

Home Affairs Committee

Oral evidence: [Home Office preparedness for Covid-19, HC 232](#)

[Wednesday 3 February 2021](#)

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Watch the meeting

Members present: Yvette Cooper (Chair); Dehenna Davison; Laura Farris; Andrew Gwynne; Adam Holloway; Tim Loughton; Stuart C. McDonald.

Questions 913-970

Witnesses

I: Nicole Jacobs, designate Domestic Abuse Commissioner for England and Wales, Lucy Hadley, Head of Policy & Campaigns, Women's Aid, and Rosie Lewis, Deputy Director & Violence against Women and Girls (VAWG) Services Manager, the Angelou Centre.

II: Lorna Gledhill, Deputy Director, Asylum Matters, Dr Jill O'Leary, GP Medical Advisory Service, Helen Bamber Foundation, and Theresa Schleicher, Casework Manager, Medical Justice.

Written evidence from witnesses:

[COR0200 designate Domestic Abuse Commissioner for England and Wales](#)

[COR0202 Women's Aid](#)

[COR0205 Medical Justice](#)

[COR0206 Helen Bamber Foundation and other organisations](#)



Examination of witnesses

Witnesses: Nicole Jacobs, Lucy Hadley and Rosie Lewis.

Chair: Welcome to this evidence session for the Home Affairs Select Committee as part of our ongoing work scrutinising the work of the Home Office during the coronavirus crisis. Our first panel this morning will look at what is happening on domestic abuse during the covid crisis. I am very grateful to have the time of our witnesses here this morning. I welcome Nicole Jacobs, the designate Domestic Abuse Commissioner for England and Wales, Lucy Hadley, the head of policy and campaigns at Women's Aid, and Rosie Lewis, the deputy director and violence against women and girls services manager at the Angelou Centre. We are very grateful for your time this morning. Thank you very much for joining us. I will go straight to Tim Loughton for our opening question.

Q913 **Tim Loughton:** Good morning, witnesses. Obviously we have heard a lot about domestic abuse and the impact of lockdown. We have had evidence which suggests that calls to various helplines have increased—by something like two thirds, I think, some of the organisations report to us. Yet we have not yet seen the actual implications of that, with more women coming forward, and also the impact on children, given that children are not at school, where many of these things can often come out into the open. Perhaps I will come to you, first, Nicole. Can you just give your assessment of how serious the situation is at the moment, and how it compares with the lockdown? Is this just a really big pent-up problem that we are only going to see the full ramifications of when lockdown is eased and people are back out in the open?

Nicole Jacobs: Thank you for that question and thanks for allowing us to be here. I would say the situation is extremely serious and, to some degree, always has been—obviously pre-covid, pre-pandemic. You are right about what we have seen in the helplines and people seeking support; now we are starting to see the picture across the whole of the last year, or practically the whole of the last year, and I think you will have seen evidence, probably from various sources but certainly my office, which shows just the top line data starting with the helplines, for example, in a number of areas—so, helplines for survivors, helplines for LGBT victims and for male victims. Across the board we are seeing rates across the year of between, say, a 34% and a 49% increase on the year before. We can see that consistency over the year.

We have seen an increase in demands for refuge provision, particularly following periods of lockdown. We have seen increases; about 90% of our surveyed community-based domestic abuse services, which is of course where quite a majority of people go for help and support, are saying that they have had an increase in demand for their services. That is 90%. So we are already seeing these effects quite significantly. Our police-recorded crime is up from the year before at least 7%. There are quite clear



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evidences of this surge in demand and the strain on our systems in this year.

Having said all that, I think you are exactly right to be focusing on the future. Let's all hope and be optimistic that things will progress quite quickly in terms of covid lockdown measures, but we all know that the tail of this will extend well beyond that. We need to be learning our lessons from covid that we depend on these services. They need to be more sustainably funded and we need to be prepared for things like the increase in the complexity of cases, which is coming through very strongly, the backlog of cases in areas like the court system, and also all of that built on a framework.

I want to try to get this across as clearly as I can. Services patch together funding, sometimes from national Government, sometimes from local government, from trusts and foundations, and from their own fundraising and fee earning. These are services that we depend on to a huge extent—certainly we have during covid—and yet we do not have a sustainable funding model for them. That will continue to be a problem into the future, unless we address it.

Q914 Tim Loughton: We will probably come back to provision for service in the future later on. You commented that there was a 7% increase in police cases—in cases they have taken up, or numbers of people being charged. If we have seen such a pick-up in people reporting or seeking help for domestic abuse, are you surprised that that figure of police action is not higher? Is it not ending up with the police? Are the police too busy with other things connected with covid at the moment? Do you think that police activity could and should be much higher than we seem to have seen?

Nicole Jacobs: That is a great question to think about. A lot is due to the dynamics of domestic abuse. Within the constraints of the context of lockdown, you have people whose options are curtailed and limited. One of the interesting things we have seen, much more clearly in areas like the Met police, for example, are third-party reportings. People are calling the police because they are concerned; they are overhearing a neighbour, maybe, or they are concerned about a friend or family member.

There have been some interesting patterns to look at, but it doesn't surprise me as much that in the context of lockdown you would have people seeking support from the services in huge numbers. Sometimes that is through quieter ways of seeking support—so, calling the helpline, but also accessing webchats, accessing email and looking at web pages. We are seeing stark increases in that. That means that people who are concerned for their own safety are trying to figure out what support is out there. They have not ever always called the police first. They will look for information from friends, family and social networks. They will talk to frontline services that they trust. Sometimes that is medical services. Of course, we know, in all ways, that access to that range of frontline workers is more limited. So, I guess it doesn't surprise me as much.



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In some cases, the police have put in quite a bit of effort. I know Louisa Rolfe, our national policing lead, has done an exceptional job in making it clear that the police are there, expecting domestic abuse calls and are very prepared. They have really tried their best, but I think we will see an increase into the next year.

We know that for things like sexual violence, for example, there is a delay in reporting. There is a delay in people thinking about what their options are and accessing some of those options. I have concerns about how prepared we are for that.

Q915 Tim Loughton: Thank you. Can I come to Lucy Hadley? Can you give your assessment of the situation? Also, can you talk about the impact of the closure or restricted access to other services, particularly mental health services? Physical domestic abuse is more difficult to hide, but with mental abuse, if those services are not available, then that pent-up problem is even more hidden. Has that had a real impact, in your assessment?

Lucy Hadley: Definitely. I agree with what Nicole said and I think the evidence from last year is very clear that covid-19 led to an escalation of domestic abuse across all its forms—physical, emotional, sexual, financial and economic—and gave abusers a tool to increase coercive control. The restricted access to and closure of public services has had a huge impact and survivors have told us that, both for those experiencing abuse now and those who have experienced it historically, it has been harder to access things such as mental health support. That has a huge impact, and women have told us about the triggering impact of lockdown if you have experienced domestic abuse in the past.

We can see that, as well as knock-on impacts on the police and criminal justice system, we will have knock-on impacts on a whole range of parts of the public sector in the future. One important thing to recognise looking ahead is that our latest data, from a sample of 27,000 survivors in England, shows that the average length of the abuse they experienced before accessing a domestic abuse support service was six years. Where abuse is being experienced now, we could be seeing this well into the next decade and beyond, so that is important to recognise.

In terms of what Nicole said about the increased complexity of need, it is critical to realise that escalation of abuse and the increased barriers that women have faced to leaving and seeking support have direct implications for the complexity and severity of the need. That is particularly true for women experiencing different forms of structural inequality, which I am sure Rosie will talk about as well.

Q916 Tim Loughton: To follow on from the point before, do you think the police are taking a much more active interest? Certainly in my area, in Sussex, domestic abuse has been a much higher-profile issue that the police have been taking on. I think we heard an example from Kent police where they are making a point of visiting homes where there are safeguarding issues related to children at school, where they are not



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seeing those children through a school environment—of course, safeguarding issues for children are very closely linked to domestic abuse as well—and they are proactively knocking on the door just to check how things are. Are you happy that the police have this as a priority, and are there examples of good practice around the country where they are really seizing it?

Lucy Hadley: There has definitely been a focus and priority placed on it by the police, both nationally and locally, and some really good partnership working with specialist domestic abuse services to understand what survivors' experiences are, because only one in five victims will report to the police, and the police are well aware that specialist domestic abuse services have the expertise, knowledge and insight into what survivors are experiencing now. That that is really positive, and I think we have also seen some important national initiatives to look at learning from this time, looking at understanding the homicides that have taken place over the last year, which is obviously difficult work but important to understand.

This Committee looked into what appeared to be an increase in that first lockdown period, and it is too early to make comparisons with other years at the moment, but there is evidence of covid-related factors within domestic homicides and evidence of a disproportionate impact on black and minoritised women as well. We hear of patchy and inconsistent practice as well: we have heard of examples where the police have publicly criticised survivors for not wearing a mask when there is an exemption for women with trauma history, and of gaps in reporting. That is something really important to consider.

I heard from a survivor this week whose abuser had returned in the first lockdown. She only reported the abuse she experienced in August. The charges of ABH were downgraded to common assault, but there is a six-month statutory time limit on reporting common assault, so that meant it was too late for her and all the charges were dropped. That is something that perhaps the Committee could look into as well.

Andrew Gwynne: Thank you all for giving evidence today. As we have already heard, this pandemic and lockdown are very distressing for those suffering domestic violence—

Q917 **Chair:** Sorry, before you ask your question, Andrew, may I just ask Rosie whether she wants to come in in response to Tim's questions?

Rosie Lewis: Thank you very much. I really appreciated you bringing up a question that included children as well. We are a service that also supports and advocates for children. We are based up in the north-east of England, but we are part of a number of consortiums in the north-west. We work nationally as well, so we have a broader picture, too, but that regionalisation is really important to bring in.

The impact of the pandemic on the women we support—black and minoritised women—has been really devastating. Imkaan have talked about a dual pandemic in terms of violence against women and girls and



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covid, and I think that combination has been really, really problematic for many of the women we support because it has compounded trauma and there has been a cumulative impact. There has been an amount of complexity to all the cases we have supported. You brought in specific questions about the police, but I would bring in an understanding about the many safeguarding services that surround every woman who is going through abuse as well.

There has been an impact on the infrastructure of services as well as on survivors. We have seen a consistent 50% increase across the board that has not declined; that has stayed static. I know that nationally it is around 40% for black and minoritised organisations, and yet we have a shortfall of about 150% in terms of workers within our sector. I believe nationally you have had about 270 workers who have been working with over 43,000 women with complex needs in the last six months, so that is a big disparity and a big issue.

For us, we work with migrant women, women without recourse to public funds who are seen to be destitute—that has been particularly problematic. There has been a rise in homelessness and destitution, and there is the impact of that on children. Obviously, as we came into lockdown and the pandemic ensued, you had a lack of infrastructure support from the local authority around things like, for example, children's safeguarding and social care, which impacted on children specifically. We were having to provide a tech bank and a food bank for women and children where normally local authorities would have stepped in to provide that service.

