Freedom from Torture submission to the Independent Chief Inspector inspection of contingency accommodation

February 2024

Introduction

Freedom from Torture (FfT) is a UK-based human rights organisation and one of the largest torture rehabilitation centres in the world. FfT operates throughout the UK, with centres in Birmingham, Glasgow, London, Manchester and Newcastle. Each year we provide clinical services, including trauma focussed therapy, to about 1,000 survivors of torture in the UK, the vast majority of whom are asylum seekers or refugees.

The provision of casework support, through our Legal Advice and Welfare Service (LAWS) has been a long-standing and distinctive feature of Freedom from Torture's holistic clinical model and therapeutic approach. We assist clients presently in treatment at Freedom from Torture with matters relating to housing, welfare benefits (asylum and mainstream), health and social care access, education and other welfare related areas of law, policy and practice affecting torture survivors as asylum seekers and refugees in England and Scotland. The suitability and condition of accommodation is one of the biggest issues that impacts our client group.

We assist clients to make applications for asylum support (section 98, section 95, and section 4) either directly or through referral to another agency. We also help them to gather and prepare evidence in support of an application for asylum support, and we liaise with the Home Office on the status of a client's application, or on issues concerning suitability of accommodation, safeguarding and to find a remedy in relation to these matters.

Alongside our holistic rehabilitation treatment and casework support, FfT also produces independent and forensic Medico-Legal Reports (MLRs), provides professional training to those working with survivors (including to Home Office caseworkers), and advocacy based on the lived experience of torture survivors.

We have a long history of working with the inspectorate to assist your teams in delivering robust inquiries and accurate reports and we are taking this opportunity to feed informally into your current inspection of contingency accommodation. This submission is based on evidence drawn from our Legal Advice and Welfare Service casework.

Freedom from Torture key concerns

Freedom from Torture has observed that inappropriate accommodation can cause a deterioration in the mental health of survivors of torture. Freedom from Torture clients are often protected from some of the worst impacts of this accommodation as they have recourse to FfT's legal advice and welfare service which can intervene on their behalf with providers or directly with the Home Office. Many other refugees, including survivors of torture or trauma, do not have access to that level of specialist individual advocacy, particularly if they do not have legal representation. FfT clients also have the benefit of two key policy concessions[1] concerning allocation of accommodation that we secured, alongside the Helen Bamber Foundation, to ensure they those accepted for treatment at

[1] Home Office, Allocation of asylum accommodation policy, Version 10, 9th October 2023, page 12. [online] Available at: https://assets.publishing.service.gov.uk/media/651e85ee7309a10014b0a882/Allocation+of+accomm odation.pdf

one of the Foundations should normally be provided with accommodation as close as possible to the centre where the treatment is to take place. Home Office caseworkers must also note any special accommodation requirements indicated by either organisation and carefully consider any recommendations put forward. As a general rule, and wherever possible, persons receiving treatment by either organisation should not be required to share bedrooms with unrelated adults. If a person who is already being provided with Home Office accommodation commences treatment with either organisation their accommodation needs should be reassessed and careful consideration given to relocating them into suitable accommodation near to the centre where there their treatment is to take place. However, these safeguards only apply to those accepted for clinical treatment at the Foundations and, in too many cases, the policy concessions are not adhered to.

This submission will focus on a number of issues that have been brought to our attention through our LAWS and MLR services:

- Suitability of accommodation and screening processes
- Room sharing in breach of the concession
- Relocation out of area in breach of the concession
- Suitability of quasi-detention accommodation (barges and barracks)
- Safeguarding

Suitability of accommodation and screening processes

Conditions in hotel accommodation can be at a level of hardship consistent with other forms of dispersed accommodation across the asylum estate, with some additional issues related to limitations on food, lack of private space, excessive noise, small or no windows, poor ventilation and small rooms. Conditions in quasi-detention accommodation (barges and barracks) are addressed later in our submission. The quality and suitability of contingency accommodation is part of a wider systemic issue covering all asylum accommodation, and linked to contracting arrangements, compliance with standards and regulations, provision of services and support, suitability assessments and safeguarding.

FfT is able to intervene on behalf of our clients in hotel accommodation when a referral is made by their clinician to our welfare service, which can then provide clinical evidence of the harmful impact of the accommodation to support a relocation request. In these circumstances, a very high threshold applies, the process can take a very long time and, in many cases, can require the client to instruct a community care solicitor regarding their accommodation matter.

