"YOU'LL SEE THE OUTSIDE WHEN YOU'RE IN RWANDA"

MISTREATMENT IN UK DETENTION AND MASS ROUND UPS FOR FORCED REMOVALS

September 2024

Medical Justice
working for health rights for detainees

Medical Justice

Medical Justice is the only charity in the UK to send independent clinicians into all the Immigration Removal Centres (IRCs) across the UK. Our medical reports document the physical and mental scars of torture, serious medical conditions, deterioration of health in detention, injuries sustained during violent removal attempts and challenge instances of medical mistreatment. We receive over 500 referrals for people in detention each year. Our evidence base is sizeable, unique and growing.

We help clients access competent lawyers to harness the strength of the medical evidence we generate. Evidence from our casework is the platform for our research into systemic failures in healthcare provision, the harm caused by these shortcomings, as well as the toxic effect of immigration detention itself on the health of people in detention. Our casework evidence guides our policy work and strategic litigation to secure lasting change.

The British Medical Association believes that the use of detention should be phased out; Medical Justice agrees. The only way to eradicate endemic healthcare failures in immigration detention is to end immigration detention.

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Medical Justice would like to thank all its clients who gave their time and consent for their information to be used in this report and in its research.

A note on the title of this report

The quote on the title of this report is taken from a client's story. She told us that in response to asking when she will be able to leave detention, a member of IRC staff said *"You'll see the outside when you're in Rwanda"*. See page 15 for more detail on the client's story.

"Mistreatment": Medical Justice is using the term "mistreatment" as per the dictionary definition of "bad" or "wrong" treatment, rather than the legal sense of "mistreatment" according to Article 3 of the European Convention on Human Rights (ECHR). Detaining a cohort of vulnerable people and threatening them with potential being forcibly removed to Rwanda, which caused them distress, are examples of this mistreatment.

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1. EXECUTIVE SUMMARY

This report analyses the devastating experiences of those rounded up en masse, detained and threatened with forced removal to Rwanda in 2024. We are publishing the report a few weeks after the new Labour government revealed it plans for a "large surge in enforcement and return flights" and to expand immigration detention by opening Campsfield and Haslar Immigration Removal Centres (IRC)[1] and days after Keir Starmer told his Italian counterpart that he was "interested" in learning about Italy's offshoring scheme in Albania.[2] Near routine levels of inhuman and degrading treatment have been found in immigration detention[3], conditions have recently been described by inspectors to be the worst they have seen[4], and safeguards meant to protect vulnerable people in detention have been weakened[5]. This dossier shines a light on the brutal reality of immigration detention to facilitate removal and the harm that is set to be repeated by a large surge in flights and expansion of detention.

Ahead of forced removal charter flights, people are rounded up en masse and locked up in large numbers in detention. Amongst those targeted there is often a high prevalence of vulnerable people with histories of torture, trafficking and trauma, who are fearful of the country they are being forcibly sent to. Holding them in detention, an environment that is inherently harmful, causes distress and avoidable suffering. The threatened forced removals to Rwanda in 2024, the subject of this report, is the latest example of this.

Immigration detention can compound the vulnerabilities of an already vulnerable population, and risks causing the onset of new mental health problems. People in detention have described a range of factors contributing to this, including fear for their safety, the prison-like environment in IRCs, feelings of criminalisation, and experiences of physical and verbal abuse. All of these contribute to experiences of loss of agency, entrapment and feelings of hopelessness. The safeguards which are designed to protect people in detention, have been found to be dysfunctional. Poor healthcare, use of force, segregation and a culture of dehumanisation are the realities of immigration detention.

