

Response to Napier Barracks Planning Application Consultation

January 2022

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 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. 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.

Introduction

1. HBF has worked in connection with the use of Napier Barracks ('Napier') since it was first designated as contingency accommodation for people seeking asylum in September 2020. HBF participated in the site-specific stakeholder meetings that were held about Napier and Penally Camp by the Home Office and Clearsprings Ready Homes and attended the Kent Strategic Migration Partnership meeting regarding Napier. HBF clinicians have undertaken individual clinical screening assessments of people accommodated in Napier, or who were previously accommodated in Napier. HBF clinicians have also carried out a literature scoping review of the impact of contingency asylum accommodation on asylum seeker health and participated in cross-sector clinical expert calls for the site to be closed on health grounds. HBF provided evidence to the [NB \[2021\] EWHC 1489 \(Admin\)](#) legal challenge to the use of the Napier site, which was accepted by the High Court Judge,¹ and to the APPG on Immigration Detention inquiry.²

¹ [Statement on the Napier Barracks Ruling | Helen Bamber](#)

² [Submission to the APPG on Immigration Detention Inquiry into 'Quasi-Detention' | Helen Bamber](#)

2. In summary, it is HBF's view that this consultation is fundamentally inadequate. It is being undertaken only after the site has been opened and nearly six months after the extension for use of the site was granted. It is not clear for what purpose this consultation is being undertaken given that it cannot now impact the outcome of the planning permission decision. We are concerned that this consultation is only being undertaken *ex post facto* due to pending legal action against the Secretary of State (as suggested by p.2 of the FAQ factsheet that accompanied the consultation).
3. This response to the planning consultation covers the following areas:
 - a. The importance of consultation in the provision of asylum accommodation;
 - b. Impact on health of institutional accommodation;
 - c. Access to healthcare, data privacy and informed consent;
 - d. Accommodation for vulnerable population and processes around vulnerability identification and induction;
 - e. Location and physical characteristics resulting in re-traumatisation;
 - f. Access to advice and support, including specialist support service;
 - g. Socio-cultural, private and family life rights;
 - h. Destitution, adequacy and dependency on civil society/charity;
 - i. Inspection frameworks and standards; residents' views and safety on site;
 - j. Public health and surrounding building works.
4. This response deals with issues that relate to conditions, welfare and impact on residents and the community, because these go to the question of whether extended use of the site is legitimate or desirable from a planning perspective.

Importance of consultation in the provision of asylum accommodation

5. Consultation is a key component of providing asylum accommodation that is appropriate and tailored to the needs of residents and communities:
 - a. Local services need time to plan and to have their needs considered and integrated. Asylum seeking populations have particularly complex needs and so access to specialist services, sufficient capacity and adequate funding and planning is needed to manage an increase in the asylum population in an area. In terms of the profile of people being accommodated at Napier, this is particularly relevant to NHS mental health services, but also to local authority adult social care, specialist domestic abuse and rape crisis centres, HIV and torture specialist services and NGO-sector services. Many such services are offered to this population by national organisations like the British Red

Cross, Refugee Council and Refugee Action and by local organisations. All of these groups will plan their budgets, capacity, staffing and training needs on an annual basis. If, exceptionally, services need to be delivered outside of a managed annual timeframe, then as much notice as possible should be provided. This is not what has happened with the Napier site. We therefore recommend that the site is closed until adequate engagement and planning has taken place.