The Home Office recognises that victims of torture and other vulnerable asylum seekers should not be accommodated on the barge or in other forms of shared accommodation, such as the barracks or in shared hotel rooms, if they have had an individual evaluation confirming that they have special needs. The Home Office's Allocation of Asylum Accommodation policy (v10) dated 9 October 2023 states that '*an individual who has been subjected to torture, rape or other serious forms of psychological, physical or sexual violence; and in each case, has had an individual evaluation of his situation that confirms he has special needs' is not suitable for vessel accommodation.'*

The Allocation of Asylum Accommodation policy also states the following should be taken into account when determining suitability for this type of accommodation: asylum screening interviews; ASF1s, where available; information on Home Office systems; supporting correspondence from the applicant or their representative; any other information that may inform the decision-making process. In the experience of FfT, the existing Home Office screening processes may not accurately and reliably identify survivors of torture.

On 15 December 2023 a new question was added to the asylum screening interview which states: *"Generally, you have no choice which asylum accommodation you may be given. However, when we allocate your asylum accommodation, we will consider your specific situation to ensure your accommodation is suitable and adequate for your needs. This includes the information you provide here and whether you are part of a family group, elderly, disabled, pregnant, have experienced torture, rape or other serious forms of psychological, physical or sexual violence. […] In light of the above, are there any factors we need to be aware of when allocating your accommodation to ensure it is suitable and adequate for you?*

Our experience is that some asylum seekers are reluctant or unable to disclose detail of their ill-treatment at a screening interview, which means this question may not lead to the disclosures that it seeks to elicit from those who have suffered torture or have endured mental health issues. In our experience this can be due to a number of factors including that they may have recently arrived in the UK and still be recovering from the immediate aftermath of torture; they may fear that the contents of their asylum interview may be shared with the authorities in their country of origin, or may stay silent out of fear of naming agents involved with their escape. The applicant may have significant psychological barriers to disclosure such as avoidance, related to Post-traumatic Stress Disorder[2] (PTSD), or shame related to having experienced sexual violence, and they may have limited insight into what they have experienced and experience difficulties identifying it as torture. Not least of all, the interview is relatively short and does not have the primary purposes of gathering an account of a person's experiences.

Many torture survivors may feel that mental health conditions carry a stigma and so be reluctant to identify their vulnerabilities in the context of a screening interview. This is particularly true when taking onto consideration cultural differences in expression of health and illness. Some cultures do not view mental illness as a medical problem but may consider it to be a religious or spiritual issue. Torture survivors may have concerns about confidentiality regarding their medical information and the form requests details of their doctor but does not explain if that doctor will be contacted or ask them to give specific consent to sharing any medical information. The purpose of requesting the details of medical conditions and past experiences of trauma in a form about entitlement to welfare support is not necessarily apparent to an applicant, and this may affect their disclosure.

Our experience is also that many asylum seekers who have been subjected to ill treatment or suffer from mental illness, would not understand that they are suffering from mental-health issues or be able to identify or articulate that they are suffering from mental health issues. Additionally, vulnerability arising from past detention, torture or other serious mistreatment or traumatic experiences may be significant but not currently meet the diagnostic criteria for a specific mental health diagnosis. The Istanbul Protocol[3] at paragraph 493 reminds us that not everyone who has been tortured develops a diagnosable mental illness.

A further important consideration is the process by which an individual's unsuitability for a particular type of accommodation (whether that is a quasi-detention site or room-sharing) is able to be identified after they have been transferred onto the site. This may be because their unsuitability for such accommodation has not been adequately screened in advance or because their vulnerability has changed since arrival on site. The 'Allocation of asylum accommodation policy' states that: "*Should an individual be allocated accommodation at an ex-MoD site, vessel or Napier and new*

[2] ICD-11 for Mortality and Morbidity Statistics (who.int)
[3] Istanbul-Protocol_Rev2_EN.pdf (ohchr.org)

information on their suitability to remain or room share come to light from the accommodation provider or statutory bodies, the case should be reviewed and alternative accommodation may be allocated. In addition, asylum seekers allocated to the accommodation have full access to the advisory services provided by Migrant Help and are able to raise issues about their suitability to be accommodated at the site."

