HELEN BAMBER FOUNDATION
strength to fly

Like a prison: The negative impact of barracks accommodation on the health of people seeking protection

The Helen Bamber Foundation

The Helen Bamber Foundation 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.

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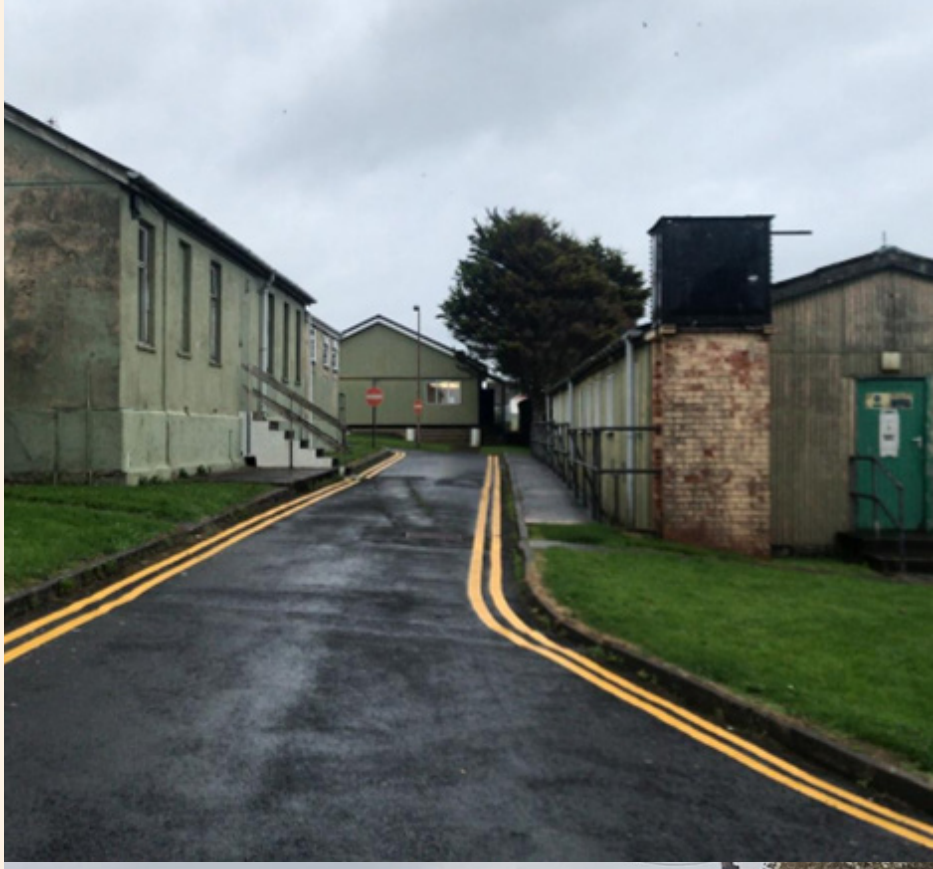