- b. Local communities need to be carried 'with' the plans. Instead, what has happened with Napier is that the site has opened without engaging the local community. It has since become the target of far right and racist protests. Racist protestors have harassed and photographed residents of the site. Their presence and their campaigning activities have impacted negatively on the racial cohesion of the wider community. There have been numerous similar problems in asylum accommodation which have left people seeking asylum at risk of hate crime and have also resulted in consequences counter to the public sector equality duty to reduce discrimination and difference within communities. Examples include asylum accommodation being indicated by 'red doors' which led to racist activity in Middlesbrough, and the requirement for asylum seekers to wear wristbands leading to harassment in Cardiff.³ Local people will have understandable concerns about the impact on local services, the impact of having a distressed, bored and transient population in their community. The recent political discourse aligning people fleeing persecution with criminals is likely to increase rather than decrease these social tensions.
- c. Housing is most likely to fit for purpose when those who would be accommodated within it have been consulted and involved in the planning process. There is no effective residents' forum in Napier or any indication that people with lived experience of the asylum system or of living in Napier have been consulted or that they have been given realistic help to respond to the current consultation. There is considerable complexity in delivering asylum accommodation in a former military barracks (a site reminiscent of a military camp will have a negative impact on those with a history of mistreatment in similar locations). Dormitory accommodation is particularly unsuited to asylum seeking populations because of their high rates of trauma-related symptoms and behaviours including disturbed sleep and nightmares. These and other factors, which those with lived experience will be best able to articulate, are relevant to the suitability and desirability of the site.

³ See for example, [Asylum seekers made to wear coloured wristbands in Cardiff | Immigration and asylum | The Guardian](#)

6. The lack of meaningful consultation before opening the site or before granting the Special Development Order is therefore very problematic. **HBF calls for the use of Napier as housing for people seeking asylum to be suspended pending a proper consultation.**

Impact on health of institutional accommodation

7. HBF clinicians assessing people with experience of living in Napier have repeatedly identified an adverse impact on the health of residents.
8. HBF carried out a scoping literature 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 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.⁴ The results of this scoping review indicate that, in general, institutional quasi-detention accommodation of this kind harms health and does not promote recovery. The review illustrates that refugee populations living in such accommodation have been shown to have poorer mental and physical health on arrival due to preceding risk factors, including histories of torture, mistreatment, exploitation, deprivation, displacement and family separation.
9. The scoping review also found that, even accounting for preceding health vulnerabilities, *“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 and physical health outcomes include:
 - isolation from communities;
 - perceptions of being unwelcome;
 - shared facilities;
 - lack of privacy;
 - poverty;
 - feeling unsafe;
 - length of stay;
 - lack of full access to healthcare including therapy, immunisations and dental care;
 - lack of freedom to move within and without.

⁴ The scoping review undertaken by Dr Jill O’Leary and Dr Sian Edwards included four literature searches using the ASSIA, Global Health, Medline, Psyc-Info and Social Care Online databases as well as the King’s Fund Library database, Mednar, OpenGrey, NICE Evidence and the Trip database. The review looked at both peer-reviewed and grey literature sources from the past 10 years.

Access to healthcare, data privacy and informed consent

10. The current provision of a single onsite nurse is inadequate for the volume of residents on the site, particularly during a pandemic. It is also unsatisfactory to have a single nurse outside of a wider infrastructure and without clear minimum standards regarding the specific training, experience and supervision needed when working in refugee health.
11. Napier resident cannot make appointments with a GP directly; instead, they must go via the nurse. It is our understanding that just one GP surgery is referred to and whilst NGOs are being told that everyone is registered with a GP, it is unclear whether this is the case. Residents spoken to by HBF clinicians did not know how to make an appointment with a GP or whether they were registered.
12. People should only be registered with a GP practice with their informed consent. Automatic (non-consensual) GP registration risks a duplication of NHS numbers, residents being missed, lack of continuity of care and lack of accountability and access to medical records.
13. These issues reflect the lack of notice, planning and capacity in local healthcare infrastructure, which is a strong indicator of the undesirability of the site.
14. Access to a GP in the normal way should be a minimum standard for any asylum accommodation. It is not appropriate for Clearsprings Ready Homes staff to act as GP receptionist equivalents and be the gatekeepers for access either to the onsite nurse or to GP or dental services.
15. There is no clear process to ensure consistency of medical care and safe discharge from Napier, which goes hand in hand with the lack of transparency around healthcare and lack of access to normal, mainstream, NHS processes.