I think we will be talking about systemic inequalities, but I want to bring in that specific question you had about the police, because it is really important. We saw this 50% rise, but obviously there is a disproportionality with what the police have seen. We are based in Northumbria, and I have to say we have excellent relationships, but we have seen patchy service provision as well as patchy responses from the police from other areas, because we have a refuge with a national intake. An example of this is that women, before they reach our refuge, usually go to between seven to nine statutory services—housing and police—before they get any support. That is why I am very keen for us not just to think about the police response but to really think about the system around that safeguarding multi-agency working, because that is where the systemic inequalities are really being exacerbated and are impacting on the women we support.

Tim Loughton: Sorry, Rosie, I did not mean to ignore you; I did not see you on my screen. It was entirely my fault. Thank you for that.

Chair: Sorry for interrupting you before, Andrew.

Q918 **Andrew Gwynne:** Thank you, Chair, and thanks again to all three of you for giving evidence. As I was saying, the pandemic and lockdown is having a very distressing impact on those stuck in violent and abusive settings. I want to touch on funding, which Nicole implied is not nearly



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reaching the parts it should. The Government provided an emergency funding package to the sector at the start of the pandemic, and it has supplemented that since. In 2019, an estimate was put on the cost of operating domestic abuse services at around £393 million a year. Can I have a brief answer from all of you—very brief if possible—on whether the level of emergency funding is enough to meet the sector’s current needs?

Nicole Jacobs: I would say no, in a short answer. The funding has been really welcome, and my maths tells me it is about £44 million in covid emergency funding coming from national Government Departments—primarily MHCLG, the Home Office, MOJ and some funding through DCMS to the community fund—to be granted to frontline services. Last time I gave evidence I spoke about this. There were criticisms of how that was administered, because it was more complex for the services to have to bid into various Departments to access that emergency funding. There are some lessons to be learned about that and about how much of a concerted effort there needed to be to get to the buy-in for the more local, community-based services, which is where the most marginalised survivors—the most isolated survivors—want to seek help and support.

The covid funding is also short term, which leaves all these fundamental problems, in terms of the funding that you are talking about. You are quoting a figure that would indicate a much more sustainable figure for the whole of the sector, in terms of funding. That is what we need. What we have done this year is topped up funding in short-term patterns. While that is very welcome, it absolutely doesn’t take us anywhere near the future for the kind of sustainable foundation that we need.

I welcome those efforts, and I have been very close to them. The Ministry of Justice, in particular, has done an exceptional job in the spending review to secure some additional money for the next financial year, which is £40 million. We are talking about topping up. Again, the services are funded through a combination of sometimes national funding and a good bit of local funding, and then trusts and foundations have a role to play. It is not one thing that we have to do. We have to look at better co-ordination in all those areas.

I want to highlight to the Committee one thing that concerns me in particular. Local areas are recommissioning services in the middle of this pandemic—not all services, but in fairly significant numbers there are examples of areas that are recommissioning. That seems so unnecessary in the middle of a pandemic. Other areas are choosing not to do that, and are extending contracts or creating new contracts for the next year. We really need to highlight areas that are going out of their way to do that, at least to provide some security for the next year.

In the future, the Domestic Abuse Bill and amendments about community-based services will go a long way to remedy that. I think there should be a single, unified pot across Government that would be ring-fenced for buy-in for services. We have to plan into the next spending review and Budget the much more sustainable future that we need. The emergency funding



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that was provided was very welcome, and there are some lessons to be learned there.

I will be cheeky and say, for the previous question, that one of my key asks would be disaggregated data from the police. I have been struggling with that all year, and I know that the police themselves would like to get to that data. That could help us understand how well a variety of diverse communities feel able to come to the police. I just wanted to get that in while I can. I will pass on to the others.

Andrew Gwynne: Thank you. Lucy?

Lucy Hadley: I absolutely agree that it is not enough. It was a temporary emergency funding pot. It was particularly important because we had the end of the spending review period, and a lot of the budgets for this year were very insecure. In the financial year leading up to the pandemic, over half of domestic abuse services in England were running an area of their work without any dedicated funding at all, and it is certainly the No. 1 area for our member services across the country.

It is nowhere near a sustainable funding settlement for domestic abuse and other forms of violence against women and girls. Although it was welcome, I would really echo Nicole's comments about the difficulties it posed for the sector. It is difficult not to compare how bureaucratic it was to apply for this funding with the grants that the Government gave to businesses. It was massively delayed, and there were very short deadlines to apply for the funding. There were difficult monitoring and reporting requirements. That is at the same time as organisations were battling with covid on the frontline. They were delivering childcare, because obviously they are women-only services. They were incredibly stretched, and then they had to apply for these short-term funding pots, which are all ending in March.

Because of the delays to getting the funding out, in some cases services had to delay recruitment and are now facing the prospect of having to give money back because it has not been spent. I definitely recommend that the Committee impress on the Government the importance of extending those funding deadlines where money has not been spent, because it would be incredibly wasteful for those funds to end if they are still required. Absolutely, it is really about a long-term sustainable solution for all services, and that has to tackle the issues that buy-in for led services faces.

We are just about to publish some data on local authority commissioning, and we see that more than a fifth of refuge services in England received no local authority commission funding in 2019-2020. That really rises when you look at specialist buy-in for black and minoritised women's refuge services. More than half the spaces in those services were provided by non-commissioned refuge services, so we really see a massive issue in the current competitive tendering and funding model for services, which we really need to fix if the services are to be sustainable for the future.



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Andrew Gwynne: Thank you. Rosie?

Rosie Lewis: I will follow on from that and just say, in short, no. There has been an issue around distribution. I am talking about frontline services here, which obviously gives you a more localised understanding of it. There has been a lack of distribution, proportionality and equitability. There is currently a very delicate infrastructure around the ecosystem of black and minoritised women's services. For years we have been decommissioned, we have not received proportional funding, and we have also had a lot of issues with non-specialist generic services often being commissioned to do that specialist work but not being able to deliver, particularly in relation to migrant women. The figure is 40% nationally, but for our service, 60% of the women who we support are seen, and I'll say "seen", to have uncertain immigration status.

I will give you some examples in a localised sense where sister organisations like ours just do not receive any of the local authority covid money. I think a lot of what happened was to do with a lack of workforce and the lack of an ability to administer it, but there was also a lot of exclusion going on, where already-commissioned services just automatically got the covid response funding. What happened was that the majority of black and minoritised organisations like ours had to go into our very minimal reserves, relying on fundraising and donations, which were amazing—the response from the public has been amazing. It is so disappointing that this opportunity and this amount of funding were not equitably distributed. There was no safeguard around how that funding was to be distributed either. It is very disappointing, but I really hope we learn from that moving forward.

Q919 **Andrew Gwynne:** Thank you, Rosie. You have touched on something that has been raised with the Committee before, about the distribution of the Government's financial support. Of course, part of the complexity is that some of it comes from Government, some of it comes through local authorities and some of it comes through police and crime commissioners. What changes do you think should be made in the next round?

Rosie Lewis: Basically, what underlies so many issues around the systemic inequalities at a local authority level is a lack of attention around public sector equalities duties. I say that in a manifold way because, for instance, many women who we support should be able to access refuges, but are excluded because they do not speak English, for example. In the same context of funding and equitability, there needs to be some kind of safeguard and scrutiny around the way that this funding is allocated.

We need to make sure that it is proportional. When we are dealing with and supporting women with incredibly complex needs, who are homeless, who are destitute, that is not going to be the same level of funding as for women who are accessing the helpline, for example. I think there has to be some very informed, systemic thinking and decision making around this, coming from an understanding of the way specialist and community-based services work. There definitely needs to be some scrutiny of how



funding is distributed, because it is a waste of money. We know what happened in Northern Ireland, and we do not want that to happen here.

Q920 Andrew Gwynne: Thank you. Nicole, you and the Victims Commissioner recently called for the Government to commit to supporting the sector from the financial year beginning in April this year. I think the Home Secretary said in response that the Government would provide £125 million to local authorities to meet their new statutory duty to support domestic abuse victims in safe accommodation, and would provide £40 million for victims and support services. Does that meet your concerns?

Nicole Jacobs: No. Building on that, though, is the point that I wanted to make, which was about part 4 of the Domestic Abuse Bill and the statutory duty for refuge provision. Painting a picture of how it could be improved, you have now got tier 1 boards, because that is part of the Bill. The Bill is widely expected to be passed in the spring, so local areas' county-wide boards are doing mapping and needs assessment now. We could get into the detail of some of that and how that can be improved. In any case, they are planning for part 4 of the Bill because they will have a statutory duty to do so. It is great that MHCLG has increased from £90 million originally to £125 million to cover that duty. Lucy would probably like to address whether she agrees with that figure or not. I know that most areas are anxious to get their settlement so that they can decide whether the mapping and needs assessment that they have done for refuge provision will be met by that funding envelope.

Putting that to one side, we could be doing the same for community-based services. All of the things that Rosie just talked about could be mandated, mapped and carefully planned so that a lot of these discrepancies could be addressed. If, in the Bill, we could extend that statutory duty to community-based services, there would be the same thought and planning. There would be the same amount of funding, potentially, that would come to local areas to cover that duty, and it would be much more structured. I am sure there would always be things that we want to improve, but I just wanted to paint a picture of how it could be, as opposed to how it is right now.

On the way it is right now, and this is very welcome, the MOJ is making sure in the spending review to gain that additional £40 million for community-based services. My understanding is that most of that will go through police and crime commissioners. Again, the MOJ deserves some credit for, in earlier funding rounds, making sure that "non-commissioned services" that were not traditionally commissioned by the police and crime commissioner were sought out and communicated with and received some of that funding. That is a good step forward.

We have a statutory duty on one part of our service pathway coming, which is great. My question would be: how much will that impact decision making about the community-based service, and will there be unintended consequences and cuts to community-based services because of that inequality between what is a duty and what is not? I really fear that that will happen. I don't think we have put a plan in place for the next financial



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year that will make sure we have the stability that we need. Given all of that context in terms of what we said earlier about demands on services, and also the backlog in courts, there are so many things that we can see clearly right now that we will be needing into the next year and, as Lucy said, beyond.

Q921 Dehenna Davison: Nicole, I wonder if I can come back to you on the point about courts. We know that there is this backlog, but what sort of wait times are people having now, and how does that compare to pre-pandemic?

Nicole Jacobs: Huge wait times. There has been a backlog in court—I am thinking about the criminal court predominantly—for obvious reasons. Domestic abuse cases are being prioritised, which is really welcome. Again, if we think even of the moderate increase in police recorded crime, it means we have a backlog and a bit more volume than we normally have. I sit in many, many meetings, and there is a lot of admirable work going on in terms of trying to co-ordinate the court, but what often happens is that the boundary of discussion starts with asking whether the victim/witness has been informed to come to court or informed of a court date. A lot of the really detailed planning starts there. Those of us who know and work with victims or survivors of domestic abuse will know that the stress and strain is running for months and months and months coming up to knowing what the court date is.