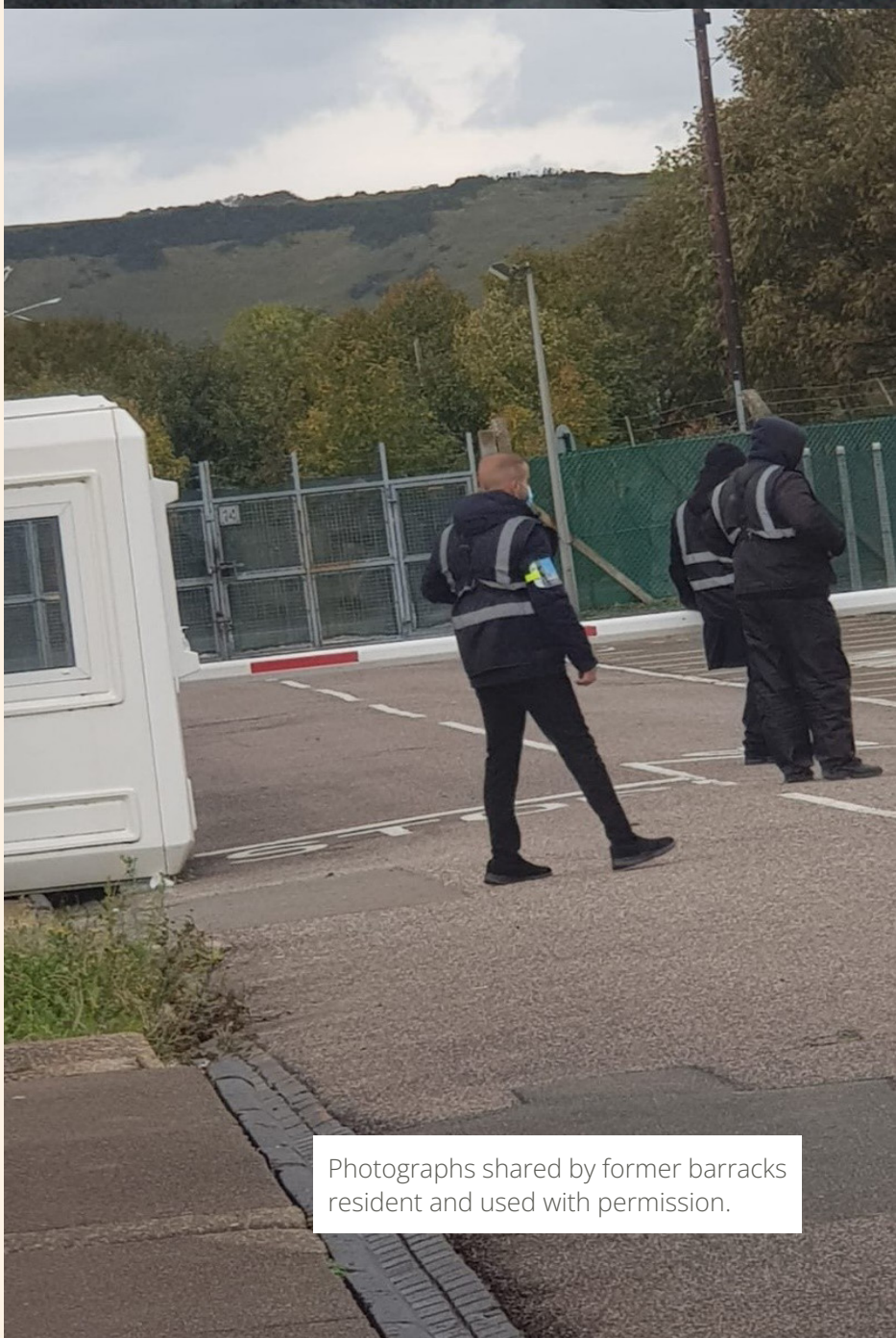

Photographs shared by former barracks resident and used with permission.

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PREFACE

As a refugee and former resident of Penally Ministry of Defence Training Camp, I am grateful to the Helen Bamber Foundation ('HBF') for the opportunity to provide the preface to this important report.

I was transferred to Penally in September 2020 from a hotel in Bristol. My initial reaction was shock as I was driven through the barbed-wire-topped gates of an army camp and faced with a black metal firing target of a soldier. The anxieties and fears of myself and my colleagues on that coach were evident. The instructions from the camp management were exclusively in English and so I had to translate for fellow Arabic speakers. I found it so hard to accept that the United Kingdom (UK) – which I felt had always been a beacon of good government – was treating us in this way. Between us we had fled torture, false imprisonment, war and civil conflict. We now found ourselves inside exactly the sort of institution many of us had already experienced in our home countries and which brought back terrible memories and stirred up traumas.

From that moment we decided that we should organise to try to improve our treatment and lives in the camp. Despite the restrictions placed upon us by the housing management (such as signing in and out through the gates between fixed hours and having very restricted access to external meetings) we set about creating a residents' union in the camp. We created CROP (Camp Residents of Penally) with the kind help of civil society colleagues from local Welsh communities. The association's purposes were to provide English language classes and Art workshops for the residents, to arrange organised welfare outings for residents and to co-ordinate the volunteering efforts and contributions from the residents for the benefit of the local people. I am proud that despite the many difficulties that we faced, we were able to deliver all of the association's purposes over time.

We then set about improving the health screening process in association with HBF, Forrest Medico-Legal Report Services and Doctors of the World since it was clear to all of us that there were men sent to the camp with pre-existing mental and physical health conditions, while other people's conditions were worsening while in Penally. Beneficial though these activities were (in some cases potentially life-saving as seriously ill individuals were moved out and received the medical treatment they needed) we always knew that we were only making a terrible situation slightly more bearable.

For many of us, life in the camp only increased our insecurities and re-traumatised us. It was obvious to us all that this was not a fair, decent or even cost effective approach to housing asylum seekers. Added to this were the continuing delays in obtaining any information from the Home Office concerning dates for our asylum interviews or the progress of our cases or any information about our "dispersal". It felt like we had been abandoned.

It would be difficult to design a system that more perfectly delivers despair and deteriorating human health and mental capacity than these "asylum camps". Having always thought of the UK as both competent and compassionate I was shocked to discover that in relation to asylum claims and housing processes, it could be neither. The solution, as people say, is "not rocket science". The existence of these camps will not deter desperate people fleeing the sort of experiences I had in Syria and others had in other countries – even if that means travelling in dangerously overloaded boats or lorries across the channel. What is needed is humane treatment and housing for asylum seekers within communities, routes to claim asylum without venturing onto the waves of the English Channel, and significantly shorter times in the "decision queue". Investment in better quality prompt decisions will significantly shorten the time asylum seekers spend in asylum accommodation removing any justification for camps like Penally. Knowing that Penally Camp has closed is little comfort, knowing that use of Napier Barracks continues and the UK government is planning to introduce even more segregation and isolation for people seeking asylum in new reception centres and through transportation overseas.

Kenan Albeirakdar, former Penally Camp resident

INTRODUCTION

In September 2020 the then Home Secretary Priti Patel began to use disused military sites as asylum accommodation. The use of these sites was justified on the basis that the Home Office had a duty to provide housing to people seeking asylum who would otherwise have nowhere to live and that mainstream asylum accommodation was in short supply.

Two disused military sites were used under the main barracks housing policy.[1] At times in this report the two sites are referred to as 'the camps' or 'the barracks'.

The first was Penally Camp, a site in Pembrokeshire in Wales that had been used as a military training site. It was not in an asylum dispersal area, so it was not in an area with local expertise in refugee health and welfare. The Home Office estimated that the capacity of the site was 234 residents sleeping in dormitories and using shared facilities.[2] The Camp was a 40-minute walk (one way) from the nearest urban centre (the small town of Tenby). Use of this site ended in March 2021 following pressure from the Welsh government, community and statutory services.

