

Impact of Housing Refugees and People Seeking Asylum in Ministry of Defence Sites

Briefing to the APPG on Immigration Detention

26th November 2020

The Helen Bamber Foundation (HBF) is a specialist clinical charity, that works with survivors of trafficking and torture giving them the strength to move on. HBF provides support to individuals through a Model of Integrated Care, which includes trauma-focused therapy and a specialist Counter-Trafficking team, as well as medical, therapeutic, housing, destitution and legal protection advice and community integration input. HBF runs a Medico-Legal Report Service and undertakes research and training to promote trauma-informed methods of working. HBF has produced a *Trauma Informed Code of Conduct for all professionals working with survivors of human trafficking and slavery*¹ and supported the drafting of the *Slavery and Trafficking Survivor Care Standards*.² HBF's expertise is recognised globally and by the UK Home Office and the courts.³

In September 2020 the Home Office established refugee camps in MoD sites, which were former military barracks. Sites have opened in Penally in Pembrokeshire, Wales and Napier in Kent, England. People were moved onto the sites before healthcare systems and facilities were fully in place.

HBF has very serious concerns about the Home Office's shift away from local community dispersal, which promotes recovery and integration and reduces difference and discrimination. The reported attempted suicide by a person seeking asylum who was detained in Napier barracks is evidence of

¹ <http://www.helenbamber.org/wp-content/uploads/2019/01/Trauma-Informed-Code-of-Conduct.pdf>

² <https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf>

³ For example in the Home Office API: Medico Legal Reports from the Helen Bamber Foundation and the Medical Foundation Medico Legal Report Service at 3.1 and [KV \(Sri Lanka\)](#) [2019] UKSC 10 at [6].

the harm and risk this approach brings.⁴ The remote locations of the Camps reduce access to specialist services, such as domestic abuse, modern slavery and LGBTQ+ health services. The number of new arrivals in the United Kingdom of people seeking asylum has reduced in 2020 and the number of people in asylum accommodation is lower than it has been at other times in recent history.⁵

HBF believes that former military barracks:

1. Are an unsuitable location for survivors of trafficking, torture and other human rights abuses. The sites are re-traumatising, particularly for survivors of captivity and persecution from military and para-military forces;
2. Will harm survivor health by keeping people in isolated, open-prison like conditions, with minimal access to specialist community services, advice and socio-cultural and educational activities;
3. Are inappropriate and harmful given the mass shared facilities, lack of privacy and the way that facilities and healthcare pathways are only being developed after people have been placed on site (with no specialist trauma-focused therapeutic support, which is a core health need for refugee populations);
4. Place residents, non-residents in local communities and staff (including clinical staff) at an unacceptable and avoidable risk of Covid-19 and communicable disease. The mass facilities do not effectively allow for social distancing, there are serious concerns about the lack of preparedness for crisis situations in the sites and Covid protocols and people are being transferred in from multiple different local authorities, without self-isolation in advance.

Case Studies

HBF team members have assessed people placed in the camps:

1. Yemeni asylum seeker housed in Penally barracks (Wales), an HBF GP assessed him as having physical and psychological health issues linked with torture from a militia, including symptoms of Post Traumatic Stress Disorder. He was struggling to sleep and very distressed. Our GP was asked to undertake a clinical screening assessment by a law centre and we believe that the client has now been transferred to a hotel in London. He had previously been in a hotel in London and had been trying to register with a GP when he was

⁴ [Asylum seeker 'tried to take own life' in ex-military base where hundreds are being held | The Independent](#)

⁵ Information is available online at: <https://researchbriefings.files.parliament.uk/documents/CBP-8990/CBP-8990.pdf> ; <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets#asylum-support>; <https://www.freemovement.org.uk/channel-boat-people-are-refugees-home-office-officials-confirm/>.

moved to Wales, so he had not had access to healthcare in the UK prior to being placed in the barracks (and he had no medical records or access to a previous healthcare screening), but he had self-disclosed trauma symptoms during his asylum screening interview.

2. 18 year old torture survivor placed in Napier barracks, Kent. He was assessed by an HBF Clinical Psychologist as a torture survivor (tortured in Libya en route) and he has also been referred into the National Referral Mechanism as a victim of modern slavery/human trafficking. He is finding the noise and aggression in the Camp is triggering traumatic memories and his Post Traumatic Stress Disorder symptoms. The uncertainty about his options now and his future is fuelling depression and hopelessness and a deterioration in mental health.
3. A survivor of childhood sexual abuse placed in the Penally barracks, was assessed by a clinical psychologist as presenting with Post Traumatic Stress Disorder. He was struggling to cope with dormitory/shared accommodation due to the impact of his symptoms (he has nightmares, wakes a lot in the night and cannot cope with the lack of privacy etc) and also the shared facilities/showers which were a trigger for deterioration in health.
4. An asylum seeker with a history of persecution and mistreatment placed in the Penally barracks was assessed by an HBF clinical psychologist. He presented with psychological health issues of anxiety and depression, sleeping difficulties, exacerbated by the shared housing, which is causing a deterioration in welfare. He was mistrustful of offers of healthcare and also anxious about Covid-19, which was causing distress. He was not using shared bathrooms while anyone else was awake. His history of persecution could not be discussed in detail due to lack of privacy, so there could be other risk factors.
5. A Syrian asylum seeker was in contact with HBF's Co Head of Legal Protection when he was in the Napier barracks. He was experiencing poor mental health and very high distress and had been trying to access medical care. He had experienced past abuse from people smugglers en route to the UK and could not cope with sharing a dormitory with people of the same ethnicity as the smugglers. He was sitting outside in the rain and only sleeping a couple of hours a night. Following a referral he was moved out into a charity hosting placement. The client had previously been in a hotel in London and felt that he was being punished for helping peers with interpreting by being moved to the Camp.

HBF has also been sent case studies by legally aided legal representatives about other people detained in the barracks:

6. A non-Arab Darfuri Sudanese national placed in the Penally barracks was diagnosed in a preliminary assessment as suffering from Post Traumatic Stress Disorder and a generalized anxiety disorder linked to his imprisonment and torture in Sudan. He was exploited whilst in Libya on his journey to UK and so presents as a survivor of modern slavery/human trafficking. The placement in the barracks have caused flashbacks of treatment in Sudan. He is not sleeping and has lost his appetite.
7. A Kurdish Iraqi national placed in the Penally barracks was diagnosed with Post Traumatic Stress Disorder and depression connected to torture and sexual violence in the past. He was previously imprisoned in Iraq and is not able to cope with the barracks. Protesters outside of the barracks threw bottles and stones at him and his friends. He has described being in the barracks as like being in prison.
8. A Yemeni national placed in the Penally barracks was detained and tortured in Yemen. Prior to being transferred to the barracks, he was diagnosed with depression and prescribed anti-depressants. He has since been diagnosed with Post Traumatic Stress Disorder due to torture. The barracks have triggered traumatic memories.
9. A Palestinian from Lebanon was placed in the Penally barracks. Has been diagnosed with Post Traumatic Stress Disorder. He was kidnapped by Hezbollah in Lebanon and in the UK he was taken to barracks in middle of night with no warning which strongly triggered his traumatic memories. He has said that he is suffering mentally from the abuse from the far right protesters who are outside the entrance of the camp.

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