It is within this context that asylum seekers were detained in IRCs for forced removal to Rwanda, under a scheme that has since been abandoned. Analysing the casefiles, experiences and clinical evidence, of 30 clients, who were taken into detention between 29 April and 4 May 2024, this research has found:

- The process of mass round up for forced removal to Rwanda in 2024 was highly distressing and harmful for our clients. People were handcuffed and detained with no warning, resulting in shock, fear and confusion, as well as suicidal thoughts and self-harming.
- Those detained included men and women, whose nationalities included Syrian, Eritrean, Ethiopian, Afghani, Iranian and Sudanese.
- All were seeking asylum. None had a criminal conviction.

[1] BBC Ministers pledge to return more illegal migrants
[2] BBC Starmer 'interested' in Italy's migrant deal with Albania
[3] Brook House Inquiry (September 2023) The Brook House Inquiry Report
[4] HM Inspectorate of Prisons (July 2024) Report on an unannounced inspection of Harmondsworth Immigration Removal Centre.
[5] Home Office (updated 16 March 2022) Statutory Guidance Adults at risk in immigration detention. See also Medical Justice Joint briefing for parliamentarians on changes to the adults at risk in immigration detention policy

- A large majority had histories of trauma and/or mental health conditions, which made them particularly susceptible to suffering harm. They were at risk as a result of detention and also as a result of the threat of removal to a country which they feared. 80% of the cohort had histories of torture and/or serious ill-treatment and/or trafficking.

- During the round up, the Home Office filmed one person being arrested and publicised the footage. The client - a torture survivor - told Medical Justice he thought the camera was a gun and he was scared and confused. Two clients were recorded to have lost consciousness or collapsed during the process of being detained including one woman who fainted. Both were transferred to A&E and then on to an IRC.

- 10 did not have any legal representation at the time of their detention and receiving their Notice of Intent for removal to Rwanda.

- The threat of potential removal to a country where they feared for their safety, in this case Rwanda, caused distress and suicidality. Trafficking survivors likened their trafficking experience with detention for removal to Rwanda.

- There were alarmingly high suicide risk levels, deterioration and harm suffered in detention. Medical Justice clinicians assessed 11 clients, all of whom were found to have mental health conditions, including Post-Traumatic Stress Disorder.

    - All 11 deteriorated in their mental state and were harmed by detention.

    - 9 of the 11 had suicidal thoughts, 2 had self-harmed and 1 attempted suicide shortly after they were detained.

    - 8 expressed that they will or would take their own life if they were forcibly removed to Rwanda.

- With a surge of people arriving into detention in a short space of time, who have complex healthcare needs and other vulnerabilities, the dysfunction of detention safeguards was acutely evident, failing to identify, protect and route vulnerable individuals out of detention. None of the 30 people had a Rule 35 (1) or (2) safeguarding report completed as should have happened, including those who were suicidal.

- People were held in detention for up to 50 days, despite evidence of their vulnerabilities and continued detention posing a risk of further harm. Whilst the Home Office justified such detention by stating that a flight was planned within a “reasonable timeframe”, flights were not imminent in reality and never took off.

- The harm caused by detention continued after clients were released back into the community.

The government must take immediate action to stop the severe and avoidable harm that it is now presiding over.

2. BACKGROUND: HARMS OF DETENTION, THE RWANDA POLICY AND MASS ROUND UPS FOR FORCED REMOVAL FLIGHTS

The detention for potential forced removal to Rwanda in 2024, initiated by the previous government, is a stark reminder of the risk of harm people are exposed to when rounded up en masse and threatened with being forcibly sent to a country where they fear for their safety.

Immigration detention is indefinite, with no time limit on how long someone can be held for. It is a purely administrative process, it is not part of any criminal sentence. There is a clear consensus that immigration detention can cause serious, and in some cases irrevocable, harm to often vulnerable people. There is fundamental, systemic mistreatment of detained people in immigration detention including failing safeguards, dangerous use of excessive force and a culture of dehumanisation. This has been forensically analysed and documented by the Brook House Public Inquiry, which investigated how abuse uncovered by BBC *Panorama* in 2017 occurred. It found 19 instances of credible evidence of inhuman or degrading treatment, breaching Article 3 of the ECHR, within a five-month period at Brook House IRC. It found that many of the practices which led to this, continue today, across all the immigration detention centres.[6] The Inquiry has made clear recommendations to limit the harm and abuse being caused, none of which have been effectively implemented. In fact, rather than strengthening safeguards, the last government chose to weaken mechanisms meant to protect vulnerable people in detention.