The people who do the support through that time are these community-based services. They are people like Rosie and the members at Women's Aid, who Lucy represents. My worry is that we are, again, underestimating the volume of work that these community-based services will have to do. That will cause stress and strain. It will also cause attrition rates to skyrocket, because people will think, "I don't want to wait a year with this hanging over my head. I don't know what the effects of all of this will be; maybe I shouldn't have..." There is all sorts of second-guessing and worries.

Domestic abuse is very distinct from other crimes. It involves family members and a lot of dynamics in terms of the relationships of the family. We have to do everything we can to support victims well before the court date. I am sorry if I am sounding like a broken record here, but it is about making sure that we have the support in place in these community-based services to really address that support coming up to court.

There have also been a lot of increases in the family courts. We have seen huge increases in applications in the last year. Although the court has maintained more of a volume in throughput in the family court side of things because of virtual hearings, we have seen huge increases in matters related to domestic abuse—non-molestation orders, occupation orders, issues in relation to child contact. Again, we need to look quite seriously at the specialised support and advice people have and need in going to family court.

Q922 Dehenna Davison: Thank you. Lucy and Rosie, can I come to you both



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on this point? Have you noticed an additional surge in demand or additional strain on the support that you are able to provide, based around this issue of court backlogs? Rosie, I can see you nodding, so I will come to you first.

Rosie Lewis: Yes, we have a very high level of support—70% of the women we support receive protection orders. Protection orders are an incredibly important part of safeguarding because the women we support are often experiencing violence from extended families, from communities. You can imagine, with lockdown, they have not been able to escape, so women have been very reliant on the courts in terms of protection orders, but also on the family courts in terms of contact arrangements.

The issue around statutory services such as children's services and child protection intervention, which is often safeguarding children and, as a result, women from contact with perpetrators, is that that has been massively reduced, so there has been a reliance on the family courts around contact arrangements. That has been really problematic, because of all of the delays. Unfortunately, the situation, because of the delays, has enabled perpetrators to further abuse women.

We know contact arrangements are often a very good way for men to abuse women, particularly when they are trapped, they are unable to move, they can't access refuges and they can't leave their local area. It has been a big problem for us in terms of being able to support women, making sure that they stay safe, if, for example, contact arrangements during covid have not been able to be met.

I will give you a direct example. We were supporting a woman in a refuge. Contact arrangements were with the family. Actually, one of the perpetrators was a mother-in-law, as well as the former partner. However, there had been an agreement that there would be limited contact—one day a week—at the home of the perpetrator's family. Unfortunately, during covid, you can imagine, with the travel restrictions—this woman had to travel by public transport—she wasn't able to follow through with that in a safe way. She was very concerned about how she was going to remain safe in terms of any drop-off or pick-up arrangements, so she talked to the social worker and she said, "I want to restrict these contact arrangements." Then what happened was that the perpetrator used that within a court context to make a complaint against that mother and to make it look like she was not upholding and following the agreement.

The systems, the delays and the lack of clarity around contact, particularly during covid, have had a direct impact on the safety of women, but also on the safety and the rights of children.

Q923 **Dehenna Davison:** Thanks, Rosie. Lucy, what have your experiences been around the backlog and whether that has caused any additional increase in demand or added any strain for your workers and volunteers?

Lucy Hadley: I would completely agree with what Rosie and Nicole have said, and it is important to stress that there were massive delays and backlogs before covid-19. I don't think this is really a new issue, but it has



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definitely been compounded. You also see knock-on impacts in terms of what is charged and what goes to court. If it is so difficult—if there are so many delays and backlogs—is there then a knock-on impact on what cases will be prosecuted? Something that we are hearing through our live chat services and other support to survivors is that the bars are getting higher—the thresholds are getting higher. That has obviously been a particular concern in the sexual violence sector for a long time, but we are seeing referral-to-charge rates fall for domestic abuse as well. We have seen prosecution rates fall for domestic abuse over the past couple of years, and that is a real worry.

I would also completely agree with Rosie about the lack of clarity in the family court. The guidance was very much predicated on the fact that parents could come to a mutual understanding of what a safe contact would be in covid and in a relationship where there is coercive control and domestic abuse. That is simply not going to happen, so we have seen these knock-on impacts. Women who try to offer video contact or limited contact in some way because of public health concerns have then been brought back to court following lockdown for breaching contact orders. That continues to be a massive concern, and I think that will be for the next year as well.

Q924 Dehenna Davison: Thank you. On a slightly different note, we recently heard from the safeguarding Minister, who was announcing the launch of the Ask for ANI scheme but also touching on some of the other schemes that the Government has put in place, such as the #YouAreNotAlone campaign and so on. What are your thoughts on the impact of those campaigns? Do you think that they have been effective in encouraging victims to seek help, or in letting them know where that support might be available?

Lucy Hadley: I think it is really important that we have had that public attention and public focus. Improving gateways to support, information and advice for survivors is absolutely critical and has been really important during this time. There have been a lot of concerns about how accessible that is, particularly to women who are deaf and disabled or who speak other languages. How those communications have reached all survivors has been a real concern. We have had to continue to push for domestic abuse to be recognised consistently across guidance and exemptions. With the third lockdown, we had to get clarity when tier 4 was announced that travel into a tier 4 area was permitted for domestic abuse. We have had to chase for that kind of clarity, but it is good to see that that is becoming a bit more consistent now.

In terms of the Ask for ANI scheme, it is really important that we have entry points in the community. We would like to see a lot more of a focus on that linking in with local specialist domestic abuse services that have the expertise and experience in those local areas. It is really important that the first response a woman receives is one from someone who has the understanding and empathy and who can listen to, believe and support the survivor. I worry that just a training video might not enable that from a pharmacist, who will obviously be incredibly busy and stretched. It is



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very unlikely that a woman might be walking into a chemist and ask quietly for ANI. There will be a whole range of complex and difficult situations that the pharmacist might have to encounter, so I would really impress the importance of training from specialist domestic abuse services alongside that scheme.

Q925 **Dehenna Davison:** Thanks, Lucy. Rosie, I can see you nodding. Would you agree with that assessment?

Rosie Lewis: Absolutely, I agree with that assessment. What I would add is that, for community-based services, we have been having to work incredibly hard to relay these messages to women for whom English is not their first language, and also to women who might not understand systems and structures and who face, as part of the cycle of abuse, a constant threat about any interface with public services. Many women are abused to the extent that they do not go to the chemist alone. They don't go to the GP alone. They are surveilled all of the time.

There has been a lot of work that we have had to put into how we relay public health messages, which has been really important to us in terms of keeping women safe, but that is added. We have something like a 30% increase across the board in our work with individual women, because we have had to also be bringing in aspects around covid safety and so on. Unfortunately, because of that threat, many migrant women and women without recourse to public funds are very scared to access any public services, so it really hasn't been effective. It hasn't been utilised by migrant women or women without recourse to public funds. If they are already getting support from specialist services like us, they are definitely not accessing those services as well, so we have seen very little uptake of that, and very little understanding of it.

Dehenna Davison: Thanks, Rosie. Nicole, is there anything you would like to add on this?

Nicole Jacobs: Just briefly—I think that it has been covered so well—I would just say we need to see more of some of the best of what we can example. The fact that we had the Prime Minister mention domestic abuse at the most recent press conference in relation to the lockdown: we would like to see more of that—more coverage at briefings, more communication out through vaccination centres—you know, the kinds of places where we know people will go, so we can build on some of what we have seen. I absolutely agree with Rosie and Lucy in terms of needing to think of how to reach out to those who may not have English as a first language, more use of British Sign Language interpreters, for example, to reach deaf and disabled people who are subject to domestic abuse.

So there are clear improvements that we could make, but I think the overarching point I'd like to get across is that we have to keep up the momentum on these public awareness campaigns, and emphasis. So it's been great to see that happening during covid. We have wanted to see that happen for a long time, and we have to make sure that plans into the future are still front and centre in the awareness of these things.



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Considering one of the first things we talked about is the link and the implications for domestic abuse, sexual violence, into the longer term, we really need to make sure that Government maintains its commitment to those public campaigns and also increases them and improves them in the ways that you have heard.

Dehenna Davison: Brilliant. Thank you.

Q926 **Stuart C. McDonald:** Thanks to all our witnesses for your evidence. If I could start, please, with Rosie, you have touched on this issue already, but when we were looking into these issues earlier last year we heard that migrant women—particularly those with insecure immigration status—might be particularly vulnerable during the pandemic, given that they struggle to access state support. Could you just sort of update us? Where are we now in terms of migrant women, and, in particular, those with insecure status?

Rosie Lewis: Covid has had a devastating impact on those women. We provide one of the few services nationally that provides specific places for women without recourse to public funds, but, unfortunately, we have got a real issue around understanding of immigration abuse, and a lot of issues around assessment, support, safety and protection, and a proportional response where migrant women are concerned. So for the majority of women who manage to access our services—particularly our refuge services—I think I mentioned before, they have been to seven to nine other services before. I am talking about police, housing, as well as violence against women and girls or domestic abuse services. They have been told, because they have no recourse to public funds—or are perceived to have no recourse to public funds—they cannot access any safety support.

This isn't just limited, unfortunately, to refuge or accommodation or housing support. It is also limited in terms of access to service and equitable assessment of their need. So we have seen women who have self-referred into our service, at a very high level of risk. I am talking about women who have been stabbed; I am talking about women who have had noxious levels of unabated abuse that would put them in a high-risk category, but also other forms of harmful practices going on—for example, forced marriage, etc. So we have had women that we are supporting, who are accessing our services, who have not been even assessed by their local partnership arrangements and multi-agency safeguarding arrangements, even though they have disclosed to the police or they have disclosed to a domestic abuse service, because they are migrant women.

So we have a dual system going on, in terms of access to support, safety and protection, for women, that is based on a perception of their immigration status. I really want to bring in that perception, because it is so important.

Of all the women referred to our service for our refuges—we had 12 referrals for every one space that we had—70% of the women had no



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recourse to public funds. They had a right to support, either through the domestic violence concession or because they had not been properly assessed. Although they did not speak English, they actually had rights to benefits, but that had been part of the abuse that they had been through.

That really shocks us, because that means that women had been denied any kind of safety or protection support, or any refuge accommodation, based on a perception. Because of a lack of understanding about immigration abuse.

Q927 Stuart C. McDonald: So there are two issues: the issue of those who are in law excluded from support; and the issue of those who should have that support but are nevertheless, because of misapprehension, excluded from that by perception. Previous witnesses advocated for abandoning the no recourse to public funds rules for good, at least for the pandemic. I take it that you would be sympathetic to that point of view.

Rosie Lewis: Absolutely. It is inhumane what is happening. Also, we have to take a level of responsibility for the continued harm that migrant women face because they are excluded on those grounds.

