HELEN BAMBER FOUNDATION
strength to fly

The Impact of Accommodation Centres on the Health of People Seeking Asylum

September 2021

Summary

Clause 11(6) of the Nationality and Borders Bill would bring into force increased powers to house people seeking asylum "in an accommodation centre". This would normalise the use of institutional accommodation that segregates people seeking asylum from communities.

Our work over many years has shown us that accommodation embedded within the community is key to the recovery, integration and health outcomes for refugees and survivors – this briefing sets out the impact of institutional accommodation on the health and welfare of those seeking asylum.

Background Information

What is asylum support?

Asylum support is accommodation and subsistence provided under the Immigration and Asylum Act 1999 to people with a pending asylum claim and their dependents, who would otherwise be destitute. People seeking asylum are usually prohibited from working or accessing mainstream welfare benefits/housing, so have no alternative if they would be destitute otherwise. Some people live with friends and family, but this can become increasingly unsustainable over time for a person with no income.

How does asylum accommodation work now?

A community accommodation model means that responsibility is usually shared between local authorities in dispersal areas. After staying in initial accommodation, people are moved to accommodation in communities across the UK. During the COVID-19 pandemic, the Home Office increased use of hostels, hotels and disused military barracks without consulting local communities, instead of moving people to normal accommodation.

How long do people live in asylum accommodation?

People only live in asylum accommodation while they are destitute and awaiting a decision from the Home Office. This could be a short time, but because of increasing decision-making backlogs this can take months or even years.

The Helen Bamber Foundation

The Helen Bamber Foundation (HBF) is an expert clinical and human rights charity that works with Survivors of trafficking, torture and other forms of extreme cruelty. We believe 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. 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.

What are 'accommodation centres'?

These are housing arrangements where people seeking asylum are placed in an institutional setting. The way they are run can vary, but can include restrictions on freedom of movement and services only being available on-site or to a limited extent, reducing access to the outside world.

Does the UK use accommodation centres now?

Traditionally the UK has not used accommodation centres (despite having had the power to).[1]

During the COVID-19 pandemic, the Westminster government increased its use of hostels and hotels and commissioned disused military sites (particularly Penally Camp and Napier Barracks) to use in a similar way to accommodation centres. The conditions of these sites and the failures in their establishment have been widely criticised by Parliamentarians, the courts, inspectorates, medical organisations, the Welsh government and human rights organisations.[2]

Nevertheless, the government has moved ahead to use Napier Barracks for a further five years and has stated that the site can be used to trial ways of working to "inform the final design of how accommodation centres will operate".[3]

The Home Office is in the process of tendering for the provision and operation of "national Accommodation Centres" for "up to c.8,000 service users" who will be "accommodated for periods up to six months".[4] The expanded use of hostels and hotels has also increased the

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[1] Part 2 of the Nationality, Immigration and Asylum Act 2002 provided the power to use accommodation centres, but these have not been used as the UK's asylum support model.

[2] See as examples, the APPG on Immigration Detention's September 2021 interim report on quasi-detention; *NB and others v Secretary of State for the Home Department* [2021] EWHC 1489 (Admin); the HMIP and ICIBI report on Penally Camp and Napier Barracks; the British Red Cross' 2021 report 'Far from a Home' and the November 2020 letter to the Home Secretary from medical organisations calling for the closure of the barracks.

[3] See letter from Home Secretary to Home Affairs Select Committee, 27 August 2021.

[4] As of September 2021 at: https://www.contractsfinder.service.gov.uk/notice/200ecd04-fc0d-4622-8aeb-ab8f9c126780?origin=SearchResults&p=1

institutionalisation of residents and HBF has documented a deterioration in the mental health of the clients supported through our Model of Integrated Care due to this kind of accommodation.[5]

Why are accommodation centres liable to harm health?

In the UK it has previously been recognised that institutional accommodation settings are harmful to the welfare and recovery of vulnerable populations in asylum, disability accommodation and looked after child settings. A review of existing research carried out by HBF has shown that globally there is a robust evidence base that institutional asylum accommodation settings are harmful to mental and physical health.[6]

Furthermore, the use of accommodation centres to hold people seeking asylum in an institutional setting exposes people to many of the same issues as detention. In 2003 a 'Detained Fast Track' (DFT) was introduced in the UK where people seeking asylum were imprisoned while their cases were considered. HBF documented the catastrophic impact this had on the health and welfare of vulnerable people seeking safety.[7] The DFT was found to be unlawful by the courts in 2015, because it was procedurally unfair (people who were refugees were having their cases refused, because of the poor quality of the process).[8]

There is a higher incidence of mental illness amongst refugee populations[9], but HBF documented deteriorating mental health among residents of Penally Camp and Napier Barracks even among people who did not have a mental illness or symptoms previously. Social adversity – which in HBF's collective professional view includes stressful placement in an accommodation centre – worsens mental health, whereas meeting essential needs adequately can reduce mental illness.[10]

The UK has an obligation to provide adequate reception arrangements for people seeking asylum and already has 'intake units' and 'initial accommodation' arrangements. However, this could be improved by providing early wrap-around support for new arrivals who would be triaged and then dispersed to community accommodation. This is an alternative model of 'reception centre' that has not yet been tested but is currently being developed in Ireland.[11] The UNHCR recognises that short term intake or 'reception centres' may exist given the need for reception arrangements, but that these should not be institutionalised settings with discriminatory access to advice and rights.[12]

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[5] See for example HBF's submission to the Home Affairs Select Committee on institutional asylum accommodation, May 2020 and submission to the APPG on Immigration Detention inquiry into 'Quasi-detention', June 2021

[6] See HBF's June 2021 evidence to the APPG on Immigration Detention and February 2021 evidence from HBF, Freedom from Torture, Doctors of the World and Forrest Medico Legal Report Services to the Home Affairs Select Committee.