The detrimental impact of mass round ups for forced removals, often by charter flight, is not new. Ahead of a flight, large numbers of people are arrested and detained in an inherently harmful environment. There is often a high prevalence, amongst those rounded up, of histories of trauma, torture and/or trafficking, and high levels of fear and distress. People experience fear for their safety in the country they are being threatened of being forcibly sent to. We have seen time and time again the harm that this process causes, with the forced removals to Rwanda in 2024, being just the latest example.

In 2020, the circumstances around the large-scale compressed programme of charter forced removal flights to European countries in the months leading up to Brexit, which mass round ups to detention, was found by the Brook House Independent Monitoring Board (IMB) to amount to "inhumane treatment of the whole detainee population".[7] The combination of the effects of the compressed charter flight programme, together with the high level of vulnerabilities and complex needs of the detained people and deficiencies in the detention safeguards, led to a "dramatic increase in levels of self-harm and suicidal ideation". Notably in 2020 the IMB also documented a corresponding increase in use of force and segregation. Parallels have emerged with experiences of those targeted for forced removal to

[6] The Brook House Inquiry The Brook House Inquiry Report

[7] Independent Monitoring Boards (May 2021). Annual Report of the Independent Monitoring Board at Brook House IRC. For reporting year 1 January – 31 December 2020 P6.

Rwanda in 2022[8] and in 2024, as well as in Medical Justice's broader experience of clients targeted for charter flights to other countries.

As well as harm to their mental health whilst locked up in immigration detention, people targeted for forced removal to Rwanda have suffered and continue to suffer fear and distress at the prospect of being forcibly sent to a country where they fear for their safety. Vulnerable and terrified people – many self-harming and suicidal - are held in the harmful environment of IRCs. In 2024, both the HM Inspector of Prisons (HMIP) and the IMB have raised concerns about the conditions in detention. HMIP uncovered at Harmondsworth IRC, "the worst conditions" they have ever documented in immigration detention, with numerous serious suicide attempts including during the inspection visit itself, poor self-harm prevention work, and a known ligature point left in place despite being used in three previous suicide attempts.[9] The IMB has found safety to have deteriorated even further since last year at Brook House IRC, and that failings identified by the Inquiry, remain unaddressed.[10]

The level of force used in the mass round up of the cohort targeted and detained for removal to Rwanda, as revealed by documents obtained by *Liberty Investigates* and the *Observer* under the Freedom of Information Act, further demonstrates the harm that people are exposed to.[11] Immigration enforcement officers used force 60 times between 30 April and 15 May, reveals the brutal reality of what occurred during the dawn raids and detention of asylum seekers as they showed up for routine reporting centre appointments.

The then-Conservative government's unconscionable plan to forcibly remove asylum seekers to Rwanda has dominated the UK's political debate and narrative on immigration since the UK entered the Migration and Economic Development Partnership (MEDP) with Rwanda in 2022.[12]

This agreement ostensibly enabled the UK to forcibly send people whose asylum claims are deemed inadmissible and who arrived by "dangerous" and "illegal" routes, to Rwanda to have their asylum claims processed there, without any option to return to the UK.

One flight was scheduled for 14th June 2022, before being abandoned at the eleventh hour. People targeted for that flight in May and June 2022 were largely detained upon arriving to the UK, without effective suitability screening, and were found to have suffered harm, even without a flight taking off.[13]

In November 2023, the Supreme Court held that Rwanda is not a safe country for people seeking asylum because there was a real risk they would be returned to the place they fear persecution, without proper consideration of their claims. It held that no-one should be sent to Rwanda under the MEDP. With total disregard, the then-government passed the Safety of Rwanda Act in April 2024, declaring Rwanda to be safe. This Act indicated a serious affront to the UK's commitment to the rule of law.