The second was Napier Barracks, which is a larger site situated in Kent, England; it was a dilapidated and empty military site used pending demolition as part of a rebuilding programme. Napier is a 40-minute walk (one way) from the centre of Folkestone, although there are some shops nearer to the site. It was estimated to have capacity for around 400[3] people to sleep in dormitory accommodation along long corridors.

The camps were both established during the Covid-19 pandemic and in the context of frequent lock-downs. People were transferred into the barracks sites from multiple different local authorities and had not self-isolated before being brought to the sites. Despite the pandemic, new arrivals were immediately placed in dormitories and required to share camp facilities (such as a common room used by all residents). Self-isolation facilities on both sites were grossly inadequate and did not allow for effective multiple-day isolation.[4] As a result there have been repeated Covid-19 outbreaks at Napier Barracks, for example 178 people testing positive in January 2021, another 19 in February 2021 and several more tested positive in August 2021.[5]

At points during the Covid-19 lockdowns, people were told they could not leave the camps. At other times people reported to HBF doctors that the sites felt 'like prison'. The people placed on these sites had to live there, even when conditions were poor, because otherwise they faced homelessness.

Despite the High Court finding that conditions in Napier Barracks were unlawful and had led to the Covid outbreak among residents there[6] and despite a heavily critical report from the national inspectorate[7], the Home Office has continued to use the site and is currently in the process of opening new accommodation centres modelled on Napier Barracks.[8]

1 'Contingency asylum accommodation, Ministry of Defence Sites Factsheet, October 2020'
2 Ibid
3 Ibid
4 The ICIBI and HMIP 'Report on Penally Camp and Napier Barracks' (July 2021) was particularly critical of Napier, see paragraph 1.35; 1.53: "There was no reasonable prospect of effective isolation bubbles being established in the event of a COVID-19 outbreak. Given the cramped communal conditions and ineffective cohorting, once one person became infected a large-scale outbreak was virtually inevitable".
5 See for example 'Covid-19: Outbreak 'shows Napier Barracks not Covid-safe', BBC News 24 February 2021; 'Napier Barracks: Further cases of Covid-19 among asylum seekers', BBC News 12 August 2021.
6 NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening [2021] EWHC 1489 (Admin),
7 HMIP and ICIBI 'An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks' November 2020-March 2021
8 Letter from Home Secretary to Home Affairs Select Committee, 27 August 2021

This briefing evaluates the findings from clinical assessments of individual barracks residents which were undertaken by HBF General Practitioners and Psychiatrists between September 2020 and March 2021. HBF runs a medico-legal report service and the clinical assessments were requested by residents' legal representatives. Following the assessments, all the residents HBF assessed were transferred from the barracks sites. 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, the judge accepted HBF's specialist evidence.[9]

The analysis in the report is also informed by a scoping literature review undertaken of relevant peer-reviewed and grey literature sources from the past 10 years. Where case studies are included in this report they are included with consent for the case study to be used in research produced by HBF and names have been changed to promote anonymity.

The Nationality and Borders Act 2022 incorporates legislation for large-scale accommodation centres in the UK and offshore asylum processing sites, although the government already has the power under previous legislation to introduce accommodation centres and has made clear its intention to do so. In this context, it is important to explore alternative options of housing for people seeking asylum that would be fit for purpose, without causing harm to health and failures in protection.[10]

9 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

10 See 'Can the UK develop accommodation centres in a trauma-informed way', Blair, Bolt, Hunt, Katona and O'Leary, Forced Migration Review, March 2022 FMR 69.

SUMMARY FINDINGS AND RECOMMENDATIONS

HBF clinicians frequently noted that the barracks sites were experienced as similar to detention and the mental health of residents deteriorated when they were transferred to the sites and worsened the longer they were there. People assessed by HBF clinicians reported key problems connected with:

- The lack of services available, with residents feeling unsafe and with experiencing poverty due to lack of income even after being placed in the barracks;
- The process by which they were chosen for placement in the barracks;
- Distressing move-in experiences;
- Poor living conditions and lack of privacy;
- Lack of access to important key services, including healthcare and legal advice, and to community;
- The open-ended length of stay, lack of progress and no clear and safe move-on planning;
- The sites offered very little opportunity for resident engagement (such as through residents' forums) and were not run in a trauma-informed way.

Although the Home Office acknowledged that the sites were unsuitable for vulnerable people[11], HBF assessments indicated that people with very clear vulnerabilities were still present and became unwell as a result of living in the barracks. It is the collective professional experience of HBF staff that seeking asylum is itself an indicator of high vulnerability. Accommodation that is unsuitable for vulnerable people is unsuitable for asylum seekers.

At a fundamental level, asylum housing needs to provide a home within the community where people feel safe and which promotes recovery from persecutory and traumatic past experiences. There is a strong evidence-base that what is needed for asylum accommodation is housing where there is "connectedness" with communities and a home-like environment.[12]

The key recommendations from this report are that:

- The use of isolated barracks sites should cease and a community asylum housing model be used, which is developed with the insight of people with lived experience;
- People entering the asylum system should be provided with access to a designated support worker, full GP registration and access to trauma-recovery and mental health services, which deliver an evidence-based model of therapeutic care;
- If an 'accommodation centre' model is to be pursued in the United Kingdom then this should only be done using a community-based safe house or hub model, not a refugee camp or quasi-detention institutional camp model like the barracks.[13]

11 *"asylum seeker's cases are pre-checked and only allocated accommodation at the site if there are no indicators of vulnerability"*, p.4 'Contingency asylum accommodation, Ministry of Defence Sites Factsheet, October 2020'

12 UNHCR (2022) Evaluation of 'Action Access', an Alternatives to Detention Pilot; the British Red Cross has also outlined a strong set of concrete recommendations in the 2021 report 'Far from a home: why asylum accommodation needs reform'.