Accommodation for vulnerable population and processes around vulnerability identification and induction

16. The Home Office announced that people would be “only allocated accommodation at the site if there are no indicators of vulnerability, modern slavery or exploitation in their case history”.⁵
17. Between September 2020 and December 2020 six iterations of the Home Office’s internal ‘Suitability Assessment for Contingency Accommodation’ policy were issued. Version 1 of the policy included a short list of the kinds of cases where a person would be considered too vulnerable to be placed in the barracks, which developed into a very different list a few months later. At no stage was there wider consultation on how this vulnerability screening process should work, whether it could be effective or what the criteria should be.

⁵ ‘Contingency Asylum Accommodation: Ministry of Defence Sites Factsheet’, Home Office, October 2020

<p><i>'Suitability Assessment for MOD Camp Site Accommodation', September 2020 v.1 – people deemed unsuitable for placement on the sites included (said to be a non-exhaustive list):</i></p> <ul style="list-style-type: none"> a) Unscreened cases b) Potential victims of trafficking c) Victims of trafficking in the NRM d) People with a Rule 35 report from detention e) Those with other vulnerabilities f) Safeguarding cases (as flagged on the internal system) g) Cases with any medical conditions recorded even if sounds very minor or low-level risk h) Cases accepted for third country removal i) Arrived in the UK within last 14 days j) Cases with mitigating circumstances including family ties, under 18 or over 65, disruptive behaviour, criminal cases, section 4 cases, those granted asylum, awaiting removal or where an MP has intervened. 	<p><i>'Suitability Assessment for Contingency Accommodation', December 2020 v.6 – people not suitable by this point said to be:</i></p> <ul style="list-style-type: none"> a) Unscreened cases b) NRM trafficking cases c) Anyone defined as vulnerable under the Asylum Seekers (Reception Conditions) Regulations 2005 – a minor, disabled person, elderly person, pregnant woman, lone parent with a minor child or person who has been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. d) Those with physical disabilities/mobility issues e) Those with severe or complex health needs including pregnancy, active tuberculosis and infection diseases, serious mental health issues where there is a high risk of suicide, serious self-harm or risk to others, chronic disease e.g. kidney disease where the person needs regular dialysis, HIV f) Safeguarding cases (where recorded as such internally) g) Those who have arrived in the last 14 days h) Those over 65, with a history of disruptive behaviour, criminal cases, those granted asylum, those awaiting removal.
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18. The process for screening was that the person's immigration file would be checked (usually they would only have had an asylum screening interview, so limited information would be on file). In practice, their asylum support application would be checked (often the ASF1 form completed by phone by someone from Migrant Help, which focuses predominantly on destitution). HBF understands that the private contractor Clearsprings Ready Homes undertook to check their internal records, in case they had come across the person before. In summary the 'screening' involved checking incidental material obtained for different purposes, but did not involve undertaking a relevant information collection exercise or even asking the person themselves if there was any reason placing them in Napier would be unsuitable against published criteria.

19. The result has been that clinical organisations, front line support organisations and immigration legal aid solicitors working with people placed in Napier have swamped with alarming cases of people who unable to tolerate the camp environment. This has included

LGBT+ people who were survivors of mistreatment; survivors of male sexual abuse; and survivors of trafficking and torture.