Many of our services are coming together to put together a very strong case for how we think that such exclusion makes no social or economic sense. That woman has bounced around many services—she has probably been in and out of adult social care, in and out of bed-and-breakfast here and there, backwards and forwards to the police, and so on. We are really struggling to understand how that makes any social or economic sense, never mind thinking about the rights of the individual woman.

Q928 Stuart C. McDonald: Nicole, to come to you, previously you have advocated amendments to the Domestic Abuse Bill that would have extended some of its protections to migrant women. Will you say a little more about what the benefits of those changes you were advocating would have been? What do you understand to be the resistance to those changes?

Nicole Jacobs: You read my mind. I was just thinking that there are a number of opportunities right in front of us in the Domestic Abuse Bill to address that. You are right to say that I and many others have been advocating those amendments throughout last year.

Some of the resistance could be in relation to a perceived need for data. I very much believe that Victoria Atkins and other Government Ministers really want to do right by all people who are subject to domestic abuse, and a fund has been put in place. I think it is due to be commissioned—there is decision making on the fund—this week or next week.

I think we would all agree, however, that that fund will be very limited in scope. Yes, we will learn something from it, but it is not necessarily more than what we might already know from people like Rosie and many services who are producing quite substantial information about the provision of the services that they provide and what the needs are. We have had a tampon tax-funded initiative running in the last two years, and



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will do up to March, and that has provided some insight into what demands for services are.

I would agree with Rosie. We have to have an emphasis on—this is what is so important in what she has just talked about—the community-based services that are trusted and that are able to have, and have, the capacity to give the kind of advice that Rosie’s organisation is giving. I think we can very obviously see the cost-effectiveness of that. We need to have that in place as well as much easier ways to access support.

Amendments to the Bill range from lifting “no recourse” to extending the concession from three to six months—from what is provided currently. There are provisions in relation to the firewall, which, again, are incredibly important for people who would think, “Should I come forward? Should I talk to anyone? What will be the implications of that?”, keeping in mind that if you are living with an abuser and you have, in some cases, more limited knowledge of what services will or will not do, it is incredibly important that there is a safeguard there in terms of the firewall. *[Inaudible]*—there are so many ways we can improve this, and we have these opportunities in front of us now.

Q929 Stuart C. McDonald: On the issue of the firewall, in December I think Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, the IOPC and the College of Policing all made a recommendation that the police should not be sharing data on domestic abuse victims with immigration enforcement, pending a review and an equality impact assessment by the Home Office, which was going to design safe reporting mechanisms for migrant victims and witnesses. Is that a move that you welcome, and are you in discussions with the police service and Home Office about implementing those recommendations?

Nicole Jacobs: It is a move that I very much welcome, because I think one of the things that they found in that investigation—this is a good example of how the super-complaints are working relatively well—is that there is such a range of practice: some police areas adopt different practices from others, so there is no real assurance that we know that we could communicate and what actually happens. One of those recommendations was to stop sharing information immediately until there is a much clearer policy in place. That could be addressed in the Domestic Abuse Bill and I would prefer that, so that we have clarity as soon as possible. I am sure that there is some work going on; I have been invited to any specific meetings in relation to that yet, but I would hope to be.

Q930 Stuart C. McDonald: Lucy Hadley, may I come to you now on a slightly different issue? Feel free to chip in on those issues, but I want to turn to the issue of refuges now. Is the sector now able to provide enough safe accommodation spaces to meet demand, and, if not, what has to be done to ensure there is enough space?

Lucy Hadley: No, we are not; we are still 30% below the Council of Europe recommendation for the level of bed spaces in England. The discussion we have just had is not just about the bed space itself, but how



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accessible that is for the women and children who are trying to access it. We consistently find that migrant women, black and minoritised women, women with disabilities, women with large numbers of children and women with mental health issues face the biggest barriers to accessing a refuge space. It is not just about the spaces, but about the support that surrounds them. I think we talked in the last Committee session about a significant decrease in refuge vacancies in the first lockdown, and that was about 42% compared with the year before—2019. Overall in 2020 we have seen a 20% reduction in the number of refuge vacancies in comparison with 2019.

Emergency funding has been very welcome, and the Government have continued to create spaces—I think an additional 1,900 bed spaces have been created. We have been looking at the impact of that funding on refuge spaces as listed on Routes to Support, the UK-wide directory of refuge vacancies and VAWG services. We found a net increase of 317 spaces, the majority of which have been funded through those emergency Government funds. We recognise that a lot of that funding may have increased temporary provisions, such as in student halls, temporary move-on accommodation and things like that, but there is clearly a significant disparity between the 1,900 figure and the 317 spaces we found.

A longer-term solution is absolutely required, and hopefully that that is what the Domestic Abuse Bill will deliver, but we remain very concerned that nowhere in the Bill does it actually say the word refuge, and nowhere does it require local authorities to fund specialist women's refuges that are experts in delivering this kind of support. We feel there is a big risk that generic accommodation providers could be commissioned by local authorities under this duty. A very concerning trend that our members have reported in the past year is a rise in exempt accommodation providers who use the housing benefit regulations to access additional rates of housing benefit and house vulnerable women and children who are experiencing domestic abuse. I think there is a lot more to do.

Q931 Stuart C. McDonald: Finally, may I ask you and then Rosie about other issues that were previously raised with us about the challenges facing refuges in terms of the pandemic: issues around social distancing, self-isolation, access to PPE and perhaps now even access to vaccination? Where are we in terms of all those issues?

Chair: May I ask you, if you're able to, to just give a very short answer to this? We still need to have some further questions from Laura Farris before we close the session. Thank you.

Lucy Hadley: It is definitely an improved picture since the first lockdown. We have seen a route established for PPE for refuges and some improved access to testing, although that has not been consistent in terms of the pathway that refuge services use to access that. The guidance on safe accommodation for domestic abuse has not been updated since March 2020, which is quite problematic. We would like that to happen, to give a lot more clarity and certainty on things such as social distancing, accepting new referrals and things like that. For vaccination, there is NHS guidance



that makes clear that homelessness and housing support services can access the vaccine, and that has led to a lot of our members that deliver refuge being able to access it, which is great, but it does not specify domestic abuse refuges or other community-based services, and we would really like to see that in the guidance now to provide that clarity.

Stuart C. McDonald: Thank you very much.

Rosie Lewis: Just to come in there, obviously we are working with black and minoritised women and children, and communities that are the most vulnerable to covid. We have had to put in a lot of extra measures and support because of the comorbidity issues and the very high level of health needs, as well as mental health needs, of the women who we support. Again, I go back to the 30% increase in the amount of support for women that we have to be giving. We haven't got any more staff, so that brings in an issue around staff exhaustion and safety as well.

Q932 **Laura Farris:** Thanks to all our witnesses; it is good to see you again. I want to pick up on the best and worst of what you have seen over the course of the last year, and on the action points that we can feed back as things that we think are working well and things that aren't working well. I have been listening to what you have been saying, so perhaps I will kick off and then come to each of you.

On what I think is working well, I took from Nicole something about proactive partnerships between the police and domestic abuse charities. I think I am right in saying you identify that as a positive that has come out of the crisis. I know that there were issues with funding delays at the beginning, but there has been more funding. The question now is more about sustainability going forward.

The third thing I want to ask about—I will follow up on this—is #YouAreNotAlone, Ask for ANI and the Prime Minister specifically mentioning domestic abuse when he announced the January lockdown. On the whole, that type of thing has been well received, although we could do more of it. There are also two learning points about no recourse to public funds support and about specialist women's refuges—following up from what you have just said, Lucy.

I will come to each of you, but can I start with Nicole? I know Ask for ANI is brand new, but it was what the Victims' Commissioner recommended to us. You will probably remember from when you gave evidence last time. I think she drew an analogy with the Tinder process—it is either Tinder or something like that. You can go to a bar, and lots of bar staff recognise a codeword that means you need someone to help you get home. That was the model, I think, for Ask for ANI. Do you have any data as to whether it is working well or whether people are using it?

Nicole Jacobs: It is very new.

Laura Farris: Of course.



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Nicole Jacobs: It started quite recently. Some of the initial anecdotal feedback is quite good. The service is coming through with examples of people who are using the codeword. My view about the codeword is that the broad win is raising awareness. Even if someone were not to use it, the idea is that the codeword might cause a conversation, raise awareness and have employees in some of those public settings talking about domestic abuse. The use of the codeword will help some people, but the idea of raising awareness is the broader win. It is something that I want to make sure we continue to do. A lot of your summary is exactly what I would say in terms of where we have come to. I think awareness and commitment within Government has—

Q933 **Laura Farris:** Nicole, can I just stop you there? Using your extensive knowledge of this area, if you were to make further recommendations—specific ones—in those areas, what kind of stuff would you suggest?

Nicole Jacobs: In the here and now, I think the point about vaccinations is a really important one, for a couple of reasons. The domestic abuse workforce in community-based services and in refuges are a relatively small number. I would imagine, given the amazing rate of vaccinations that we have, that we could vaccinate them within an hour. It would be so important for these services that we have talked about, which are under a lot of strain and, as Rosie said, have been working exhaustedly over the last year, to have that in place, so that they can keep open as much as possible all the services that we have and be safe about it. These are people who are taking helpline calls at home when their children are trying to study in the other room. This is a pretty stretched workforce, and we need to do everything we can to support them: in the short term, vaccinations, and again—broken record—much more ambitious, sustainable funding. For some of that, a good solution is in front of us in the form of the Bill. We won't have that opportunity again very soon and we really should take it while we can.

Q934 **Laura Farris:** Brilliant, thank you. Lucy, is there anything that you want to add? Have I missed anything that you think has worked well, or do you have a new idea that you think we should be taking up?

Lucy Hadley: The Committee made some really important recommendations about co-ordinated Government strategy in response to domestic abuse, and that is a risk that I would flag, both in terms of the fact that the Government is threatening or has decided to withdraw domestic abuse from the violence against women and girls strategy, which ends 10 years of an integrated violence against women and girls response that we feel is really critical—

Q935 **Laura Farris:** Could you elaborate on your concern about that?

Lucy Hadley: It will fragment the response to violence against women and girls as a form of women's inequality. It separates out the forms of violence and abuse that black and minoritised women disproportionately experience. We really don't know why this will lead to improved responses and co-ordinated approaches to tackling violence against women and preventing it as well, which is absolutely vital for the Government



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strategy. That is a huge risk for our sector and something that we would really welcome the Committee's attention on.

Another point would be about parity across the nations. There have been a lot of different responses to domestic abuse and violence against women across the four nations. In particular, our sister federation in Northern Ireland would really impress on you the fact that they have not received comparable levels of emergency funding for specialist domestic abuse services there. Colleagues in Wales are really worried about how their violence against women and girls strategy is going to work alongside the fragmentation of the violence against women and girls strategy here, and the inter-ministerial group on violence against women and girls has not met since 2017. So that point about co-ordination and an integrated response is really important.

One final thing is that we have seen some amazing examples of partnership working in the specialist VAWG sector over the past year, and I would just cite the fact that we were able to work with train operating companies and the Rail Delivery Group—*[Inaudible]*—free travel to refuges.