13 See Blair, Bolt, Hunt, Katona and O'Leary 'Can the UK develop accommodation centres in a trauma-informed way?' (March 2022) Forced Migration Review 69 and the Refugee Council's proposal for a community-based accommodation centre pilot from 2002.

MEDICAL ASSESSMENTS AND DETERIORATING WELFARE

RAZA'S CASE

Raza fled his home country after being subject to torture on more than one occasion. He was placed in one of the camps. He was assessed by a specialist HBF GP as suffering from Post-Traumatic Stress Disorder and had significant depression symptoms. He also suffered urinary incontinence due to injuries from torture and had been housed in the camp a long way from any toilet facilities. The humiliation of having to share medical information and sensitive details with non-medical camp personnel, of having no quick access to a toilet and of having no private space to wash and change caused his mental health to deteriorate as he was constantly reminded of past abuse and had intense feelings of shame.

HBF assessed people who became unwell or deteriorated as a result of their placement on the sites. As time went on it became clear that the situation on both sites was worsening.

HBF's assessments were undertaken by GPs who are specialists in refugee health and HBF's Medical Director who is a psychiatrist. Six of the residents who were assessed by HBF clinicians had been moved to Penally barracks and two to Napier (one of those was assessed soon after he had been transferred out of the barracks due to a legal challenge but still had symptoms of poor mental health).

All of the residents assessed by HBF clinicians displayed symptoms of worsening mental health following transfer into the barracks. Five out of eight residents assessed were experiencing a worsening in their Post-Traumatic Stress Disorder (PTSD) 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 clinicians undertaking these assessments frequently found that, in their clinical opinion, the resident's mental health was likely to continue to deteriorate whilst they remained resident in the barracks. Alongside the damaging impact on mental health, HBF's clinicians also documented barriers to healthcare for physical health conditions. For example, one resident of Penally who was assessed had had a persistent right-sided headache for several days, which was assessed by an experienced HBF clinician as requiring medical attention, but he had been denied an appointment with a clinician by a non-medically qualified member of camp staff and given painkillers by camp staff instead.

Residents of Penally Camp and Napier Barracks have reported experiencing the sites as prison-like; this was clinically assessed as 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 people seeking asylum, are transferred to such accommodation – at times at short notice and without being told where they were going (as below) – and the uncertainty as to how long they would be there.[14]

14 *NB and others v the Secretary of State for the Home Department, with Liberty and JWCI intervening*, para 189.

SCOPING REVIEW OF THE IMPACT OF INSTITUTIONAL ACCOMMODATION ON HEALTH

ABBAS' CASE

Abbas was tortured in his home country and then trafficked and mistreated 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.

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 the review was to examine how the specific features of contingency accommodation, such as Penally Camp and 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.15

The results of this scoping review indicate that in general institutional accommodation harms asylum seeker health and does not promote recovery.

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

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

The review illustrates that refugee populations have been shown to have poorer mental and physical health than host populations due to preceding risk factors, including histories of torture, mistreatment, exploitation, deprivation, displacement and family separation.

The scoping review also found that even accounting for preceding health vulnerabilities, "contingency accommodation is itself associated with poorer mental health outcomes".

15 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.

Examples from the scoping literature review includes:

> *A study published in 2018 examined the mental health of refugees in Greek refugee camps [...] demonstrated that the living conditions in the camps both generate and increase psychosocial distress [...] the study demonstrated a high prevalence of anxiety disorder (between 73% and 100%). Refugees reported that the camp environment, specifically the passivity of life in the camp aggravated feelings of meaninglessness and powerle ssness. The uncertainty about their future, the lack of control over their lives and futures cause symptoms of depression and anxiety. Furthermore, the camp environment prevented interactions with the surrounding Greek society, which compounded feelings of isolation and being unwelcome.*[16]

> *A cross-sectional study published in 2017 examined the mental consequences of persecution, war and other forms of pre-migration trauma experienced by the Rohingya refugees of Myanmar as the resided in refugee camps in south-eastern Bangladesh. Results revealed high levels of PTSD, depression and somatic symptoms. [...] The study concluded that the daily stresses of camp life play a vital role in the mental health outcomes of populations affected by violence, trauma and statelessness*[17]

> *Two further studies examining the mental health of Congolese refugees living in refugee camps in neighbouring countries. All these studies found that conditions in the camps such as poverty, loss of connectedness from society and lack of hope for the future to be some of the predictors for suicidal ideation and attempt. [...] interviews with participants revealed that camp living conditions were associated with feelings of sadness, hopelessness, uncertainty about the future and deep psychological distress*[18]

> *Qualitative study of semi-structured interviews with Syrian refugees in Turkish camps [...] The camp in question had specific rules including a curfew, rigidity of entrance hours as well as regulations for visitors. The camp employed CCTV and required residents to show identity cards and freedom of movement to and from the camp was restricted. Some participants in the study described the camp to be "like a prison". The study concluded that these features associated with life in the camp, when experienced after significant pre-migration trauma, lead to worse mental health outcomes. The study explained that even if safety is restored after premigration trauma, a wide range of reminders within a camp environment can easily and involuntarily trigger trauma responses.*[19]

16 Poole, D.N., Hedt-Gauthier, B., Liao, S., Raymond, N.A. and Bärnighausen, T. (2018). Major depressive disorder prevalence and risk factors among Syrian asylum seekers in Greece. BMC Public Health, [online] 18(1). Available at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5822-x [Accessed 10 Dec. 2019].