20. The underlying and fundamental problem with the Home Office's approach is that asylum seeking and refugee populations are an inherently vulnerable group (as found in HBF's literature review summarised above). In particular it is not possible through such an approach to 'screen out' people seeking asylum who have a traumatic history or other relevant vulnerabilities. Due to the particular nature of trauma symptoms and their effect on day-to-day life (including avoidance, and consequences of minimisation and distrust) many people seeking asylum will be unable or understandably unwilling to articulate how and why they are 'vulnerable' in a timely way. This is particularly the case in the context of such a complex administrative process and/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. Furthermore, personal and cultural attitudes and understandings of mental illness may make people unwilling to self-identify as unwell on arrival to the UK. Asylum seekers may also have a limited and inaccurate understanding of the asylum process and fear adverse consequences if they declare themselves to be unwell.
21. Furthermore, whilst only men have been accommodated at Napier it is not the case that men are more resilient to coping with deprivation and mental illness than other groups. In the United Kingdom, suicide is the most prevalent cause of death among young men and in 2018 three times as many young men committed suicide as young women.⁶ Within HBF's Model of Integrated Care a significant proportion of the people we work with who present as high risk in terms of severe suicidality are men. The combination of social expectations around masculinity and the powerlessness that arises in the context of torture or severe mistreatment can increase risk. There have now been several reported suicide attempts from Napier Barracks and in 2021 coroners have made findings of suicide about deaths of young men in the asylum system more generally, emphasising the 'at risk' nature of this population.⁷ An HBF clinician who has undertaken assessments of former residents of Napier has documented how residents report high levels of mental distress after witnessing self-harm and suicidality among other residents. Suicide risk is significantly higher amongst people who have lost someone due to suicide.⁸

⁶ As per the Samaritans Suicide Statistics Report 2019

⁷ See for example '[Napier Barracks: Suicide attempts at 'unsafe' asylum-seeker camp](#)', 14 April, BBC news; about a young adult '[Teenage refugee killed himself in UK after mental health care failings](#)' the Guardian 7 April 2021 and about a separate young adult '[Teenage Afghan who feared UK would deport him killed himself](#)', the Guardian, 8 September 2021.

⁸ See for example '[Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults](#)', Pitman and others, BMJ Open, 2015 Vol.6 Issue1.

22. Vulnerability is not a static concept – a person may be vulnerable by context rather than because of a specific characteristic and vulnerability may fluctuate. The presence of features that would make a person vulnerable to not coping well with an open-prison camp environment with dormitory accommodation are common in young men seeking asylum. There is no reliable means to ‘screen-out’ more vulnerable new arrivals, because pre-existing features of vulnerability such as a trauma history will not reliably be disclosed⁹ or understood. Identification of vulnerability or of someone as a survivor of modern slavery or other severe trauma is not a one-off exercise, but requires ongoing work from specifically trained professionals.
23. Staff have not been trained to identify people accepted as unsuitable for accommodation on the sites due to vulnerability, or to identify common risk factors such as a background of human trafficking.¹⁰ Professionals working with people seeking asylum should have specific training in human trafficking, particularly identification, needs and risks. Identification of trafficking is not a ‘one off’ event that can be rolled into a single pre-entry screening process.
24. There is no effective process to screen for or identify vulnerability and unsuitability for placement in Napier, contrary to what is said in the Napier Planning Statement at paragraph 3.2. The High Court found the current process to be inadequate and it has not been meaningfully changed. HBF clinicians have identified survivors of torture and modern slavery placed in Napier contrary to the published criteria. The 2020 HMIP inspection of Penally and Napier (para 1.3) found that inductions included generic rather than camp-specific information and to HBF’s knowledge there is also no proper information given to residents, staff or treating clinicians about how to request a transfer on welfare or safeguarding grounds.
25. The planning permission statement seeks to emphasise that there is not a significant change in the use of the site (e.g. paragraphs 5.5, 5.6, 5.31 etc). This is simply not true. Napier was established to hold a population of military personnel for short periods of time and not – in our understanding – as their primary accommodation (we understand it was a training site). Military personnel on the site would have chosen to be soldiers, have undergone specific training, have chosen to work within a military unit and could be expected to be in the peak of health. People seeking asylum on the other hand are at the other end of the vulnerability spectrum. Recent arrivals are more likely than not to have had a hazardous, distressing and arduous journey, which has reduced emotional capital and resilience. Unlike soldiers, they have not chosen to serve with a unit (and are instead being housed with a group of strangers, with no common connection), they are not being paid and spending the day in training exercises or other employment (but instead being left on site with very little to do) and they are likely to be