Following the passage of the Safety of Rwanda Act, and immediately before local elections, the Home Office proceeded to detain a large number of people who had been living in communities in the UK and awaiting their asylum claims to be processed. It was reported that 220 people were detained as part of

[8] See Medical Justice (September 2022) Who's Paying The Price?

[9] HM Inspectorate of Prisons (July 2024); Report on an unannounced inspection of Harmondsworth Immigration Removal Centre, P. 5, 11, 18.

[10] Independent Monitoring Board (August 2024) One year on, failings identified by Brook House Inquiry still not addressed

[11] The Guardian 'Inhumane' treatment of migrants rounded up in UK's failed Rwanda plan revealed

[12] Home Office Migration and Economic Development Partnership: factsheet

[13] See Medical Justice (September 2022) Who's Paying The Price?

a mass round up in preparation for a forced removal to Rwanda.[14] In May and June 2024 Medical Justice received referrals for 53 people who had been detained in April and May for the purposes of forced removal to Rwanda. All were seeking safety in the UK and had no criminal convictions.

No flight took off to Rwanda. Shortly after, Keir Starmer, having become Prime Minister, announced that the policy was *"dead and buried"*.[15] Yet, the new Labour government has now announced plans to increase capacity in immigration detention, by opening Campsfield and Haslar IRCs, and a "large surge in enforcement and return flights".[16] Labour also seems to be considering offshoring schemes, with Keir Starmer recently telling his Italian counterpart that he was "interested" in learning about Italy's offshoring scheme in Albania.[17] Such a surge in return flights, with high numbers of people being detained, and the use of UK detention to facilitate offshoring, risks replicating the harm evidenced in this report.

2.1 Medical Justice Key Findings

The process of mass round ups in detention for the purposes of forced removal to Rwanda in 2024 was sudden, highly distressing and harmful for our clients:

- 53 Medical Justice clients, who were all in the process of claiming asylum in the UK, were detained between 29 April and 4 May 2024 without warning, including whilst attending a Home Office reporting centre and directly from their Home Office accommodation. None had a criminal conviction or history of not complying with immigration reporting conditions.
- Men and women were handcuffed, held in a locked room, in police custody and/or in vans before being transferred to an IRC.
- Clients expressed shock, fear and confusion at being detained for the purposes of being sent to Rwanda and some said that it brought back memories of their past traumatic experiences and caused ongoing distress and fear.
- For two clients it triggered immediate suicidal thoughts and one self-harmed at the point of being detained.
- Clients also described how they felt physically unwell. Two clients were recorded to have lost consciousness or collapsed during the process of being detained and were transferred to A&E.

Many of those who were detained had pre-existing vulnerabilities such as histories of trauma and/or mental health conditions, which made them particularly susceptible to being harmed. They were at such risk as a result of detention and also as a result of the threat of removal to a country which they feared.

- A high proportion of the case set (80%) had histories of torture and/or serious ill-treatment and/or trafficking.

[14] The Guardian Syrian asylum seeker in UK says he 'lost everything' after Rwanda roundup
[15] Reuters New UK leader Starmer declares Rwanda deportation plan 'dead and buried'
[16] BBC Ministers pledge to return more illegal migrants
[17] BBC Starmer 'interested' in Italy's migrant deal with Albania

- All 11 clients (100%) who had a Medico-Legal Report (MLR) completed by a Medical Justice clinician had a diagnosis of at least one mental health condition, including Post-Traumatic Stress Disorder (PTSD) and/or depression, highlighting the absence of safeguards to prevent detention of people with significant mental health conditions.

