 1489 (Admin). Available at: <https://www.judiciary.uk/wp-content/uploads/2021/06/Napier-Barracks-judgment.pdf>.

environment had a similar impact to that of immigration detention, which has been widely documented.<sup>4</sup>

17. The medical assessments document clients experiencing low moods, loss of enjoyment and interest exhaustion, poor and disrupted sleep, feelings of worthlessness and hopelessness.
18. Clients also described feeling suicidal during their time at Napier Barracks, and described how the experience of being at Napier affected their mental health. One client, who had symptoms of PTSD and depression, and who had no previous history of mental health conditions, described developing suicidal thoughts at Napier for the first time. This was echoed by inspections conducted by Her Majesty's Inspectorate of Prisons (HMIP) and Independent Chief Inspector of Borders & Immigration (ICIBI) in February 2021. They found that of the residents surveyed, all at Napier and the vast majority at Penally reported feeling depressed at some point, about a third of the respondents across both sites reported mental health problems, and a third of the respondents at Napier had felt suicidal.<sup>5</sup>
19. The loss of appetite at Napier has also been documented. One client lost around 10-15 kilograms since entering Napier. He described struggling to eat the food provided, and a small kettle which he had bought himself being taken away.
20. One client described waking up in the morning with a feeling of having a tight chest, as if there was not enough air.
21. Being held at Napier and Tinsley House had a particular impact on torture survivors, those with Post-Traumatic Stress Disorder (PTSD) and Complex PTSD. The core symptoms of depression and PTSD were exacerbated whilst being held at Napier Barracks.
22. One client had a history of torture in his home country and on his journey to the UK. During his time in Napier Barracks, he began to have more severe and more frequent nightmares and intrusive memories about his previous experiences of detention. He explained that the prison-like regime and environment at Napier triggered his intrusive memories. Our medical assessment found it "likely" that his "experience at Napier Barracks had a negative impact on his mental health" and that "it is clinically plausible that he experienced deterioration of his mental health while in Napier Barracks, particularly in light of his account of the 'prison-like' regime both there and in Tinsley House, triggering traumatic memories of his previous experiences".
23. Symptoms of PTSD are triggered by environmental stressors which are reminiscent of previous traumatic experiences. From a clinical perspective, it is highly plausible that symptoms of these conditions were exacerbated by being held at Napier Barracks and Tinsley House. It was found to be highly likely that the risk of suicide would increase by continuing to be held in such settings.

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<sup>4</sup> For example, see Royal College of Psychiatrists (2021), Position statement on Detention of people with mental disorders in immigration removal centres. Available at: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/position-statement-ps02-21---detention-of-people-with-mental-disorders-in-immigration-removal-centres---2021.pdf?sfvrsn=58f7a29e\\_6](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/position-statement-ps02-21---detention-of-people-with-mental-disorders-in-immigration-removal-centres---2021.pdf?sfvrsn=58f7a29e_6;); M von Werthern, K Robjant, Z Chui et al. (2018) The impact of immigration detention on mental health: a systematic review, BMC Psychiatry 18: 382. Available at: <https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-018-1945-y.pdf>.

<sup>5</sup> Independent Chief Inspector of Borders and Immigration (8 March 2021) An inspection of the use of contingency asylum accommodation – key findings from site visits to Penally Camp and Napier Barracks. Available at <https://www.gov.uk/government/news/an-inspection-of-the-use-of-contingency-asylum-accommodation-key-findings-from-site-visits-to-penally-camp-and-napier-barracks>.

24. For example, for one client with PTSD and likely Complex PTSD, the prison-like regime and environment triggered distressing intrusive memories and nightmares of previous traumatic experiences. For another client, their PTSD symptoms were triggered by the detention environment, including the highly stressful crowded conditions in Napier Barracks and the relative social isolation in Tinsley House.
25. Whilst PTSD may be caused by a single traumatic event, it can also be a cumulative effect of multiple traumas.<sup>6</sup> Immigration detention is a well-recognised risk factor for PTSD in this situation, sometimes known as a ‘building block effect’.<sup>7</sup>
26. Medical Justice is concerned about the high levels of mental health conditions that people had when held at Napier Barracks, which includes symptoms of depression, PTSD and feeling suicidal.