⁹ See for example [‘The Texture of narrative dilemmas: qualitative study in front-line professionals working with asylum seekers in the UK’](#), Abbas and others, *BJ Psych Bulletin*, Cambridge University Press, 22 April 2020

¹⁰ Contrary to the UNHCR’s recommended minimum standards, para 4.1.3 on Reception Centres [‘The 10-Point Plan in Action, 2016 Update, Chapter 4: Reception Arrangements’](#).

particularly vulnerable to further hardship. The infrastructure of the site was custom built for military personnel, whereas the needs and vulnerabilities of an asylum seeking population are very different.

Location and physical characteristics resulting in re-traumatisation

26. A substantial proportion of people seeking asylum are fleeing state persecution or have experienced previous mistreatment in military, paramilitary and persecutory camp settings. The physical characteristics of Napier Barracks, which looks like a military site and is surrounded by barbed wire, has been identified by HBF clinicians assessing residents of Napier as a factor which is re-traumatising for survivors of this kind of mistreatment. This is a factor that is likely to hit people hard from the moment of arrival on the site and is one reason why the site is fundamentally unsuitable for the population housed there.
27. Residents have also reported fear of leaving the sites due to racial harassment, including being filmed with hostile intent. The combination of barbed wire/military site, risk of harassment when leaving and the isolated nature of Napier (where we understand there is unsafe road access due to the lack of pavement outside the entrance, lack of local amenities and limited connection to the town, which is particularly unsafe after dark) increase the stress, isolation and pressure on residents.
28. The lack of trauma-informed support and ways of working has repeatedly been identified by NGOs and clinicians as a problem with the site. No aspect of the site's geography promotes trauma recovery, due to the issues identified elsewhere in this response.¹¹

Access to advice and support, including specialist support services

29. Kent is a legal aid desert, meaning it does not have sufficient lawyers with an asylum legal aid contract to represent the number of people who are due to be accommodated in Napier.¹² It would also be very disruptive for people to start with a lawyer and then have to switch when transferred to an unknown future location (accommodation in Napier currently being supposed to have a time limit). As a result, it is the experience of HBF staff that people placed in the camps have been unable consistently to find local legal representation. There have also been reports of confusion about the difference between a housing lawyer (to challenge the suitability of the person's accommodation at Napier), a public law specialist (to challenge some kinds of certification or associated decision) and an immigration lawyer (who could help present a person's substantive asylum claim), which meant that people did not reliably access important legal advice.

¹¹ HBF has produced a [Trauma-Informed Code of Conduct for all Professionals working with Survivors of Human Trafficking and Slavery](#).

¹² Regarding legal aid shortages see '[Droughts and deserts: a report on the immigration legal aid market](#)' Dr Jo Wilding.

30. There are only limited processes to obtain legal advice and no duty scheme. This meant the process was unpredictable with people having to rely on word of mouth, calling Migrant Help who could try and assist (but have no provision or mandate monitor prospective lawyers for competence/specialism) or where people might at times be given a list of lawyers they could call (but no assistance with interpreting to do this). HBF's experience is that the ability of people seeking asylum to find lawyers from Napier might depend on the good will and assistance of local community groups/volunteers, which is unpredictable and not guaranteed to be sustainable.
31. As with all aspects of the provision in Napier, the asylum NGO sector was not consulted or given warning of the site opening and so provision has developed piecemeal and on an *ad hoc* basis. Migrant Help is the organisation which had the government contract for triaging communication between people seeking asylum and the Home Office. They have then been left to try and manage the very complex position of people placed at Napier, but without adequate planning and consultation time. The current mainstream asylum systems (the ASF1 form and generic information) is insufficient for responding to the needs of a distressed asylum seeking population in an accommodation centre. There is no system for new arrivals to be provided with contact details for a designated support worker, no needs and risk assessment or individualised care. Instead, an infrastructure that was never designed to be operated within an accommodation centre is having to develop new practices in an *ad hoc* way, creating unacceptable safeguarding and welfare risks for people living on the site.
32. There is very limited involvement from specialist support services on the sites. Specialist modern slavery, rape crisis, mental health, LGBTQ+, HIV and other community services are relatively inaccessible to camp residents, but are often particularly needed by refugee populations, due to peoples' complex and difficult personal histories of trauma and persecution.

