

18 March 2020

To whom it may concern

Re: request for cessation of immigration reporting conditions during the COVID-19 epidemic

The Helen Bamber Foundation (HBF) is a clinical charity which provides therapeutic, medical and practical support to survivors of human rights violations including torture. We provide clients with a Model of Integrated Care, which involves specialist therapeutic, medical, counter trafficking, housing and welfare and legal protection input. We also provide a Medico-Legal Report service, which is recognised by the Home Office and Courts for its expertise.¹ We have developed a Trauma-Informed Code of Conduct² and our Head of Doctors and Research, Professor Cornelius Katona, among other clinicians at HBF has contributed to academic research in this field of work.³

We are aware that some individuals have received text messages telling them not to report and have seen some email correspondence which suggests that for those without a criminal conviction they may not have to report, but we have not yet seen a public announcement. On 16 March our Head of Legal Protection wrote to the Home Office safeguarding team raising concerns regarding reporting and has not yet received a response. Yesterday she again wrote, this time in partnership with the charity Migrants Organise to again raise this issue. Today we are therefore again writing to express our concern regarding the imposition and maintenance of immigration reporting conditions during the current epidemic. We believe that reporting conditions should be suspended for almost everyone at the present time. For example some of our clients would be regarded by the Home Office as 'Foreign National Offenders' but are themselves very vulnerable and we have significant professional experience of working with survivors of human trafficking whose convictions are a direct result of trafficking and so may be later overturned. The same public health risks apply to all people being asked to report.

Current NHS advice is that individuals should work from home where possible and engage in social distancing. The current advice also specifies that individuals should also isolate in specific situations, for example where an individual has symptoms or where someone the individual lives with has symptoms. It is recognised that certain categories of people (including those who are over 70, have an underlying condition, are pregnant or have a weakened immune system) are more vulnerable to the virus.⁴ Reliable medical information regarding COVID-19 is only becoming reported gradually and so we appreciate that the situation is likely to continue to develop.

Those seeking asylum in the United Kingdom are a very vulnerable population. Within that cohort, the clients that we work with are particularly vulnerable. We work with clients who are survivors of repeated incidents of human trafficking, who have experienced the most extreme forms of abuse as minors, and who have underlying cognitive impairments and other disabilities which complicate their trauma symptoms. The overwhelming majority of our clients suffer from trauma symptoms and many have a diagnosis of Post-

¹ E.g. in the Asylum Policy Instruction 'Medico-legal Reports from the Helen Bamber Foundation and the Medical Foundation Medico Legal Report Service' and KV (Sri Lanka) [2019] UKSC 10 at paragraph 6: "*The HBF is recognised by the Home Office as a responsible provider both of expert support and treatment to those who have suffered torture or other serious harm and of medical reports intended to help UK public authorities to determine whether allegations of such suffering are true.*"

² <http://www.helenbamber.org/wp-content/uploads/2019/01/Trauma-Informed-Code-of-Conduct.pdf>

³ Examples of our publications are set out on our website: <http://www.helenbamber.org/publications/>.

⁴ <https://www.nhs.uk/conditions/coronavirus-covid-19/>

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Traumatic Stress Disorder (PTSD). There is evidence that Post Traumatic Stress Disorder can suppress the immune system and render individuals more vulnerable to illness.⁵ Many of our clients have other underlying vulnerabilities: diabetes, respiratory disease, hepatitis and HIV to name a few, which are particularly relevant to the risk posed by COVID-19.

As part of our Model of Integrated Care we sometimes provide clinical letters to clients who are too unwell to report. In some cases our staff and volunteers attend reporting events with clients in order to safeguard their welfare (for example when a client with a cognitive impairment would otherwise get lost, when a trauma survivor is very suicidal or if a trafficking survivor would face safeguarding risks otherwise).

At the present time some of our staff are unwell, some are self-isolating and, following NHS advice, all are seeking to practice social distancing and work remotely where possible. In this context we do not have capacity to continue to accompany clients to reporting. We also believe that during the current crisis GPs and other clinicians do not have the capacity to assess at risk clients individually and should not be asked to provide individual medical letters, because even this process would be contrary to measures of social distancing and would negatively impact on NHS capacity for urgent matters.

However, where people are placed on a reporting condition it is our understanding that the current policy is that without a clinical letter explaining why an individual cannot report, that individual may be listed as an 'absconder' if they do not report and could also be liable for criminal prosecution for failing to report without reasonable excuse.

We have serious concerns that immigration reporting conditions are situations of unavoidably close contact between large numbers of individuals. They therefore create a public health risk, not only for the individuals reporting, but also for the immigration officers meeting with them, those who have no choice but to use the same public transport, those the individuals reporting live with and wider society. It is impossible for individuals to practice isolation or social distancing while subject to a reporting condition. In our experience any individuals have to travel a considerable distance to report. This can involve multiple changes on public transport. Even when at the reporting centre, individuals regularly have to queue or spend time in a waiting area. Many of those subject to a reporting condition are accommodated in Home Office accommodation or in NRM trafficking safe houses: these are often multiple-occupation hostel properties and individuals may even be sharing a room. These settings carry high risks of catching COVID-19. Even if the individuals themselves do not have an inherent vulnerability (and the vast majority of our clients do have trauma symptoms) then someone they live with may. Similarly, if someone they live with has the virus, then in reporting they are breaking the recommendation to self-isolate and instead risk spreading the virus further.

In all the circumstances, we would ask for a clear statement from the Home Office that immigration reporting conditions be suspended during this epidemic. Without such a statement people who should not be reporting in light of the public health advice, will nonetheless do so in order to avoid the risk of being listed as an absconder/criminalised. This message should be clearly communicated so that those who have not or cannot receive a text message and those who have not yet been sent one (for example if the messages have not so far been sent to those with convictions from the criminal courts).

We would emphasise how vulnerable our client group is. Many of our clients report suicidal feelings and are intimidated by contact with the authorities (fear of the authorities is a recognised indicator of human trafficking, for example) and so we are extremely concerned about the impact that failing to suspend reporting conditions would have on our clients and their mental health. **We would therefore urge that reporting conditions are suspended for all individuals unless there are very exceptional circumstances that apply.**

⁵ 'Suppression of cellular immunity in men with a past history of posttraumatic stress disorder', Kawamura, Kim and Asukai, *Am J Psychiatry*, 2001 Mar; 158(3):484-6.

Yours faithfully,



Kerry Smith
Chief Executive
Helen Bamber Foundation



Professor Cornelius Katona, MD FRCPsych
Medical Director and Consultant Psychiatrist
Helen Bamber Foundation



Rachel Witkin
Head of Counter Trafficking
Helen Bamber Foundation



Dr Silvana Unigwe
Head of Doctors
Helen Bamber Foundation



Dr Christina Curry
Co-Head of Therapies
Helen Bamber Foundation