### **Safeguarding**

27. Our clients had serious mental health issues, including depression, PTSD and suicidal thoughts. Yet, there was a concerning lack of screening and safeguarding processes for the mental health conditions and symptoms described above.
28. The quasi-detention settings of Napier Barracks and Tinsley House are inappropriate and harmful to vulnerable adults, many of whom have histories of torture and trafficking and underlying mental health conditions, and to an age-disputed minor<sup>8</sup> accommodated at Napier.
29. There was no initial health screening upon arrival at the barracks, as there would be in immigration detention.
30. In *NB & Ors*, the High Court found the system for selecting people to be accommodated at the barracks to be inadequate and unlawful.<sup>9</sup> This was found with reference both to the initial decision of assessing the suitability of someone to be transferred to the barracks, and the ongoing monitoring of the mental and physical health of those at the barracks.
31. There was a lack of support and safeguarding for those who had self-harmed or were at risk of doing so. They were inappropriately moved to what the ICIBI and HMIP described as a “decrepit” and wholly unsuitable “isolation block”.<sup>10</sup>

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<sup>6</sup> M von Werthern, K Robjant, Z Chui et al. (2018) The impact of immigration detention on mental health: a systematic review, *BMC Psychiatry* 18: 382, p.2. Available at:

<https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-018-1945-y.pdf>

<sup>7</sup> M von Werthern, K Robjant, Z Chui et al. (2018) The impact of immigration detention on mental health: a systematic review, *BMC Psychiatry* 18: 382, p.2. Available at:

<https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-018-1945-y.pdf>.

<sup>8</sup> Diane Taylor (13 April 2021) Home Office faces inquiry into use of barracks to house asylum seekers’, *The Guardian*. Available at: <https://www.theguardian.com/politics/2021/apr/13/home-office-faces-inquiry-into-use-of-barracks-to-house-asylum-seekers>.

<sup>9</sup> *NB & Ors v Secretary of State for the Home Department* [2021] EWHC 1489 (Admin). Available at: <https://www.judiciary.uk/wp-content/uploads/2021/06/Napier-Barracks-judgment.pdf>.

<sup>10</sup> Independent Chief Inspector of Borders and Immigration (8 March 2021) An inspection of the use of contingency asylum accommodation – key findings from site visits to Penally Camp and Napier Barracks. Available at <https://www.gov.uk/government/news/an-inspection-of-the-use-of-contingency-asylum-accommodation-key-findings-from-site-visits-to-penally-camp-and-napier-barracks>.

## Access to Healthcare at Napier Barracks and Tinsley House

32. There was a concerning lack of healthcare and mental health support in Napier Barracks and Tinsley House.
33. There was a lack of healthcare provision in Tinsley House. In February 2021, clients did not have access to healthcare which would be provided to immigration detainees. Clients were given a letter (see Annex), only provided in English, stating that if they needed healthcare they should contact '[their] registered GP', 111, 999, walk-in centres and local pharmacies. This was despite the fact that all residents at Tinsley House were known to be new to the local area and therefore did not have a registered GP. The only local GP surgery had closed its list to new patients and so asylum seekers could only be registered by first contacting the local Clinical Commissioning Group (CCG).
34. Our correspondence with Tinsley House further shows the lack of healthcare provisions. Upon request for our clients' medical records from Tinsley House, a copy of medical records containing only the initial screening for some clients was provided. When we requested the medical records for other clients, Tinsley House told us that they were not responsible for their healthcare and could not provide medical records. Although there was an initial screening, Tinsley House's suggestion of their lack of responsibility of healthcare is concerning.
35. Medical Justice attempted to contact the healthcare unit at Tinsley House regarding one man as we had serious concerns about his mental health and risk of suicide. Healthcare replied that: *"Due to Tinsley House being classified as Bail accommodation we are not commissioned to carry out any medical care for these residents and therefore have no healthcare on site or carry records for these residents"* and advised that we contact the Home Office or any GP the client had been registered with at Napier Barracks.
36. This lack of healthcare is particularly concerning given the high-risk mental health conditions and particular vulnerabilities that individuals had, whilst held at Tinsley House. Individuals required specialist management for their serious mental health conditions.
37. Tinsley House is not a suitable environment for the treatment of serious mental health conditions, such as PTSD. Therapeutic treatments for such conditions are only effective when the client feels secure and supported. From a clinical perspective, this is not feasible in Tinsley House. Despite Tinsley House not being formally referred to as a detention centre during the period in question, clients found the environment to be prison-like. As noted above, for some this triggered memories of previous traumatic experiences, causing a deterioration in their mental health.
  - a. The national clinical guidance for PTSD corroborates the need for secure and safe environments for effective treatment. The National Institute for Health and Care Excellence (NICE) guideline for the management of PTSD states, *"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"*.<sup>11</sup>

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<sup>11</sup> National Institute for Health and Care Excellence (2018) Post-traumatic stress disorder: NICE guideline, para 1.4.4. Available at: <https://www.nice.org.uk/guidance/ng116/resources/posttraumatic-stress-disorder-pdf-66141601777861>.