Socio-cultural, private and family life rights

33. People placed in Napier have reported high levels of isolation and loneliness to HBF clinicians. The HMIP 2020 inspection report¹³ found that common rooms were 'bare and unwelcoming'. There was scarcely anything to occupy people's time and due to destitution and COVID measures people were seldom able to leave the sites. At times people were unlawfully detained on the site (as per the High Court's findings).
34. Dormitory accommodation, forced 'cohorting' or 'bubbling' (which would then be mixed up) and extremely limited social and recreation facilities has meant there is very limited privacy for residents. People report limited private space to change clothing. In response to this, some residents have become distressed and have resorted to draping sheets to try and create a

¹³ [An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks - November 2020-March 2021 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk), paragraph 2.41

sense of privacy. In addition, most of the residents assessed by HBF clinicians reported difficulties sleeping and reported noise issues within the dormitories

35. Despite in many ways presenting like an open prison or similar facility there has not been an equivalent level of staffing or individualised assessment around room sharing: people have been placed together, told they were in a 'bubble' and then reshuffled when this was considered necessary for logistical (rather than health) reasons.¹⁴
36. It is understood that the level of privacy in sanitation facilities and use of portacabins has perhaps improved to some extent as the Home Office responded to legal challenges. However, we understand that the majority of shower facilities are still open and shared, which people in the sites reported as humiliating and shameful to use. This will be particularly traumatic for sexual violence survivors who may feel unsafe and for survivors of torture who would have to expose scarring in a public place.
37. As far as HBF is aware, there was no appropriate room sharing policy governing the camp's dormitory accommodation. Such a policy would require individual assessment to confirm that only those carefully selected as being suitable to associate with the other specific individuals in the conditions of the camp were accommodated in a room together.¹⁵ Residents reported to HBF that they felt themselves and their possessions to be unsafe. Torture survivors can sometimes fear people who remind them of their torturer. Dormitory accommodation can be particularly unsuitable for some people (including LGBTQ+ people). The 2020 HMIP inspection found that a high percentage of residents had experienced threats or intimidation from other residents in Penally Camp and Napier (paras 1.22 and 2.18). As far as HBF is aware there was no regular supervision at night to safeguard residents in shared dormitories.
38. Faith services are limited. The right to practice one's religion can be a vital source of social support for some people seeking asylum and exceptionally important to some people, including people who have fled religious-based persecution. We understand that people on the sites who wish to participate in religious worship have had to do so on a 'no choice' basis in a largely multi-faith environment. Given some people seeking asylum will be doing so to flee religious persecution, this setting may place them at risk. For example, Ahmadi Muslims may be placed in a complex situation if expected to worship alongside other Muslims who not accept the legitimacy of the Ahmadi faith. It also deprives others of the ability to practice their faith meaningfully, reducing access to a fundamental human right. At the height of the COVID-19 pandemic, many faith sites were not running usual services, but local faith communities were still engaging in mutual support and alternative forms of community worship. In contrast, the

¹⁴ Compared for example with the *Nelson Mandela Rules* which set international minimum standards for detention where there are strict requirements about individualised assessments for room sharing, access to health care, complaints procedures and other issues which would not be met in the context of Napier.

¹⁵ As per rule 12 of the [Nelson Mandela Rules](#). These provide minimum rules for the treatment of prisoners rather than people in reception centres, but the risks and rationale for many of the rules are similar in both settings.

institutional and isolated nature of Napier – where people are apparently placed without consideration of their faith – deprives people of this support.