17 Riley, A., Varner, A., Ventevogel, P., Taimur Hasan, M.M. and Welton-Mitchell, C. (2017). Daily stressors, trauma exposure, and mental health among stateless Rohingya refugees in Bangladesh. *Transcultural Psychiatry*, 54(3), pp.304–331.

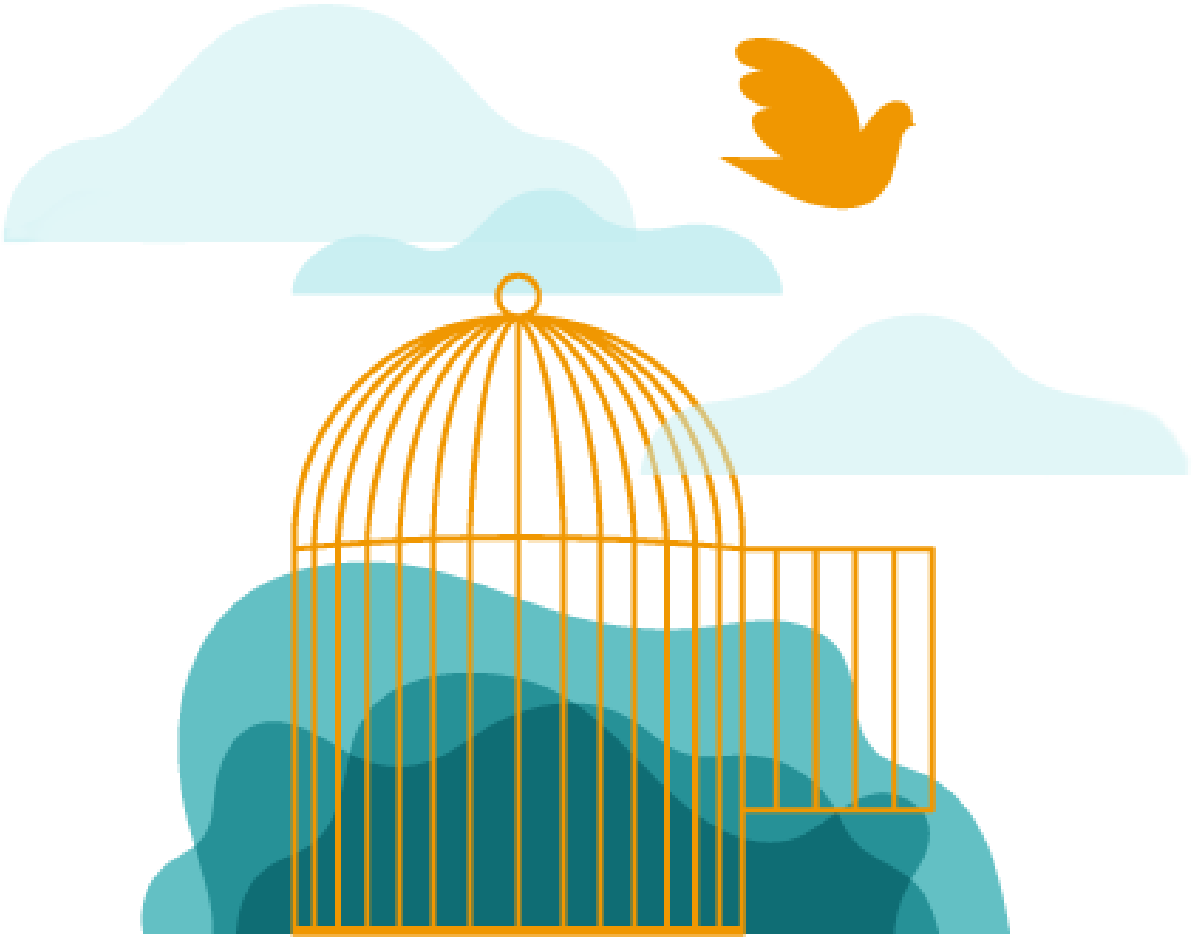
18 Chiumento, A., Rutayisire, T., Sarabwe, E., Hasan, M.T., Kasujja, R., Nabirinde, R., Mugarura, J., Kagabo, D.M., Bangirana, P., Jansen, S., Ventevogel, P., Robinson, J. and White, R.G. (2020). Exploring the mental health and psychosocial problems of Congolese refugees living in refugee settings in Rwanda and Uganda: a rapid qualitative study. *Conflict and Health*, 14(1) and De Carvalo, C., and Pinto, M. (2018). Refugee camp as an immediate solution: Response and its psychological meanings. *Peace and Conflict: Journal of Peace Psychology, 24(*3), pp277–282.

19 Cantekin, D. (2018). Syrian Refugees Living on the Edge: Policy and Practice Implications for Mental Health and Psychosocial Wellbeing. *International Migration*, 57(2), pp.200–220.