Laura Farris: I forgot to mention that. It was good, wasn't it?

Lucy Hadley: We would really like to see the Government deliver consistent support for that into the next financial year, to ensure that we can continue providing that support.

Laura Farris: And last but not least, Rosie.

Rosie Lewis: I completely agree with everything that Nicole and Lucy were saying there, but I want to add that there has been an amazing raised awareness and response to the plight of migrant women and women without recourse to funds. The public support and public outrage about this has been immense, as has the response in terms of donations and support. For instance, we set up our own welfare bank off the back of that kind of support for women who are destitute. And this is not just the picture for our service; this is a national picture. The expansion of specialist provision because of the additional covid funding has been incredibly important, and we would really ask that that is maintained, because the numbers have not dropped in terms of need.

I just want to briefly bring our data in. We have excellent data within the sector; we have excellent quantitative and qualitative data. We have excellent reports, like "Locked in Abuse, Locked out of Safety" by Safety4Sisters, in a localised context; we have national reports. We have a big evidence base and we would just say that we have all this evidence, the women's voices are really coming through in the evidence and we would really like people who are in positions of decision making around this to really be listening to those voices.

I just want to quickly pick up on the separation of the dual strategies, particularly the VAWG strategy. Basically, we are walking blindly into



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structural segregation. As Lucy mentioned, black and minority women's issues all seem to be placed within a strategy for which the teeth are not there in the way that, for instance, they are for the Domestic Abuse Bill, in terms of the powers contained in it. To exclude migrant women from the Domestic Abuse Bill is really problematic.

In a localised context—I keep using this example in training—if you have a woman who is trying to access a service and is saying, “I have been through FGM,” and she is turning up at a domestic abuse provision in the far reaches of Northumberland, they are going to be like, “That doesn't hit the Domestic Abuse Bill. That isn't contained in this Bill. You are in a strategy that is different, and you are going to be treated in a very different way.” I would really like to reiterate how important it is that we are able to provide that universal safety and protection.

Laura Farris: Chair, that is all from me because of time.

Chair: Thank you. I think Adam Holloway is just here on audio.

Q936 **Adam Holloway:** Thank you all very much indeed for the work you do. I completely agree with your point about recourse to public funds in the middle of a pandemic. This is a global problem and we are civilised people, I would hope. Ms Jacobs, can I go back to the question of vaccination? One of the things that has worried me over the last few weeks is the various groups of people—teachers and so on, and now a very small number of workers. On what do you base this? Do you really think we should be vaccinating healthy staff at the expense of people in vulnerable groups?

Nicole Jacobs: Thinking about refuge first, refuges are very often a communal environment. As Lucy said, they are akin to homelessness settings or other sheltered accommodation. They are not always but often communal settings where people are mixing and maybe sharing a kitchen—that type of thing. That is not always the case, but it is very often the case.

On top of that, one of the figures that we haven't quoted is the lack of move-on within refuges in the last year, which has decreased by 40%. In other words, as people come into that temporary housing environment, they are not meant to stay there for years and years. They stay for a few months on average and move on—that is not the case in London. The move-on that we so desperately need is being held up for many reasons, one of which is that when people get sick, the space that is there can't be utilised, so there are a lot of practical reasons. I guess my thought about that is that if you have a situation where we have a huge amount of demand, what do we need to do to take away any of the blockers, challenges or obstacles so that at least what we do have is fully utilised? That is for refuge.

For community-based services, I think people often don't understand this. When you think of community-based services, I want you to think of somebody like Rosie, who spends every day doing all this really practical



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support to get people what they need. The average caseload of a community-based worker is upwards of about 40 people they are supporting at any given time. It can be more than that. It really shouldn't be 40; it should be less than that, considering all the responsibility and work that entails. Every time you have a worker who is off sick, has to self-isolate or is limited, it's not as if there is another worker waiting in the wings to take on those 40 survivors who need crisis support right now. It is that kind of pressure, and anything we can do to alleviate that seems to me to make 100% sense.

Q937 Adam Holloway: Forgive me, but I thought at the moment that the game was to stop people dying. Would you really want to vaccinate those staff at the expense of people in the extremely clinically vulnerable group who haven't yet had a vaccine? Vaccine at the moment is finite.

Chair: I don't know if you can hear me, but we need very short answers.

Nicole Jacobs: I think what we meant was in the category below that. Obviously, there is the priority 1 category, but what we are talking about—I probably hadn't said that blatantly—would be the category of frontline workers. That is what I am asking for those people to be included in.

Chair: We have run to the end of the time, but there are a couple of areas I would be very grateful for more information on, if it is possible for you to send us any further written information.

The main one is funding. It would be really helpful to have further clarity. You made a very strong argument about the need for sustainable funding. We also heard concerns about needing to be able to carry over some of this year's funding, but I was not fully clear about your sense of the scale of funding gaps. What happens, for example, if the funding is not carried over? What is the impact on services? In addition to the sustainability issue, what are your concerns about the level of funding, and the level of shortfall relative to service needs and services continuing? We obviously covered that a lot, in terms of the current financial year, in previous evidence sessions. It would be really helpful to understand the scale of the shortfall that you are worried about in the next financial year, so any information that you are able to send to us on that would be very much appreciated.

The second one is the issue that I think Lucy raised about the six-month limit on charging. I assume that that is a broader issue in domestic abuse cases anyway, but you seemed to suggest that it has become more acute during the covid crisis. Again, if you have any further information that you are able to send us on that, it would be very welcome.

Thank you very much for your time. I thank all of you, and all of the people you work with, for the immensely important work that you are doing to support victims and survivors of domestic abuse at this very difficult time. We very much appreciate the work that you do. Thank you very much.



Examination of witnesses

Witnesses: Lorna Gledhill, Dr Jill O’Leary and Theresa Schleicher.

Q938 **Chair:** We are going to move to our second panel, looking at some of the issues around the provision of institutional accommodation, both detention and asylum accommodation, during the covid crisis. I welcome our second panel today: Lorna Gledhill, the deputy director of Asylum Matters; Dr Jill O’Leary, from the GP medical advisory service of the Helen Bamber Foundation; and Theresa Schleicher, casework manager at Medical Justice. Thank you very much for your time. We very much welcome you today.

Can I start by asking for your understanding of covid outbreaks that are happening at the moment in either detention centres or asylum accommodation, starting with Lorna Gledhill?

Lorna Gledhill: I would probably advise that you move quite quickly over to Jill from Helen Bamber, who I think will have a much better understanding of any covid outbreak in institutional accommodation. In the broader estate, I am not aware of any currently.

Dr O’Leary: Thank you so much for having me. I can speak to the current covid outbreak that is happening in the Napier Army Barracks in Kent. On 25 January, as we knew it, 120 out of the 390 residents there had tested positive for covid, which is understandably extremely concerning. Some of those residents have had the opportunity to move out of the barracks into more suitable accommodation where they would be able to safely self-isolate, but as we speak today there are still many people who have tested positive for covid-19 who are sharing close quarters with people who are not currently unwell with covid.

I can speak a little about the unsuitability of the barracks from a covid-19 perspective if you would like me to now. As we understand it, both Napier and Penally Barracks are not covid-compliant. We would say that, from a public health perspective, the practice of placing people in barracks during the pandemic is unacceptable. We are aware that numerous people have been transferred into the barracks from around the country—local authority areas where there have been very high rates of infection. They were then moved into the barracks at very little notice and not given any opportunity to self-isolate before sharing dorms with up to 28 other people. Furthermore, there aren’t any adequate facilities on site for people to self-isolate, should they develop symptoms. You’ll understand that that has created an unacceptable risk for both residents and staff.

The outbreak at Napier Barracks has massive implications for transmission to the wider community. I spoke to a resident at the Napier Barracks; I did a remote clinical assessment of him because he was displaying symptoms of covid-19 but hadn’t been able to access the result of his test. He was sharing a dormitory with up to 28 other people, one of whom had a confirmed positive test, was advised to go back into the dorm with the same people and wasn’t able to self-isolate.



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Some of the residents were so frightened that they slept in the dorm with the door open, to allow for ventilation. You can imagine how that would feel in January. Some of the residents have opted to sleep outside with duvets rather than share dorms. Unsurprisingly, the man I spoke to on the phone later developed symptoms consistent with covid-19.

Q939 Chair: The Home Office say that they have made this accommodation covid-compliant. How can that possibly be the case, if there are 28 people sharing a dormitory?

Dr O'Leary: From what we have seen from the volunteers who are volunteering with Care4Calais and from our remote assessments of residents in the barracks, I can confidently say that they are not covid-19-compliant. The very existence of the outbreak at Napier would serve to contradict that statement.

There are up to 28 people sharing a dorm. Beyond that, there are shared lavatory and shower facilities, which are supposed to cater for all the several hundred people who are in the barracks. There are three dedicated meal times, where everybody needs to queue at the same time and sit in the same canteen to have their meals. Social distancing and good hygiene measures are essentially impossible.

Furthermore, in terms of disseminating information about correct social distancing, hygiene measures and handwashing, there are many different languages spoken by people in the barracks, not necessarily English. We are concerned that information was not disseminated in a culturally specific way.

As I said before, the outbreak at Napier has demonstrated to us that it is not covid-safe. Now there are a lot of very unwell people, who are very frightened and sick, stuck in this unsuitable accommodation.

Q940 Chair: To have an outbreak of 120 people, all having covid in the same centre, that is a very high outbreak. Given what you knew about the circumstances in which people were living, did it surprise you?

Dr O'Leary: Not in the slightest. On 26 November last year, the Helen Bamber Foundation and a group of other concerned clinicians and lawyers from Doctors of the World, Freedom from Torture and Forrest Medico-Legal Services wrote a letter to the Home Secretary and the Secretary of State for Health and Social Care, detailing our grave concerns about the possibility—in fact, the inevitability—of a covid-19 outbreak at one of these sites. Sadly, we were ignored and our worst fears have come true now.

Q941 Chair: From your point of view, this was completely predictable.

Dr O'Leary: Yes, absolutely.

Q942 Chair: Some of the response from the Home Office says that action has been taken in Napier and Penally to ensure that beds are 2 metres apart. If people are still sleeping all night in a contained space in a room, do you think that keeping beds 2 metres apart is sufficient social distancing?



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Dr O'Leary: No, it's not. As I said, the dormitories are not sufficiently ventilated. They have to be ventilated by keeping doors open in January and February. If residents have to share the same toilets, showering facilities at varying times of the day, have to queue and sit together to eat meals, the 2 metre distance between beds is going to make very little difference in terms of the transmissibility of the virus.

Q943 **Chair:** Has any assessment of the sites and the covid arrangements been done by health professionals from Public Health England, the local authority or the Health and Safety Executive?

Dr O'Leary: As far as I am aware, no. I may be incorrect, but I am not aware of any. On the medical intervention that extends to both sites, Napier has one privately contracted nurse who is resident there on Mondays to Fridays during office hours but, as I understand it, has not been there since 29 January, and the pathways for healthcare or accessing medical care in Penally is still patchy. It is a bit more comprehensive than in Napier but still inadequate. I am not sure that any comprehensive assessment on that front has been done.