39. Many people who come to the United Kingdom to seek asylum do so because they have a family connection here. Other people seeking asylum have children or close relatives. Others will seek to make friends now they are in a safe place. Napier does not have a proper visitors' suite and people were told they had to return to the site by 10:00pm each night. For those with family connections this constitutes a significant interference with the right to family life, which goes beyond what is acceptable for residential accommodation (a person's only home) to provide. During COVID-19 single adults were allowed to join the household of another family as a support bubble, but the isolation and dormitory features of the camps prevented camp residents from accessing this important support.
40. There is a lack of community amenities close to Napier; the routes to amenities some distance away are difficult (with inconsistent pavements, lighting etc) and unpredictable (residents cannot afford to fund travel and a limited free shuttle is only first come first served only so unsuitable for important matters). Engagement with the wider community is therefore very limited, creating a sense of separation and isolation. People housed there reported feeling lonely and that they also felt afraid when they went out. Some local community groups arranged activities or befriending, but this was not well or consistently supported by camp management (for example it has been difficult for some groups to arrange consistent access to the sites).
41. Access to education can be extremely important to people seeking asylum. It is a way for people whose recent experiences include life-changing displacement, bereavement, persecution or trauma to rebuild a positive identity, hope for the future and self-confidence. People placed at Napier, which has a purported maximum length of stay at the moment of 90 days, cannot meaningfully enrol on an academic course. The length of stay is enough to force someone to quit another course of study and to keep someone out of a course – for example missing out on an academic year – but not long enough for them to benefit significantly from educational courses that might be offered to people on the sites. There is a real dearth of meaningful and positive activity for people on the site which feeds into poor mental health and contextual safeguarding risks.

Destitution, adequacy and dependency on civil society/charity

42. People in asylum accommodation usually receive £39.63 per week in subsistence support to cover all their living needs (travel, clothing, communications, hygiene, food etc). Asylum 'initial accommodation' traditionally has been used for only a short time, but in that time people's financial support may not be in place and they may only be receiving small amounts of financial support. In Napier people have not consistently received subsistence payments. This has left people without the ability to meet their own essential needs.

43. The accommodation on the sites is dilapidated, with sleeping spaces and isolation rooms having been identified as unacceptable and dirty. People do not have enough money to purchase winter clothing, even when they are housed during cold winter months. There is no evidence that serving members of the British military would have been expected to live – as their primary residence – in Napier for 90 days in the winter months without the finances to buy cold weather clothing. There have been reports of heating breaking down at times, which suggests the run-down system is overstretched by having a population live there full time through the winters. People also lacked adequate basic clothing and other essentials and charities have had to step in. It is unacceptable for charities and ad hoc good will to be relied on when the Secretary of State has a legal duty to meet these essential needs and this charitable support is inconsistent (so for example people may receive second-hand garments that do not fit them).

Inspection frameworks and standards; residents' views and safety on site

44. There was no proper residents' forum or organised consultation to ascertain and respond to residents' views, needs and concerns. During the HMIP inspection in 2020 of Penally Camp and Napier Barracks, two thirds of residents at Penally and more than half at Napier said there was no member of staff they could turn to for help if they had a problem.¹⁶ People on the sites were at times informed that if they received a warning letter from staff or were not back by a 10:00pm deadline then this information would be passed onto the Home Office. This was construed by residents spoken to by HBF staff as meaning this could harm their international protection claim, but there was no way to appeal such a warning or challenge it.

45. There is no established inspection framework or standards framework for accommodation centres in the United Kingdom. This should have been in place before Napier was opened up and certainly before planning permission was extended for a several year period. But this has not happened. For example, the ICIBI had to invite HMIP to co-inspect Napier, because neither inspectorate had an accommodation centres assessment framework in place and even so the inspection report effectively has to invent audit criteria (using 'respect' as one measure, for example).