The features of this type of accommodation that are likely to lead to symptoms of psychological distress, including symptoms of depression, anxiety disorders, Post-traumatic Stress Disorder and suicidality, included:

- 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.

In light of this *"mounting body of evidence"*, the scoping review recommends the housing of asylum seekers in communities rather than contingency accommodation.



KEY CONCERNS RAISED BY THOSE ASSESSED BY HBF

SIMON'S CASE

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.

1. 'LIKE A PRISON'

The barracks sites have been categorised as 'quasi-detention' by the UK All-Party Parliamentary Group (APPG) on Immigration Detention.[20] In keeping with this, HBF clinicians frequently noted that the barracks sites were experienced and described as similar to detention.

HBF clinicians noted that placement in the barracks impacted on residents' mental health in a similar harmful way to immigration detention.[21] including by exacerbating depressive and anxiety symptoms and mental distress, including symptoms of Post-Traumatic Stress Disorder, and by causing the mental health to deteriorate of people who had previously been well.

The sites were in a dilapidated condition when they were opened and their use was changed without local consultation. Local services, including clear healthcare pathways, were not in place when people were sent to the barracks. The sites became a focus for racist protests[22] and residents were filmed and harassed.

There were no local facilities in place for residents to access mental health assessments and treatment, including specialist therapy services for trauma, no access to a support worker or to other psycho-social and educational support. This isolation from services was exacerbated by the Covid-19 and lockdown context. There was very limited access to the right to worship or connect with faith groups or to connect with specialist welfare services, such as domestic abuse, rape crisis or LGBTQ+ services.

Some residents were not receiving any financial assistance and some were only receiving around £8/week. They did not have the resources to purchase winter clothing, let alone to fund travel to visit friends, family or support services off-site. Residents also complained to HBF about the food, stating that there were restrictions on the amount of food available and that at times the food was not edible, but they did not have the resources to purchase or prepare their own food.

20 'Report of the Inquiry into Quasi-Detention' (December 2021) APPG on Immigration Detention

21 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*.

22 See for example, 'An unusual battle rages in a tourist town riven by the arrival of an asylum seeker camp', 18 October 2020, Wales Online and 'Tensions build over migrant camps' 25 September 2020, The Times.

The psychological impact of the racist protests and harassment was that residents' trauma-related hyperarousal and avoidant behaviour were aggravated. As a result they were afraid to go out, which increased their isolation and loneliness and decreased their ability to seek help and access support. The ongoing destitution issues and geographical isolation of residents served to exacerbate these issues without access to specialist support services which could have promoted recovery.

2. PROCESS FOR SELECTING PEOPLE TO BE TRANSFERRED INTO THE CAMPS

The Home Office announced that although Penally Camp and Napier Barracks would be used, people would be "only allocated accommodation at the site if there are no indicators of vulnerability, modern slavery or exploitation in their case history".[23] Only men were supposed to be placed in the barracks. The Home Office produced an internal 'Suitability Assessment for Contingency Accommodation' policy, which excluded groups like victims of trafficking, survivors of torture and those with physical disabilities as being unsuitable for placement in the barracks.[24]

However, the process of screening for these purported suitability criteria only involved checking the person's pre-existing asylum and asylum support files. In summary the 'screening' involved checking incidental material obtained for different purposes, but not undertaking a relevant information collection exercise or even asking the person themselves if there was any reason why placing them in the barracks would be unsuitable in terms of the criteria. The material checked, such as asylum screening interview records, were not records taken down in a trauma-informed context where disclosure of particularly sensitive material could be encouraged by a trusted professional and in the context of the Covid-19 pandemic they had often been taken down remotely in circumstances that would have made disclosure issues even more difficult.

The result was that HBF clinicians repeatedly assessed people who, even according to the published suitability criteria, should have been deemed unsuitable to be placed in the camps. This included survivors of domestic violence, torture, exploitation and those with significant presenting clinical needs.

There was also no clear process in place to identify where a person's welfare was deteriorating in the camps such that they no longer met the suitability criteria. 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 prevalent among young men seeking asylum. HBF clinicians assessed people with presenting clinical needs who had not had a history of mental health disorder prior to placement in the camps. This included a man expressing suicidal thoughts with no prior history of suicidality.

23 'Contingency Asylum Accommodation: Ministry of Defence Sites Factsheet', Home Office, October 2020
24 A comparison between versions one and six of the policies is set out at Annex 1 to this report

3. UNACCEPTABLE AND DISTRESSING INDUCTION PROCESS

People reported highly stressful experiences of being transferred to the camps, including at night and without prior notice. Some people reported to HBF that the process of transporting them to the sites caused them to fear they were being removed from the UK while their asylum claims were still pending to countries they would be in danger and others reported high levels of fear at being taken to a military camp (which triggered traumatic memories of past torture experiences in similar contexts).

HBF heard varying reports about the level of information residents received in their induction once on site. The induction did not include a medical, welfare or vulnerability screening assessment, medical induction or private interview. People moved onto the sites were not allocated a support worker.

Staff on the sites were not trained to identify people accepted as unsuitable for accommodation on the sites due to vulnerability and help them to request a transfer, or to identify common risk factors such as a background of human trafficking.[25]

The HMIP inspection found that inductions included generic rather than camp-specific information. The British Red Cross conducted a survey at Penally Camp which found that half the people they surveyed had not received an induction and only 36% had had a health screening before or after their arrival[26]. This is consistent with HBF's professional experiences.