Our experience of providing welfare support to and interventions on behalf of FfT clients in hotels, as outlined below, suggests that the processes that do exist for challenging or reviewing an allocation decision are not working consistently. Ideally, intervention by FfT would be a last resort, but this would require an improvement in the individual assessment of suitability by the Home Office and contracted providers. We consistently see failings with screening for vulnerability ahead of allocation, failure to spot deterioration or the emergence of welfare or safeguarding issues once in the accommodation, and failure to intervene to address the issue early. Clients have reported a deterioration in their mental health, including worsening PTSD symptoms; a lack of personal space, which may be particularly impactful for those who have experienced rape and sexual assault and so fear close contact with others; a deterioration in their relationship with hotel staff; excessive and disturbing noise at unsocial hours; and disrespectful treatment by hotel staff.

Questions to explore:

- How effective are the Home Office screening and vulnerability assessments ahead of a decision concerning allocation of accommodation?
- Are these processes flexible enough to identify a change in circumstances or presentation of symptoms that should provoke a review of the accommodation allocation?
- In the 'Allocation of asylum accommodation policy' suitability criteria section on page 15, what is meant by 'special needs' and does this criteria go beyond simply being a survivor of torture? What should an 'individual evaluation' consist of and how should it be obtained?

Room sharing in breach of the concession

The consequences of placing a survivor of torture into a situation of sharing a room with a stranger can be serious. A person with PTSD, depression or other mental health problems might find that their sleep worsens as a result of having to share a room with others. This will be particularly true if they do not feel safe when sleeping and if they are unable to engage in behaviours which they previously carried out to increase their sense of safety, for instance sleeping with a light on. Sleep and mental health have a bidirectional relationship, meaning that poor mental health can cause sleep difficulties and also poor sleep can worsen mental health. PTSD can cause a person to experience nightmares, 'flashbacks' or intrusive thoughts of past traumatic events. A person with PTSD may therefore wake from nightmares shouting out or crying: they may fear others witnessing this, and experience shame if they do. The anxiety and loss of control of their personal space can retrigger traumatic memories and impede their rehabilitation.

Despite the clear policy concession within the 'allocation of asylum accommodation' guidance, a number of our clients have been nominated for room sharing even though information confirming the individual's status as an FfT client has been shared with the Home Office. We often do not know whether and when that information is passed on to the accommodation provider, who is responsible for making the decision concerning room sharing. However, we do have clients whose status has been confirmed by FfT directly with the provider but who still find themselves nominated for room sharing. Since June 2023, six FfT clients have been asked to share a room. For at least two of these clients, FfT had already provided confirmation of their status and the relevant policy concession to the provider.

The Home Office has indicated that anyone seeking to challenge room sharing must raise a complaint to the Home Office via Migrant Help. The Home Office has assured us that they currently respond to emails within 30 mins of receipt and triage 100% of cases within 24 hours. However, they have stressed that they expect individuals to provide "robust information/evidence" to support the fact that sharing is not appropriate. In the case of harassment or anti-social behaviour, for example, they look to see if the issue has already been raised with the accommodation provider. We can interpret this to mean that if there is no evidence of such a complaint being made to the accommodation provider, the resident will be told to raise such a concern with the accommodation provider first before the decision to room share is reviewed. This threshold should not apply to residents raising an objection on the basis of the Foundations' policy concession which is a presumption that, in such cases, room sharing will not be appropriate. Survivors of torture may fear conflict, due to their past experience of being deliberately harmed, and they may therefore feel less able to raise a concern individually.

FfT caseworkers have attempted to follow the recommended procedure for raising complaints with Migrant Help, but we found the process inefficient, full of unnecessary delays and involving circular communications. We have had to resort to escalating complaints via the G7 route in the Home Office, which seems to be more effective.

Questions to explore:

- Is there any priority selection criteria for room sharing?
- What information is routinely shared by the Home Office with accommodation providers so that they can make an informed decision about whether someone meets the exempted criteria for sharing? When is this information shared, and how do the Home Office/providers handle relevant information concerning suitability that comes to their attention after a room sharing decision is made?
- At what point is the accommodation provider routinely informed of the status of the resident as an FfT client and in what format?
- Does the provider consistently take into consideration all the relevant information on file before making a decision on room sharing allocation?
- What is the level of familiarity amongst accommodation providers of the relevant policy concession?
- How effectively is the escalation/complaints process working and is the Home Office applying too high an evidential threshold to guarantee a fair assessment of suitability?