Q944 **Chair:** So in terms of what is currently happening, your understanding is that there are currently 120 cases in Napier. Are all of those people in separate, self-isolated accommodation now, or are some of them still sharing dormitories with other people who haven't tested positive for covid?

Dr O'Leary: As far as I am aware, 100 people who have tested positive have been moved out. As we know, 120 people were positive on 25 January, though as I understand it, that number has increased since then, as one might expect it to have done. A hundred people have been moved out, but there are still confirmed covid-positive residents who are sharing dormitories with people who have not tested positive for covid-19. Some have been moved out, on an apparently arbitrary basis, but some people who have tested positive still remain there.

Q945 **Chair:** Has everybody there been tested—all the residents, all the staff working there?

Dr O'Leary: No. Access to testing has also been intermittent, particularly since the tragic fire that occurred last week. The resident that I spoke to on Sunday had developed symptoms the week before. He had had a test but was unable to receive the results because currently the office of Napier Barracks is unmanned and that is where the results go to. Some people who have had tests have not been able to access whether or not their tests are positive.

Q946 **Chair:** Just explain that point—there is nobody working in the office?

Dr O'Leary: Since the fire, people have been evacuated and asked to leave. The presence of staff on the ground in the barracks is far less than what it used to be, so it is much more difficult for people to access things that they would normally access from the Clearsprings management.

Q947 **Chair:** So people cannot get their test results, they are still sharing



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accommodation in which there clearly is no social distancing, and there are covid cases on the site.

Dr O'Leary: Correct.

Q948 **Chair:** This is truly shocking. It is very troubling information that you are giving us. Have you been given any information about what the next steps are and what action is being taken by the management, the local authority or the Home Office?

Dr O'Leary: No, I am afraid not. We don't know what the plan is or what the next steps are. Currently, as I understand it, Napier Barracks is being treated as a crime scene because of the fire that occurred last week. It will come as no surprise to you that I would say that the barracks needed to be evacuated immediately, for the safety of all concerned. As I mentioned before, it is not just the safety of the residents. The outbreak has huge implications for the safety of the wider community and the people who are coming in and out of it.

Q949 **Chair:** Has the public health director done an assessment? When we had an outbreak in Urban House in Wakefield, the local public health director did an assessment of what was happening in Urban House and made a series of recommendations that were then followed. Has that happened here?

Dr O'Leary: I don't believe so. Not at this point.

Q950 **Chair:** Has the public health director had access to the site?

Dr O'Leary: That, I don't know. I don't know the answer, I am afraid. Sorry.

Q951 **Chair:** In terms of the implications of the fire and the consequences of the fire, what difference is that making now?

Dr O'Leary: It has had massive consequences because it led to the heating and the electricity not working. Some dorms have had their electricity and heating restarted, but that is only until 11 pm. Some dormitories still don't have electricity or heating.

There was a disruption to the supply of water. The residents were told when they first moved into Napier Barracks that the water from the taps in the bathroom wasn't safe to drink and they should have bottled water instead. Since there has been an interruption to the supply of safe drinking water, they have had to drink from the taps. People are feeling unwell with covid, are freezing cold and hungry, and do not have access to adequate drinking water.

We also understand that once the fire brigade was called to Napier Barracks, they discovered asbestos in the building, which creates other public health concerns for the residents. There has been quite a dramatic fall-out in terms of the mental and physical wellbeing of the residents since this fire has happened.

Q952 **Chair:** Theresa Schleicher or Lorna Gledhill, do you have anything further



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to add to this discussion about covid in asylum accommodation? We will come on to issues around covid in detention and some of the wider issues, but before I move on to Stuart McDonald for further follow-up questions, I want to see if either of you have anything further to add on this point.

Theresa Schleicher: Not on asylum accommodation from me.

Lorna Gledhill: Very quickly, on asylum accommodation, I can only agree with the picture that Jill has shared so far. It is a really terrifying situation that has come out of Napier. It is worth reiterating that a lot of this was predictable and a lot of people having been warning the Home Office about the potential for a covid outbreak at any of these sites. We have seen that from local authorities, we have seen it from the Welsh Government in the case of Penally, and we have seen it in the case of the medical representatives that Jill referred to.

It is incredibly concerning that we are where we are, considering the amount of concern that has been raised with the Home Office prior to this. Unfortunately, this pattern of non-consultation with local authorities around these sites and a lack of engagement when these sites are up and running is something that we have seen before in procurement of accommodation and procurement of contingency accommodation more generally. I am more than aware that the Committee is well aware of that. It is worth reiterating that there is a pattern of behaviour here, which the Home Office needs to take seriously if it wants to provide safe accommodation to people seeking asylum.

Q953 **Chair:** In terms of the arrangements at Penally for social distancing and covid-secure measures, are you aware of similar problems to those at Napier?

Dr O'Leary: Yes. There are fewer people in Penally than in the Napier Barracks, but we still have a similar set-up. There are dormitories shared by 16 to 20 people. Meals and ablutions happen in one building separately that everyone has to share. Meals are at set times, rather than staggered times to allow people to bubble. People have to queue and sit together for their meals. We remain concerned about the possibility of an outbreak in Penally as well.

Q954 **Chair:** Again, are you aware whether either the HSE or the local public health director have been able to do an assessment of Penally?

Dr O'Leary: I know that Hywel Dda, the local Welsh health board, has done some sterling work in setting up some pathways to healthcare for residents. However, I am not sure about any covid risk assessments that have been done by them, but I could certainly try to find out for you.

Q955 **Chair:** Thank you. Overall, how responsible do you think the Home Office has been in terms of the decision to set up these accommodation institutions in the middle of a covid crisis?

Dr O'Leary: There are a few different points to be made. First, we recognise the increased need for initial accommodation for asylum

seekers. However, it is really important to emphasise that that increased need for accommodation does not represent an increased number of asylum seekers arriving in the country. The increased need for accommodation represents a backlog in processing applications by the Home Office, and that existed before the pandemic began in 2019.

The reason that we have asylum seekers but nowhere to house them, so they have to go to this unsuitable accommodation, is not because hordes of people are arriving in the country, but because there is a massive backlog by the Home Office in processing applications in the first place. That is one element.

The second element is that we have a wider consortium of concerns. Stakeholders have made our concerns really stark and been vocal from the very beginning about why this accommodation is unsuitable, and not just from a covid-19 perspective. Ex-military sites are completely unsuitable for people who are potentially traumatised by their experiences. The problems that we are seeing now, not just with the covid-19 outbreak but with deteriorating mental health, suicide attempts, protests and self-harming, were entirely predictable and could have been avoided completely.

Q956 **Chair:** Thank you. Theresa Schleicher, can I ask you about covid outbreaks in detention centres and covid-secure measures around detention centres? What is your assessment?

Theresa Schleicher: It is difficult to have precise information about covid outbreaks, because the Home Office hasn't been publishing regular figures. We know that there have been covid cases in all of the detention centres. Brook House detention centre has recently reopened after having had to close for 10 days in early January. There was an outbreak there that started before Christmas, and initially there was an attempt to isolate certain wings but keep the detention centre open. That clearly failed because the outbreak spread and it was then necessary to close the whole centre.

We know that there were recent cases at Heathrow. The people we were in touch with there who had tested positive have now been isolated and have been able to return to the general population, but we don't know whether there are others. So, the picture is slightly unclear.

Q957 **Chair:** What is your assessment of the covid-secure measures—the public health prevention measures—in detention centres at the moment?

Theresa Schleicher: We are still really concerned about the risk that detention centres pose in terms of infection control of covid. People are in single rooms, but there are communal areas that are shared—for example, for eating, washing clothes and so on.

We haven't seen any of the testing protocols and we haven't seen any risk assessment, even though we have been asking for that since early January, in light of the new, more infectious strains. Some testing is going on using lateral flow tests, but staff are coming in and out. We don't know



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whether they are being tested. There is mixing going on in the communal areas. It appears that when people test positive, they are isolated for a period time, but not the full 10 days, and then returned to the general population. Any outbreak that might happen there poses a risk to residents, staff and the wider community, because people come in and out—the staff come in and out.

A separate risk that we are really concerned about is that the more isolation and social distancing is introduced—which, of course, is necessary as long as detention centres remain in use during the pandemic—the more that intensifies the negative impact that we know detention has anyway on mental health. The degree of isolation that is inherent in detention, the degree of not knowing what is going to happen any day and not being in control of one's life, is intensified by being isolated and not having contact with the outside, or even with other detainees, when people are having to isolate or shield.

We have been in touch with some clients who had underlying health conditions that meant that they had to shield and isolate in their rooms. For some people, that can be for an extended period of time; people can be detained for several months. Shielding is difficult for anyone, including in a community, but being in a detention centre, with the impact that we know being in detention has on someone's mental health, can be absolutely devastating.

The effects that our clinicians have seen have been similar to what we would expect with people who are in solitary confinement. People are reporting that their mental health is rapidly deteriorating, including some suicidal thoughts. People are reporting having suicidal thoughts for the first time in their life. Our view is that that is not necessary, because immigration detention is not essential.

Chair: Thank you. While we are on this subject, I will go to Laura Farris to pursue further questions on detention, then back to Stuart McDonald on the asylum accommodation issues.

Q958 **Laura Farris:** Theresa, this may be a question for you to start off with. The Refugee Council has published some data on the numbers who were in immigration detention. I think the numbers have fallen quite considerably, by just under 1,000, over the course of the last year. The figure we have got is from 1,225 to 368. What do you know about that and the reasons for the reduction in numbers? Is that because more people have been released on bail?

Theresa Schleicher: The numbers fell rapidly early in the pandemic. That is partly because new people were not being detained at that point and because people were being released on immigration bail. From about early August, the numbers started rising again, so while 1,233 people entered detention from April to June, that went up to 3,583 between July and September—it rose almost threefold. We then saw an increase in detentions and an increase in attempted removals—there were generally two charter flights a week to European countries. We do not know how



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many people were actually removed on them, but a lot of people were being detained to board those flights. So both the numbers in detention and the throughput—the churn—went up.

That stopped in about mid-December—we think mostly related to covid outbreaks—and a number of charter flights had to be cancelled after there were covid outbreaks. The numbers were low after that, but we are concerned that they are likely to rise again if the Home Office continues to schedule two charter flights a week, which seems to be the intention at the moment—although we are not clear as to how many of these flights actually go ahead. A lot of countries are not accepting arrivals from the UK, and it seems that quite a lot of flights are cancelled almost as quickly as they are scheduled. Of course, it does mean bringing people into detention, and the more you have turnover in detention, the more we are concerned that there is a risk of people bringing covid in and potentially people taking covid out as well.

Q959 Laura Farris: You have been talking about almost a churn process through detention. Do you know how covid-secure the detention premises such as those around Heathrow are?