38. From a clinical perspective, quasi-detention is wholly inappropriate for those with serious mental health problems. It exacerbates symptoms and is not conducive to recovery. The appropriate accommodation would be private and stable. It would allow for access to healthcare, to family or social support and to the individuals normal coping strategies. It would allow the individual to feel safe.

### **Impact of Immigration Detention**

39. The impact of immigration detention on people's mental health has been widely documented and evidenced. Through our casework, we see the detrimental impact that immigration detention can have, and there are stark parallels between the impact on clients held at Napier Barracks and Tinsley House.

40. We are concerned that quasi-detention sites are causing similar harms to those caused by immigration detention, yet lack the screening, safeguards and access to healthcare that detainees would be entitled to in IRCs.

### **Conclusion and Recommendations**

41. The evidence in this submission is from clients who were held in quasi-detention from September 2020 to March 2021. It demonstrates the profoundly negative impact that quasi-detention sites, such as Napier Barracks and Tinsley House have had on our clients. Being held in such settings has a particular impact on those with underlying mental health conditions, such as depression and PTSD.

42. Since this evidence was collected, the High Court has found that the accommodation at Napier did not comply with minimum standards required of asylum accommodation, and that the claimants were unlawfully detained at Napier Barracks. The Home Office has replied stating that the necessary measures have been taken to improve the conditions at Napier.

43. The conditions and processes in quasi-detention sites have been widely criticised by HMIP, the ICIBI and the recent High Court judgement. Moreover, the impacts are similar to the widely evidenced harm caused by immigration detention. The detrimental harm is compounded by the lack of screening, safeguarding and access to healthcare.

44. However, it remains unclear how the inadequate conditions and environment, causing detrimental impacts evidenced here, have been addressed. We argue that the harm caused by the quasi-detention sites will persist so long as people are held in conditions that resemble detention settings.

45. We therefore recommend that all quasi-detention sites are shut down and that asylum seekers are housed in the community. The needs of asylum seekers, especially those with histories of torture, trafficking and underlying mental health conditions, cannot be adequately met in these sites.

46. Whilst quasi-detention sites are in operation, the Home Office must urgently:

- a. Put in place adequate screening processes to ensure that no vulnerable adult is placed in quasi-detention.
- b. Introduce effective monitoring of the health of those held in quasi-detention and implement a process to review where they are being held.

- c. Ensure residents have effective access to appropriate and adequate healthcare.
47. Moving forward, we are concerned that the proposals for reception centres and a new fast track asylum system in the New Immigration Plan will be another iteration of Napier Barracks. We are concerned that quasi-detention sites will be used to avoid the safeguarding infrastructure required in IRCs. We therefore urge that any proposals that replicate the quasi-detention sites should be halted.

**Medical Justice, June 2021**

## Annex



G4S Health Service UK Limited

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Tinsley House  
Perimeter Road South  
Gatwick  
West Sussex  
RH6 0PQ  
Tel: 01293 566546

Date: 09/02/2021

To all the Residents at Tinsley House

The role of Tinsley House has recently changed and is classified as Bail Accommodation. In line with this the provision of healthcare is not required on site.

In the absence of healthcare and if you require any medical treatment or healthcare questions answered please contact as below

- Any non-urgent concerns please contact your registered GP. They will be able to offer telephone and video consultations
- Call NHS 111 if you urgently need medical help or advice but it's not a life-threatening situation. You can also call NHS 111 if you're not sure which NHS service you need or contact [www.111.nhs.uk](http://www.111.nhs.uk) NHS 111 is available 24 hours a day, 7 days a week.
- Call 999 if someone is seriously ill or injured and their life is at risk
- Go to a walk-in centre, minor injuries unit or urgent treatment centre, if you have a minor illness or injury (cuts, sprains or rashes) and it cannot wait until your GP surgery is open.
- Ask a local pharmacist for advice – a pharmacist can give you advice about many common minor illnesses, such as diarrhoea, minor infections, headaches, sore throats, or travel health

If you remain unsure how to contact healthcare please speak to a Serco officer who will direct you to the appropriate care.

Yours sincerely

Sandra Colver  
Head of Healthcare IRC's