When people arrived at the sites many were already in a state of significant distress and exhaustion because of their previous traumatic experiences. HBF staff spoke to one man who had sat in a car park in the rain and had been crying for a significant period of time, because he felt unsafe to go into the dormitory. HBF staff spoke to another man who had been actively engaged in his local community before being transferred to a barracks site, but said he had been so distressed by the transfer process that he struggled to get out of bed for days. Several residents from the Camp Residents of Penally residents' union (set up by residents of the site, as described above) described the arrivals process as feeling like a 'kidnapping' to HBF staff.

4. HOUSING CONDITIONS AND LACK OF PRIVACY

Both sites involved dormitory accommodation where multiple people were placed together. There was limited private space to change clothing. Residents tried to create a sense of privacy by draping sheets between beds. Sound travelled a long way and most of the residents assessed by HBF clinicians reported difficulties sleeping. Residents reported to HBF feeling like they and their possessions were unsafe.

In general, the majority of shower facilities were open and shared, which residents reported that they felt were humiliating and shameful to use.

As far as HBF is aware there was no room-sharing policy governing the camp dormitory accommodation; nor were individual and person-centred assessments undertaken to confirm that only those carefully selected as being suitable were accommodated in a room together.[27] Torture survivors often fear people who remind them of perpetrators and many male survivors of sexual violence require private sleeping arrangements. Dormitory accommodation can be particularly unsuitable for some people – including LGBTQ+ people, who may be exposed to discrimination and harassment in what should be a safe place. The HMIP inspection found that a high percentage of residents on both sites had experienced threats or intimidation from other residents. As far as HBF is aware there was no regular supervision at night to safeguard residents in shared dormitories.

25 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'.

26 British Red Cross, 'Far from a home: why asylum accommodation needs reform', 2021, p27

27 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 in our professional experience the risks and rationale for many of the rules are similar in both settings.

There were increasing protests from camp residents. In Penally, residents organised a union and separately there were street protests. In Napier there were protests and 'sleep-outs' and in due course a similar union formed. In the experience of HBF clinicians assessing residents at the time, these protests ran side by side with and were linked to the deteriorating mental health of residents. HBF received increased reports of suicide attempts and self-harm. There was eventually an incident which appears to have led to disorder and a fire at Napier, after which the physical camp conditions worsened further. Limited information was available to people on the sites. HBF staff recorded that, as a result, levels of distrust were high.

Some residents were 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 that such behaviour could harm their international protection claim, but there was no way to appeal such a warning or challenge it, which left residents feeling powerless, unheard and at risk of abuses of power.

The psychological impact of the dilapidated facilities is likely to have had a significant impact on the mood of residents. The lack of privacy and their difficulty sleeping was documented as having a particularly severe impact on residents' welfare and mental health. Poor sleep can trigger mental health problems or worsen pre-existing problems. Shared facilities will be particularly traumatic and inappropriate for survivors who feel unsafe (hypervigilance and anxiety can directly result from trauma) and for survivors of violence who would have to expose torture injuries such as scarring in a public place. Trauma-related nightmares can disturb other residents in shared facilities.

5. LACK OF ACCESS TO KEY SERVICES

As well as a lack of access to specialist community resources (as above), there was inadequate access to legal advice and no duty scheme. Neither Pembrokeshire nor Kent has sufficient lawyers with an asylum legal aid contract to represent the number of people who were due to be accommodated in the camps.[28] As a result, people placed in the camps could not consistently find local legal representation. There were reports of confusion about the difference between a housing lawyer (to challenge the suitability of the person's accommodation) and an asylum lawyer (who could help present a person's substantive asylum claim). Where people were signposted to a legal aid lawyer through the Asylum Support helpline run by Migrant Help, there was no effective quality control over that process.

Lack of reliable access to legal advice meant that people did not have the assistance they needed to progress and explain their cases or to build the trusted relationship needed to promote disclosure of traumatic events. People felt that they had just been abandoned without progress in their legal protection claims, increasing uncertainty and separation from family.

Similarly there was no access to full NHS medical care and mainstream GP registration. The healthcare processes were different on the two sites. At both sites there was originally a plan for a private nurse to be based on site, but at Penally this was quickly abandoned and instead a clinic was run at a local hospital. At Napier a privately-recruited nurse was present during working hours and residents could be referred on to a local GP practice for an appointment. HBF were told that residents were registered with this GP practice, but such registration seemed to be without their knowledge or consent and residents reported not knowing how to make an appointment. Some residents already had a GP and were receiving treatment and were also seeking a transfer out of the barracks site, so they did not wish to change GP and would not have consented to doing so. It is unclear whether this process complied with data protection obligations.

28 Regarding legal aid shortages see 'Droughts and deserts: a report on the immigration legal aid market' Dr Jo Wilding.

Residents did not receive a medical assessment on arrival at the camps and there was no proper access to counselling, trauma-focussed therapy or routine mental health assessment. There was no clinical point of contact through which HBF clinicians could share clinical concerns with, escalate clinical issues to or request medical records from.

The psychological and healthcare impact of this lack of access to mainstream services was very significant. HBF clinicians assessed people who were in pain and did not know where they could go to access treatment and people whose wellbeing was deteriorating without access to adequate mental health support. Key clinical communications channels were lacking.[29]

6. LENGTH OF STAY AND LACK OF CLEAR MOVE-ON PLANNING

When they were first moved onto the barracks sites, people were told they would be there for a few weeks. However, HBF staff spoke with people who had been living on the sites for many months. People reported feeling that they were just left in the camps during that time without any visible progress being made in their legal case. Even when people were transferred out (as all the people HBF clinicians assessed were) there seemed to be no continuity of care or clinical exit process, but just a transfer back out of the barracks again by taxi.