Theresa Schleicher: In terms of the arrangements inside?

Laura Farris: Yes

Theresa Schleicher: They are single rooms, but there is mixing in communal areas. When people first enter, Home Office guidance says that there should be a process of reverse cohorting, so people who come in will be isolated together in a certain area and then only after 10 days can they move on to other areas. We are not sure to what extent that is still happening, because of course it means that you can bring in people only every 10 days. There is testing at three of the detention centres—Yarl's Wood, Heathrow and Gatwick—but we do not know about testing for new people coming in at the other detention centres. We also do not know what testing happens of staff, who will of course come in and out.

Q960 Stuart C. McDonald: Thanks to our witnesses—there has been some pretty alarming evidence so far. Jill O'Leary, can I take you back to the use of barracks more generally? Even excluding considerations around the pandemic, the Helen Bamber Foundation has described use of these sites as "inhumane", and the organisation signed a letter along with others about the inappropriateness of using these barracks as asylum accommodation. What do you make of the statements at the weekend from the Home Secretary and the immigration compliance Minister asserting that because the sites had previously accommodated soldiers and Army personnel, it was an insult to say they are not good enough for asylum seekers? I take it you do not agree with that, but could you explain why?

Dr O'Leary: Yes, of course; thank you for asking. In the first instance, it is important to explain that people who are seeking asylum in the UK have often fled persecution, making them an inherently more vulnerable group of people than the population. They are often running away from war,



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conflict, torture, exploitation, trafficking and many other forms of abuse, so by the time they arrive in the UK, they have very different and often heightened mental and physical health needs compared with the rest of the population. Bearing all that in mind, people who have experienced those things, and especially things like torture from state militia or non-state activists like paramilitary forces, are very unlikely to regard a barracks environment—an ex-military site—as a place of safety.

Napier and Penally Barracks are both surrounded by high barbed wire and mesh, which, with the dormitories and the shared facilities, creates this prison-like environment that is highly retraumatising for people who have experienced this kind of exploitation and abuse in their home countries. Certainly, that has been borne out in the remote clinical assessments that we have done since people moved in in October. I spoke to a young man from Yemen who had been tortured by the state. He was placed in Penally Barracks. The military environment coupled with the fact that it was prison-like in nature—he had to report to the security guards, observe a curfew and account for his movements—made him feel like he was back in this Yemeni prison. He started to experience flashbacks and nightmares, and his mental health deteriorated rapidly. It was completely unsuitable for him. Sadly, we are identifying case after case of people who have these specific sets of vulnerabilities but have not been identified. Their mental and physical health have deteriorated, since being in the barracks.

I appreciate that the Home Secretary says that the barracks have been used for ex-servicemen and women. However, the discovery of asbestos in Napier would suggest that that may have been quite some time ago. Also, I do not imagine that the ex-servicemen and women stayed there for four months at a time.

Q961 Stuart C. McDonald: Based on what you are saying, it seems that it would be hard to find somewhere less appropriate for housing asylum seekers. That brings us to the question of why they are there. You spoke about the issue of the backlog and so on. Obviously, hotel accommodation is also being relied on as contingency accommodation. Although that is not ideal, I guess that, from your perspective, it is infinitely preferable to what people are experiencing in these barracks.

Dr O'Leary: Yes, absolutely. It is not just that the environment in and of itself is inherently unsuitable, but, geographically, it is incredibly isolated from community spaces and community services, and from access to healthcare and meaningful support from non-government organisations. They are physically very isolated from other communities. The whole idea that people are being placed in this dormitory accommodation, with very little privacy, male-only facilities and no access to support services, creates a feeling of being punished or discriminated against, which again, will lead to poor health outcomes. We know that people do better if they are in communities rather than isolated in this institutional accommodation.

Q962 Stuart C. McDonald: Lorna Gledhill, can I come to you on the issue of why we have ended up using barracks when there seems to be little



reason why we could not expand the use of hotels, although that is far from ideal in itself. I do not know whether you have seen the report in the *Independent* at the weekend about the leaked equality impact assessment, which suggested that part of the Home Office reasoning was that, "Any provision of support over and beyond what is necessary to enable the individuals to meet their housing and subsistence needs could undermine public confidence in the asylum system and hamper wider efforts to tackle prejudice and promote understanding within the general community and amongst other migrant groups". Did you see that report, and what do you make of that impact assessment?

Lorna Gledhill: I have not had a chance to look at that report in full. First, for a significant divergence in policy, which starting to accommodate people in such large institutional sites was, I would expect to see an equality impact assessment publicly available sooner than now, and it is not currently publicly available—it has only been leaked to the press. We know that people seeking asylum thrive when they are accommodated in communities, and that is better for the communities they are in, too.

On the accommodation that we should be providing, the Home Office has a statutory duty towards people seeking asylum, to provide accommodation and support. That accommodation should facilitate people's integration; it should allow people to rebuild their lives here in the UK, not segregate, isolate or, frankly, demonise them, while they are here seeking protection.

Our aspiration should not be to provide the absolute bare minimum when it comes to accommodation; it should be to provide accommodation that supports integration. It is a worrying direction of travel that we are seeing with the use of these institutionalised sites. This Committee and others have recommended to the Home Office that it needs to have a plan for how it can reduce the use of and reliance on contingency accommodation. We have previously seen the use of contingency accommodation—but not on this scale—where there have been issues with the asylum accommodation contract, notably in September 2019. It needs to be designed out of those contracts. We cannot have a system where people seeking asylum are bearing the brunt of a mismanaged contract.

Q963 **Stuart C. McDonald:** The Home Office would say that part of its reliance on contingency accommodation comes from the challenge of trying to persuade other local authorities to take part in a dispersal scheme. We have seen that local authorities are much more willing to take part in the resettlement scheme. Why is the Home Office struggling to get more local authorities involved?

Lorna Gledhill: The direct question is one for local authorities but, historically, what we have seen in evidence to this Committee and in other ways is that local authorities are concerned about the fact that there is no financial investment for them or funding coming down from the Home Office to local authorities to support them to facilitate dispersal. That has happened since the contract was put into private hands in 2012. That question of direct funding for local authorities is critical.

I would also say that, given the experiences of some local authorities with things like non-consultation or concerns that they might have about sites and procurement, be that the barracks in Penally or other forms of contingency accommodation, when those concerns are not heard by the Home Office, and when the Home Office does not heed advice from local authorities about accommodation, that does not necessarily persuade new local authorities to want to join up with this system. Those two things are very interconnected but make a difference to whether local authorities want to join.

When you are making a comparison with the resettlement scheme, the resettlement scheme came with a significant funding package for local authorities, so they were able to deliver. There was integration support for people who were resettled to the UK. So the difference between what local authorities get being part of the dispersal scheme and what they get for being part of the resettlement scheme is stark.

Q964 **Stuart C. McDonald:** Jill O'Leary, may I come back to you? Feel free to comment on the equality impact assessment, if you have seen it, and the suggestion that anything beyond a roof over the head might undermine confidence in the asylum system. May I also ask you a little about the asylum seekers who have been placed there? I think you mentioned that some had been there three or four months. Is that typical? Have any of them been moved on? Will you say a little more about their access to health workers, legal advice and NGOs? When we table parliamentary questions, the answers we get back would suggest that everything is hunky-dory—that things are fine. How easy is it for people to come and go? We are told that that is as easy as pie as well. Why are vulnerabilities not being picked up? Why are there people in the camps that have vulnerabilities?

Dr O'Leary: Just quickly, I would like to say that the equality impact assessment that states that accommodation should be no better than the bare minimum directly contradicts the Home Secretary's statement that it was good enough for our servicemen and women.

Certainly, the residents whom I assessed and found to be vulnerable and at great risk of deteriorating mental and physical health have been moved on as a result of a letter of clinical concern. Other pathways for identifying vulnerability include the presence of migrant health workers who can assess vulnerability and pass those vulnerability assessments on to the Home Office.

From the outset, it is very important to say that I do not feel that that is good enough—that people are being identified as vulnerable after they have moved in. People should not have to languish in a barracks for weeks and sometimes months before someone like me or my colleagues at Doctors of the World, Freedom from Torture or Forrest Medico are identifying their vulnerabilities and asking for them to be removed.

To answer your question about access to healthcare, it is important to say that the NHS trusts that were expected to take clinical responsibility for



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the residents who moved into the barracks were given approximately two days' notice before they were moved in. Healthcare pathways and facilities were not put in place prior to residents being moved into the barracks; they had to be scabbled together after the fact.

I mentioned this earlier, but the Welsh health board has done incredible work in trying to set up a designated clinic inside South Pembrokeshire Hospital for the residents to visit. It set up communications between that primary care clinic and the secondary care mental health services. However, that was weeks, months, in the making, through no fault of its own—as I say, the board was given no notice.

In Penally, there are still significant barriers to accessing healthcare, despite those pathways being put in place. The most notable one is, because the clinic is far away from where people are staying, the residents essentially have to ask permission from Clearsprings staff as to whether or not they can see a doctor or a nurse in Pembrokeshire. That essentially turns non-clinical Clearsprings workers into de facto GP receptionists, who are triaging clinical cases with no medical experience. On the one hand that is incredibly dangerous, and on the other it is a huge violation of the dignity and right to confidentiality of the residents.

I can give you one example of a resident we assessed at Helen Bamber, who suffered from terrible symptoms of urinary incontinence as a result of previous torture. He then had to tell a Clearsprings member of staff about those symptoms in order to lobby for and justify a trip to see a GP. That was, as you might expect, completely humiliating for him and led to an objective deterioration in his mental health. Not only is it dangerous that people who do not have any clinical experience are triaging whether people can see doctors, but it is a massive violation of people's dignity and rights.

In Napier Barracks, as I mentioned before, there was one privately contracted nurse there Monday to Friday in office hours, but access to GP and secondary services has been patchy, to say the least, and people are not necessarily registered with GPs and do not necessarily have an NHS number. They do not know how to access services, and many people have just been unwell and not known where to turn or who to speak to. Although some pathways have been put in place since the opening of the barracks, we would argue that they remain inadequate.

You also mentioned the curfew. We know that the residents on both sites are subject to, I believe, a 10 pm curfew, and they need to give an account of their whereabouts to the security there. We have heard reports from the volunteers, particularly Care4Calais volunteers, of residents being told that if they break the curfew for whatever reason or if they cannot account for their whereabouts, that will count negatively against their asylum application, which again causes a huge amount of distress for the residents.

You also mentioned vulnerability, and I am glad you did, because it is something that is really important to discuss when we talk about placing



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people in barracks. The Home Office asserted when the barracks were first opened that vulnerable adults would never be moved in there. However, we cannot see what vulnerabilities screening the Home Office is using or against what criteria it is marking vulnerability. From what we can gather, the Home Office is simply using each individual's immigration file as a way of gathering evidence about vulnerability.