46. Napier was found by the High Court not to provide adequate accommodation in line with the Home Office's legal duty to provide asylum support accommodation and in line with the Asylum Accommodation and Support Contacts (AASC) and relevant statement of requirements. Planning permission should not have been extended at a time when the accommodation being provided was substandard and apparently unlawful. Even if – in principle – the accommodation at Napier could be operated lawfully, in reality there has been very limited oversight by the Home Office of its contractors. This is one reason why a proper consultation was needed (to

¹⁶ [An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks - November 2020-March 2021 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk), paras 1.42 and 2.47

understand what is happening in practice, not just what the contractor is telling the Home Office), prior to planning permission being granted. 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.¹⁷ In a previous High Court judgment regarding Napier, the Judge recorded how senior Home Office staff seldom visited the site leaving their understanding of the situation dependent on private contractors.¹⁸

47. The risk with such unmonitored outsourcing is that people seeking asylum are commodified with costs being reduced to make greater profit margins where possible. Private companies will look at making processes as low-cost and convenient for them rather than providing the best service to people living on site. This is a particularly high risk with asylum accommodation where the 'client' from the contractors' perspective is the Home Office, not the person they are housing. 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 volume of residents), predictable repairs and easy evictions. Isolated, institutional, detention or quasi-detention settings can also provide potential administrative benefits for immigration enforcement given they provide a greater level of control over people's location and access to a large number of people in one place. However the use of this kind of facility requires a commensurate ramping up of monitoring and oversight, transparency and accountability to ensure residents' dignity, safety and to ensure that the rights of residents' are not reduced. This has not occurred with Napier.

Public health and surrounding building works

48. Napier is part of a larger military site where there will be ongoing building and redevelopment work. It appears that the reason the Napier site was empty was because of this redevelopment schedule. Noise, traffic and the apparent 'high risk of unexploded ordnance' (as per the planning statement) may also impact on the quality of life of the people housed on site.

49. It should go without saying that the use of Napier, with dormitories and shared facilities, during a global pandemic was completely inappropriate from a public health perspective. It has placed the men on the sites, the staff on the sites and members of the local community (including medics) in an unacceptably risky and avoidable position. Covid-19 can cause death, but also can cause long-term other adverse health issues, the prospect of being exposed to it has been very frightening for residents. The site was not equipped to deal with it, given that people were moved into Napier from different places and after having mixed with different people. Public health issues linked with communicable conditions (such as Covid-19, scabies and tuberculosis) will always be an increased risk in a contingency accommodation site like Napier and these are

¹⁷ *DMA and Ors v Secretary of the State for the Home Department* [2020] EWHC 3416 (Admin), publicly available on BAILII at <https://www.bailii.org/ew/cases/EWHC/Admin/2020/3416.html>

¹⁸ See paragraph 27.

risks that could be avoided by placing residents in smaller-scale accommodation. Clinical bodies have called for the site to be closed on healthcare grounds¹⁹ and it is HBF's view that planning permission for this type of facility should not have been extended in the context of the pandemic.

Conclusion

50. As this response has highlighted, there are numerous ways in which the plan for the ongoing use of Napier is unsuitable and unfit for purpose. Napier is not a site that is appropriate for housing a vulnerable population and it was not designed to do so. It will be experienced as a hostile environment, given that it is surrounded by barbed wire, is unpaved at the entrance and has no proper visitors' facilities. The planning application does not demonstrate that real thought has been put into what would be needed by a population of people seeking asylum moving into a designated site (such as privacy and specialist, trauma-informed care). For people seeking asylum the site is their main residence and we would challenge anyone reading this response to assert that Napier is the appropriate home for someone seeking protection.
51. The issues raised in this response should have been considered at the very outset, because this information could have been relevant to the decision on whether or not to grant planning permission to use the site.

¹⁹ See letters from [December 2021](#) and [November 2020](#) from the British Medical Association, Royal College of Psychiatrists, Faculty of Public Health, Doctors of the World, Freedom from Torture and HBF calling on the Secretary of State to close Napier on health grounds.