Relocation out of area in breach of the concession

We have seen a number of clients who have been relocated out of area in breach of the non-dispersal out of area policy, and our welfare team has had to intervene repeatedly to secure their return. We have seen this across all of our centres, but notably in relation to London clients (who are often moved to Plymouth). In some cases, this has been done despite the Home Office and provider holding confirmation of the status of the individual as an FfT client and the relevant policy concession. We are concerned that this may be a result of the hotel exit strategy and the lack of alternative accommodation, particularly in London, resulting in clients either being moved repeatedly around London hotels or relocated out of area altogether.

Even when our caseworkers succeed in reversing the relocation, the disruption in access to clinical services can be extremely harmful. When FfT clients are dispersed out of area, they often experience the disconnection from clinical and social support networks as a form of social isolation. This can provoke high levels of anxiety, particularly if they are given very little notice of the move. A client

may be in the middle of trauma focussed therapy - a process which will involve revisiting memories of past torture. Having to pause appointments in the middle of therapy due to relocation out of area can risk leaving a client re-traumatised because they have accessed difficult memories but have not had sufficient time to process and resolve them. Interruption and delay to the therapeutic process can hamper rehabilitation, and even once therapy is restored clinicians may struggle to progress therapeutic work because the client is preoccupied with ongoing welfare matters or the fear of further disruption and is therefore unable to focus on their treatment.

Questions to explore:

- How does the Home Office manage the movement of people out of the hotels but remaining in region in compliance with the non-dispersal out of area policy.
- How effectively is the Home Office managing assessment of suitability and vulnerability in relation to the hotel exit strategy and decisions regarding relocation out of area?

Suitability of quasi-detention accommodation (barges and barracks)

Quasi-detention accommodation, such as barges or barracks, can be harmful for survivors of torture for a variety of reasons. Although barges and barracks are not technically considered to be a form of detention, they share a number of characteristics with the detention estate, and can therefore provoke a similar trauma response in our clients. FfT clinicians do not assess people who are currently in detention; however, a number of FfT clients have experienced a period of time in detention either in their country of origin, or by the Home Office in the UK, prior to being seen by our clinicians. We have observed that worsening of psychological symptoms is common when asylum seekers previously held in detained settings are held in administrative detention in the UK. Quasi-detention accommodation – such as barges and barracks - can provoke a similar response as it is redolent of previous detention due to features including the institutional environment, lack of privacy, presence of security personnel, and procedures to be followed when leaving and re-entering the site.

The conditions on the Bibby Stockholm barge and in the barracks are inappropriate for survivors of torture. This is because the mental health sequelae of torture may deteriorate as a result of the conditions in quasi-detention accommodation. In some cases, a person might not appear to have any mental health consequences of torture, but the process of being accommodated on the barge or in the barracks as well as the conditions in such accommodation, might cause the presentation of trauma symptoms. Furthermore, neither the barge nor the barracks provide the necessary conditions for a survivor's mental health to improve. Such conditions should encompass pharmacological treatment, psychological treatment and social and environmental factors.

There are several features of barge and barracks accommodation which are likely to have a significant negative impact of a torture survivor's mental health. These include a lack of privacy and shared facilities, reduced freedom of movement, fear of violence, and isolation from the community.

A lack of privacy can be particularly harmful for survivors. In order to begin to recover from a traumatic experience, a person needs to be in an environment in which they feel safe and secure. Conversely, a lack of privacy can cause a general decline in mental health with worsening mood, anxiety, PTSD specific symptoms, including disturbed sleep, and increasing thoughts of self-harm and suicide. A torture survivor may feel the need to hide their body from others, particularly if they have visible scarring. They may fear being asked what happened to them, or how their scars were obtained. A person who has been sexually assaulted may fear being in a state of vulnerability with

others, for instance partially clothed and asleep. A person with strong avoidance symptoms related to PTSD may need to avoid contact with others altogether.