At this point, all the residents of Penally and Napier have only had a screening asylum interview, which would not pick up on any vulnerabilities, particularly the ones I mentioned earlier, such as history of trafficking, torture or persecution by state militia in their home country. Anything like that would not be picked up in a screening interview, so the information that the Home Office has when it is putting people into the barracks is insufficient for determining vulnerability. Whatever screening process it is using, we would argue it is not fit for purpose, because we are identifying many people who we are doing remote assessments on who are too vulnerable to be there. I would like to just go back very briefly to what I mentioned at the beginning: asylum seekers are an inherently vulnerable group of people.

Q965 *Stuart C. McDonald:* That is really important—and absolutely appalling, as well. May I just clarify one thing? Are the people who have been placed in the barracks coming from different parts of the UK? Are most of them coming from Kent and have been transferred there? Is there any pattern to that?

Dr O'Leary: That is a good question, and it is not one that I know the answer to in great detail. A lot of residents were in initial accommodation in London and then were moved, often with very little notice, to the barracks. There does not really seem to be a pattern of who gets moved and when and why—not that we can see, anyway.

Q966 *Stuart C. McDonald:* Finally, may I just come to Lorna Gledhill again? Earlier in the pandemic, we made some recommendations about community-based accommodation and hotel accommodation. Could you just update us on a number of issues in relation to that, particularly on what is happening in terms of move-ons and evictions and what consultation is happening between the Home Office, local authorities and others about that? We also made recommendations about financial support, both for folk in dispersed accommodation and for those in hotels. Can you tell us where we are with that and whether folk are getting the support that they need to deal with the pandemic?

Lorna Gledhill: Thanks very much. I will do my best, and will take them in turn if that's okay. On evictions, there is currently another pause on evictions for people that have been refused asylum. That is in relation to the current lockdown that we are in. It is important to state that we welcome that position from the Home Office. It is paramount that in the middle of a public health crisis we are not evicting people into homelessness. We have seen leaders from various local authorities, and combined authorities, too, reiterating that position. It is really good that people are not being evicted at this time. Of course, we are worried about



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what might happen when lockdown ends, and we implore the Home Office to ensure that people are continually kept safe from the pandemic while covid remains a threat to them, and that might mean keeping people safe from eviction.

In terms of the engagement between local authorities and the Home Office on planning, I am not confident that I could tell you exactly what is happening, but we would reiterate that it is imperative that any planning to step down from these emergency measures, including the pause in evictions, needs to be done in conversation with local authorities and local services to ensure that everyone is kept safe. But I could not tell you exactly what conversations are going on behind closed doors.

On asylum support, between the time of the Committee's first session on institutional accommodation and now, the Home Office have agreed to provide some level of financial support for people in contingency accommodation. The agreement was to provide £8 a week to some people in contingency accommodation, which, according to the Home Office, would supplement the full-board provision. Because food and some level of toiletries are provided by the accommodation providers, the £8 was for—if I can remember correctly—non-prescription medicines, travel and clothing.

There are a number of issues here. It is worth noting that not everyone in contingency accommodation is eligible to receive that small amount of financial support. The different types of asylum support that people are on trigger the financial support. If you are on section 98, which is pre-application for section 95, you are not eligible for that £8, and we do not know exactly how many people that is because the data that the Home Office provides is not disaggregated, so we just get a full picture of who is in section 98 accommodation, but not who is in section 98 accommodation in receipt of section 95, if that makes sense. It would be incredibly helpful if the Home Office could provide disaggregated data on that point.

We would maintain that everyone in contingency accommodation needs access to some form of financial support. Jill mentioned this earlier. The length of time that people are staying in contingency accommodation is huge. We have people in the barracks for four months and people in hotels that have been in the same hotel room for a year. Financial support did not come into place until October. For some people that is seven or eight months living in a small hotel room with very little autonomy over what you eat and when you eat, and your ability to get any data so that you can speak to friends, family and services. That undeniably has a really negative impact on people's health and wellbeing, so the provision of financial support to people in contingency accommodation is incredibly important. We would say that the £8 a week is not sufficient at all.

Q967 Andrew Gwynne: I want to mop up some of the issues on barriers to healthcare and asylum seekers' physical and mental health. First, Jill O'Leary, you have touched on it and I understand that you have conducted medical assessments for asylum seekers in Penally Barracks. Can you give us a sense of the kinds of experiences that asylum seekers that you have done consultations with have had?



Dr O'Leary: Sorry, Andrew, can I just clarify? Are you talking about their experiences prior to arriving in the UK or their experiences since arriving?

Andrew Gwynne: Since arriving—their experiences through the system and particularly what they have dealt with at the barracks.

Dr O'Leary: Thank you, of course. The people that I assess tend to be relatively new to the UK, often arriving and going to London to live in emergency accommodation initially, and then very suddenly being moved to the barracks. The Yemeni resident I mentioned earlier had just settled somewhere in London and started to register with a GP when he was moved to the barracks in Penally, very, very far away, so did not have any opportunity to engage with healthcare in any meaningful way.

For many of the residents who I spoke to, their experience of being moved to the barracks was one which sounded, to me, quite frightening—a bus showing up at their accommodation in London, being given 10 minutes' notice to pack their things, not being told where they were being taken, spending hours on a bus and then being put into an Army barracks in Wales. It must have been terrifying for them. Their views and experiences since being in the barracks have been horrendous. They are often cold, hungry, many people report that the food is not adequately cooked, that there is not enough, or they are denied an extra helping if they need it. Both barrack sites, unfortunately, have become hotbeds for far-right activity so there are many racist protestors outside, monitoring the comings and goings of people within the sites. I would like to speak a little about one resident, who I assessed remotely, who was suffering from severe symptoms of depression and anxiety. He was staying in the Penally Barracks and when I asked him if there was anything he could do to self-soothe or help himself feel a little bit better, he told me he used to love going for walks on the beach and sitting by the sea but that he was starting to be harassed by far-right protestors outside of the barracks. They would follow him, film him and ask him where he came from, when he was going to leave and what he was doing there. He no longer felt safe to leave the barracks, so this one source of comfort and solace that he used to have was taken away from him. It is not just the situation within but without the barracks that is having a huge impact on people.

Q968 **Andrew Gwynne:** Thank you. That is frankly shocking. To touch on some of the vulnerabilities that you mentioned—it is awful that the Home Office have been unable to identify these prior to residents' arrival at the barracks—what do you think needs to change to provide better protection and support for vulnerable people who are new arrivals?

Dr O'Leary: In the first instance, I would say that the barracks need to be evacuated and never used as accommodation for people ever again. The difference between initial accommodation and dispersal accommodation is that dispersal accommodation tends to be self-contained flats where people have the opportunity for privacy if they need it, where they can cook their own food. They have the dignity of caring for themselves, and deciding when and what they want to eat. All these things are so important to people's mental and physical health—it is the dignity of



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choice and of privacy. We have seen in the barracks that even those who are not necessarily clinically very vulnerable—people who have not displayed any symptoms of mental ill health prior to going into the barracks—have suffered a severe deterioration in their mental health. It is not just the very vulnerable who are suffering—everybody in the barracks is suffering—so it should not exist as any kind of accommodation for asylum seekers at all.

Q969 Andrew Gwynne: Thank you. Lorna, I am interested in the distress that we know has been displayed by asylum seekers—accounts of protests, hunger strikes and attempted suicides in these settings. What do you think can be done to prevent such crises?

Lorna Gledhill: I agree wholeheartedly with Jill. Structurally, we must ensure that the kinds of accommodation that people seeking asylum are in are adequate, safe, dignified and, fundamentally, that would keep people safe. I would like to see the barracks closed as soon as physically possible. Historically, the initial accommodation that people are provided with before they are dispersed into community settings is for short periods of time. We know that the length of time people spend in institutionalised settings is having a significant impact on their mental and physical health. We need to return to a system where people are in those settings for incredibly short periods of time. The Home Office aim is three to four weeks and then they are moved on into dispersal accommodation where they have control, dignity and power over their own lives, and can integrate within the communities around them. I think that also has implications for the availability of local services, support and befriending groups, social and physical activities—all the things that people need to feel safe. I reiterate and agree with Jill that what we need is a structural approach to this. We need to get rid of the spaces that are making people unsafe. Then we can ensure that people seeking asylum are properly welcomed here in the UK.

Q970 Andrew Gwynne: Thank you. Theresa, lastly, can I ask what arrangements have been made to ensure that asylum seekers will be vaccinated against covid-19 as a public health measure? Given that clinicians wrote to the Home Secretary in November noting that there are difficulties with asylum seekers registering with a GP, do you think that is a barrier to vaccination, or can we work around that?

Theresa Schleicher: In immigration detention, I think the plans are to vaccinate people in line with the priority groups in the community. I know that NHS England is looking into how to make that happen, and therefore it's down to us to try to help with addressing concern that there might be about the vaccination.

What is really important to make vaccinations happen is that there is real trust between the clinicians and the detainees. That has always been difficult in detention. That is even more difficult now because, of course, there is much less contact. Appointments have been moved to telephone, for covid precautions, in most of the centres. That means that there is a

lot less contact and it is much more difficult to pick up on any concerns, and also to do screening for vulnerabilities.

In some centres—we've particularly seen it in Brook House—they have a paper-based triage form for healthcare appointments, where detainees are required to describe in English what their medical problem is. They then receive a written response in English, not necessarily an appointment. For example, we have seen a number of clients who have written, "I need sleeping tablets, I can't sleep." Normally, we would expect that to lead to a conversation about why the person can't sleep, their general mental health, how they're feeling in terms of their mood, whether they are eating, what they do during the day. But that's not possible on these paper forms. Instead, we have seen responses saying, "Complete the sleep diary. Make sure you eat regularly. Use the gym." Clients have said to us that they don't have an appetite and they don't have the energy to go to the gym, which is typical for someone who also can't sleep. All of these things often go together. The takeaway message for the client is that healthcare is not interested in their health problems and they disengage further. Of course, that is quite apart from the issue that they have to set out their problem in English in the first place. A lot of people don't speak English, so they are reliant on disclosing their clinical problems to either a fellow detainee who can speak English or to a member of staff who can speak their language.

In terms of vaccinations in the community, when people get released from detention, there are a lot of problems getting them registered with GPs, because they go into the kind of settings that Lorna and Jill have referred to, and often there are long delays. Jill and Lorna will be better to speak on the situation in the community.

Andrew Gwynne: Do either of you want to come back on that?

Dr O'Leary: To continue what Theresa was saying, we need to ensure that this very vulnerable group of people do not get lost in the vaccination process. That can very easily happen if they don't have continual, meaningful access to primary healthcare. Something as simple as an NHS number is essential to being vaccinated, and a relationship with a GP, or not being moved from one part of the country to another at very little notice. The very bare minimum of meaningful access to primary care is essential to ensure that no one is getting lost in this vaccination programme.

Chair: We are probably at the end of our time now. Thank you to all of our panellists. If there is any further information that you want to send us, anything we weren't able to cover today, about your concerns around the operations of detention centres and asylum accommodation during the covid crisis, please do send us further written information. Thank you for your time today; we very much appreciate it.