[7] For further information see 'The impact of immigration detention on mental health: a systematic review' Katona and others, *BMC Psychiatry*. 382(2018).

[8] In *Detention Action* [2015] EWHC 1689 (Admin), upheld on appeal. See also the then Immigration Minister James Brokenshire's statement dated 2 July 2015.

[9] For example, Fazel et al 2005: The Lancet, 365, 1309-1314, *Systematic review of prevalence of mental health problems in refugees resettled in Western countries* (indicated 10x higher rates of Post Traumatic Stress Disorder than in host populations).

[10] *Mind, State and Society*, Cambridge University Press, June 2021, 'Chapter 36 – Refugees, Asylum and Mental Health in the UK', Hughes and Katona.

[11] See the Irish Minister's 23 July 2021 press release on ending direct provision and transferring to a blended asylum accommodation service.

[12] The UNHCR provides an overview of how 'reception' (rather than accommodation) centres can be used and basic considerations for doing so at section 4.1of their *10 Point Plan in Action*.

HBF's scoping review and medical assessments of residents of Penally Camp and Napier Barracks show that the factors of accommodation centres that contribute to harm to physical and mental health and welfare include:

Reduced access to advice and services

- Lack of full access to healthcare, including normal GP registration, psychological therapy, immunisations and adequate dental care.
- Lack of access to adequate professional support, advice and assistance.
- Feeling unsafe (which can be particularly difficult for trauma Survivors who may already be struggling to cope with hypervigilance and anxiety).
- Reduced or no access to professional and specialist services (such as specialist rape crisis, domestic abuse, modern slavery, LGBTQ+, HIV, bereavement and other services).
- Lack of information, transparency and fair process (including lack of transparency about move on and about why the person has been placed in the centre).
- No reliable legal advice locally and legal aid deserts.

Isolation

- Segregating a high volume of traumatised people together removes access to social resilience and stabilising resources.
- Isolation from communities, friends and family.
- Perceptions of being unwelcome (Penally Camp and Napier barracks were targets for racial harassment and far right protests, but the use of segregation can itself increase feelings of being unwelcome).
- Isolated locations and destitution combining to remove the ability to worship and practice religion and access education.
- Lack of freedom to move within and without, including curfews and locked gates.
- No/reduced access to cooking facilities, limited food choice and low-quality food.

Unsanitary and unsafe conditions

- Close proximity in an enclosed setting increases risk of communicable disease and infection (including COVID-19).
- Shared facilities, including shared sleeping areas.
- Lack of privacy (from other residents and camp staff – including staff being privy to sensitive clinical and legal information).
- Environmental reminders of sites of past torture, modern slavery and ill-treatment triggering a deterioration in mental health/exacerbation in symptoms.[13]
- Length of stay, uncertainty over length of stay and extreme delays in asylum decision-making
- Poverty and ongoing inability to meet essential living needs.[14]

[13] Penally Camp and Napier Barracks are military sites surrounded by barbed wire, which can be traumatic for people who have been tortured on a similar site in the past.

[14] The British Red Cross had to clothe and provide hygiene products to residents of Penally Camp in the winter because they had insufficient access to resources to meet their own essential needs; at times residents at the sites reported feeling cold – see the British Red Cross 2021 report '<u>Far from a Home</u>'.

What is needed?

Providing the right support that people need while waiting for a decision on their application should be a core part of a compassionate and fair asylum system. HBF would welcome reform to asylum reception and accommodation arrangements, to promote early identification of risks and recovery needs, early involvement from a support worker and proper triage to keep people safe and ensure they can understand their rights from the outset. However, the government's plans to introduce accommodation centres fail to recognise the harm done by segregated, institutional accommodation settings and the risks they cause given the presumption of vulnerability that applies to refugee populations.

Asylum and refugee accommodation should:

- ✓ Be embedded in communities.
- ✓ Promote family, worship, education, cultural and social rights.
- ✓ Be welcoming and safe with access to justice, legal advice and support services.
- ✓ Provide adequate access to NHS healthcare with the full GP registration that people seeking asylum are entitled to.
- ✓ Protect the privacy and dignity of the person.
- ✓ Allow access to cooking facilities and culturally adequate food.
- ✓ Lift people out of poverty, food and living insecurity and deprivation.
- ✓ Be short-term with a fair and transparent process for move-on.

Case studies

Simon

Simon was tortured by a para-military group in his home country before he fled to the UK and was placed in one of the camps. He suffered ongoing pain from torture injuries and this was untreated when an HBF clinician assessed him. He presented with symptoms of worsening Depression and PTSD, which was connected to issues such as the lack of privacy and the military context of the barracks, which triggered intrusive trauma memories.

Abbas

Abbas was tortured in his home country and then trafficked and abused on his journey to the UK, where he was placed in one of the camps. He was assessed by an HBF GP as having worsening symptoms of Anxiety, Depression and PTSD and the barracks environment prevented his recovery. He felt like he was back in one of the camps he had been in on his journey to the UK when he had experienced severe abuse.

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