The fear of violence is inevitably heightened in any environment where large numbers of people are resident, against their will, in a quasi-detention environment. This can be particularly harmful for people with PTSD or anxiety, who may experience hyperarousal and feel on edge, and agitated. They may startle easily. Agitation is also a feature of some depressive disorders. In those with PTSD, hyperarousal and emotional dysregulation can occur which may make a person more liable to lose their temper. For a person that has experienced violence at the hands of others, exposure to the kinds of unpredictable verbal altercations or tension that has been documented in the barracks, can be devastating.

In contrast to being dispersed in or near a town or city, or in a situation where freedom of movement is not restricted, a person in quasi-detention accommodation may experience difficulty in seeking out others from their community. Communication difficulties are a recognised risk factor for mental health problems and several studies[4] show an association between linguistic isolation and poor mental health. A person accommodated on the barge or in the barracks may feel isolated from other forms of community support, including support from a Church, Mosque or other religious institution. Our clinical experience is that survivors of torture often list religious beliefs and the support of others in their religious community as protective factors against suicide or worsening of their mental health.

A lack of access to treatment for mental health difficulties can be particularly harmful for survivors. A survivor may experience difficulties trusting health professionals and it can take time to feel safe enough to disclose mental health difficulties. Moving an asylum seeker to new accommodation, with a different medical team, after they have already formed a trusting relationship with their GP and/or begun the process of managing their mental health, can cause unnecessary distress and delay in treatment and recovery. Additionally, the medical team in such accommodation may be associated by a survivor as belonging to that 'institution' and may therefore be even more difficult for the person to establish trust with. In order for pharmacological treatment to be safely initiated, healthcare staff need to be available regularly. Antidepressants can cause side effects and may worsen some psychological symptoms in the short term when they are first started, for instance increasing agitation and insomnia. Additionally regular review is necessary to titrate a dose to its effective level. Whereas pharmacological treatment can be helpful in alleviating mental health symptoms, in most cases prolonged trauma-focused therapy will be required in order for a survivor of torture to learn to manage distressing symptoms and begin the process of recovery. Quasi-detention accommodation redolent of a previous experience of detention associated with persecution is highly likely to be an inappropriate place for such therapy to take place.

We have outlined on pages 2-4 our concerns regarding the general suitability criteria and screening and assessment processes as outlined in the 'Allocation of asylum accommodation' policy. The policy goes on to explain that individuals have five working days to submit representations if they do not believe they are suitable for barge accommodation. If the Home Office considers that all individuals need to obtain an independent medical report to demonstrate that they are a victim of torture, then five days is very likely to be an insufficient period of time in which to do so. This is for a variety of reasons including the requirement for a referral from a legal representative, sourcing medical records, and managing a limited clinical and legal resource. Alternative documentation might include a GP letter or GP records, but there are significant obstacles and delays to obtaining such

[4] Language proficiency and mental disorders among migrants: A systematic review | European Psychiatry | Cambridge Core

documentation including potential fees, consent, bureaucracy, logistics and pressure on NHS services.

Questions to consider:

- To what extent do facilities on the barge and in the barracks meet the requirements to ensure safe provision of mental health care to residents, including a holistic assessment of the medical facilities as well as the social and environmental conditions on the site?
- What is required from the representations that are expected to be made by individuals seeking to challenge their allocation to the barge or barracks? Is it expected that an independent medical report (such as a report from FfT or the foundations, GP records or other medical report) be provided in in the 5-day timescale?

Safeguarding

FfT's welfare team has observed a range of safeguarding issues in contingency accommodation including client's being exposed to anti-social behaviour, risk of harm, suicidal ideation and a lack of access to healthcare, including a failure to register with the GP with consequential impact on access to medication necessary to manage serious conditions.

Our engagement with accommodation providers' safeguarding teams is mixed. We have good lines of communication with the safeguarding teams in Newcastle (Mears), Manchester (Serco) & Glasgow (Mears), but in London we have no direct line to the providers' safeguarding team. Our engagement with the Home Office Safeguarding Hub is characterised by a lack of feedback: we have reported safeguarding concerns to the Safeguarding Hub but we rarely receive a response confirming what action has been taken.

Questions to explore:

- What steps does the Home Office routinely take to address a safeguarding concern that has been identified and referred by an external party? Is the process sufficiently robust, proactive and accountable?
- How effectively are the safeguarding processes and structures responding to issues raised in quasi-detention accommodation such as the barge and the barracks?

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