The psychological impact of these issues was pronounced. HBF clinicians assessed the open-ended nature of the placements in the barracks as increasing residents' feelings of desperation. People reported feeling like they were in a prison and the longer people remained on the sites, the more distressed they were assessed as becoming. The people assessed by HBF clinicians were transferred out of the barracks due to clinical concerns. In some cases, these significant clinical concerns, including relating to suicidality. However there was no indication of any safe release or transfer process, no handover from a treating clinician to a new clinician in the receiving area or process to ensure the person received suitable therapeutic help once transferred (unless the person was transferred to a hospital, which we understand has happened in some Napier Barracks self-harm cases).

29 See also the findings of Doctors of the World, who assessed 313 people seeking asylum housed in hotels and barracks in 2020 and 2021. "They just left me": Asylum seekers, health and access to healthcare in initial and contingency accommodation' (2022) Doctors of the World.

RECOMMENDATIONS FOR AN ASYLUM HOUSING SYSTEM THAT IS 'FIT FOR PURPOSE'

At a fundamental level, asylum housing needs to provide a home where people feel safe, which remotes recovery from persecutory and traumatic past experiences and which helps avoid failures in legal protection.[30] There is a strong evidence-base that what is needed for asylum accommodation is housing with "connectedness" with communities and a home-like environment.[31]

The issues flagged in HBF's scoping literature review provide a starting point for identifying factors that render asylum accommodation harmful and unfit for its host population. In addition, addressing these issues forms a starting point for specifying the necessary characteristics for suitable housing. This research demonstrates how important it is for asylum and refugee accommodation to be embedded in communities, promoting family, worship, education, cultural and social rights. Asylum housing should be developed with the involvement of those who have to live in it; it should be welcoming, it should protect privacy and dignity of the person, it should promote independence (including through access to cooking facilities), it should lift people out of destitution and deprivation. People should feel that they and their property are safe in their home, they should be able to access their home and property safely 24 hours/day and they should have a quiet and private space in which to sleep and dress. Any temporary accommodation should be truly short-term and time limited with a fair and transparent process to move-on. There should be full access to NHS healthcare and access to legal advice for all people in the asylum system. There also needs to be appropriate signposting and information in languages people understand about the pathways to accessing these systems, with support available to help with referrals where needed and monitoring in place to check people are able to engage with the services they need.

In order to promote engagement with the asylum and asylum support systems, safeguard vulnerable people from harm and help statutory agencies to make the right decisions based on accurate information, it is important that people seeking asylum have access to the right support.

A further improvement to the UK asylum and asylum support system could be to provide access to a designated support worker for people entering the asylum system. The National Referral Mechanism (NRM) for victims of modern slavery and human trafficking offers people a designated support worker early on in the process to provide holistic support. This is a model which also worked successfully in some of the 'Covid hotels', where staffed facilities for those experiencing homelessness, including undocumented migrants not (yet) in the asylum system, allowed for triage and quick subsequent integration with mainstream community support.[32] A trusted professional would help people navigate different services, could promote early identification of needs and could promote disclosure in a trauma-informed way, so that people's cases were properly understood.

In terms of therapeutic support needs, HBF has created a Trauma-Informed Code of Conduct (TiCC) for all professionals working with survivors of human trafficking and slavery.[33] HBF's Model of Integrated Care uses the recognised three-stage model to promote recovery of survivors using evidence-based trauma-focussed therapy.[34] This kind of needs-led support should be built-in to the asylum support system and people seeking asylum should not be accommodated away from trauma-recovery services or denied full GP registration.[35]

The disastrous impact on health and welfare on Penally Camp and Napier Barracks residents should ot be continued or replicated. The segregation caused by this kind of facility significantly interferes with people's rights and can itself cause trauma and harm to health. The longer a person remains in this dehumanising and invasive environment the less resilience and personal capital they are likely to have to cope with it and the more unwell they are likely to become.

30 See 'Can the UK develop accommodation centres in a trauma-informed way', Blair, Bolt, Hunt, Katona and O'Leary, Forced Migration Review, March 2022 FMR 69.
31 UNHCR (2022) Evaluation of 'Action Access', an Alternatives to Detention Pilot; the British Red Cross has also outlined a strong set of concrete recommendations in the 2021 report 'Far from a home: why asylum accommodation needs reform'.
32 See St Mungo's report 'Housing and health: Working together to respond to rough sleeping during COVID-19', 2021
33 Witkin R and Robjant K (2022) Trauma-Informed Code of Conduct For all Professionals working with Survivors of Human Trafficking and Slavery
34 See the OSCE NRM Handbook (2022), which looks at the 3-Phase Model of Therapeutic Care at section 17.11.
35 "They just left me": Asylum seekers, health and access to healthcare in initial and contingency accommodation' (2022) Doctors of the World.

ANNEX 1
SUITABILITY SCREENING POLICIES

Between September 2020 and December 2020 six iterations of the Home Office's internal Suitability Assessment for Contingency Accommodation policy were issued. A comparison between versions 1 and six of the policy is set out below to show out it evolved.

'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):

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.

'Suitability Assessment for Contingency Accommodation', December 2020 v.6 – people not suitable by this point said to be:

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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