- There were alarmingly high suicide risk levels amongst the 11 clients assessed. Nine had suicidal thoughts in detention, two had self-harmed and one person attempted suicide shortly after they were detained.

Medical Justice clinicians found all 11 clients assessed to have deteriorated in their mental state,[18] been harmed by detention,[19] and to be likely to suffer further harm if they remained in detention.

With the arrival of many people into detention in a short space of time for removal to a country where they feared for their safety, and with complex healthcare needs and other vulnerabilities, the already dysfunctional safeguarding system continued to fail to identify, protect and route vulnerable individuals out of detention.

- The clinical safeguards in detention – Rules 34 and 35 of the Detention Centre Rules 2001 – did not work effectively.

    - Less than half (48%) of the 23 clients Medical Justice had access to medical records for saw an IRC GP within 24 hours of arrival.

    - One client did not see an IRC GP during their detention and for others it was up to 20 days before they did.

    - No Rule 35 (1) or Rule 35 (2) reports were completed as they should have been for those likely to suffer harm in detention and/or despite the high number of people experiencing suicidal thoughts.

- Problems remained with the quality of Rule 35 reports completed by IRC GPs:

    - In this case set, one IRC GP failed to document any of a client's scars which were documented by the Medical Justice clinician and the GP stated "no scars noted on his body". Another failed to mention the person had been referred to the mental health team and was being observed on Assessment Care in detention and teamwork (ACDT) which is essentially suicide watch.[20] Multiple reports failed to consider lack of access to appropriate mental health treatments in detention or the fact that it cannot be effectively provided given the environment of detention.

    - These examples illustrate our ongoing concerns that poor quality Rule 35 reports continue to feed incorrect or incomplete information into Home Office decisions to maintain detention and fail to safeguard the individuals concerned.

[18] When assessing whether detention has caused a deterioration in a client's health, Medical Justice clinicians consider not just the fact of incarceration, but also the features of detention as explained by the client, such as their separation from family and their community, and also their level of access to healthcare and treatment in detention.

[19] Medical Justice assesses the risk of harm of detention by reviewing the impact of detention on a person's mental health and identifying symptoms of mental illness that can be attributed to detention. Clinicians also identify individuals as at risk of harm where they have mental health issues and cannot appropriately access treatment in the IRC or would more effectively access treatment in the community.

[20] ACDT is a national level policy to identify detained people at risk of self-harm and/or suicide and their care needs

- The Home Office continues to fail to release vulnerable people, when brought to their attention through Rule 35.
    - The Home Office did not release any of the clients in response to their Rule 35 report.[21] Although the release rate in response to a Rule 35 report has historically been low,[22] taking the decision to not release anyone at all in response to such a report is unusual. It was unclear if this was purposeful and linked to the government's Rwanda policy.[23]
    - The Home Office justified continued detention, finding that vulnerabilities were outweighed by the alleged imminence of a flight to Rwanda, under its Adults at Risk (AAR) policy.
    - The Home Office constantly changed its response as to when a flight to Rwanda would take place, both before and after the election was announced.

Detaining vulnerable people for the purposes of forced removal to a place where people fear their safety, puts people at a risk of harm and suffering. This is demonstrated by this case set of individuals detained for forced removal Rwanda, despite no flight taking off.

- Medical Justice clinicians documented the impact to clients which included feeling stressed, upset, having high levels of fear and anxiety. It also resulted in clients not eating or having poor appetite and having sleep problems.
- There were also high levels of suicidal intent with regards to removal to Rwanda amongst those who had a completed MLR by Medical Justice (73%).

Clients were held in detention for weeks, despite no flight to Rwanda taking off. The Home Office justified continued detention by stating that a flight was going to take off within a "reasonable timeframe".

- When detention for forced removal to Rwanda was initially announced in April 2024, the then-government indicated that flights were planned for 10 to 12 weeks' time, raising questions over how "reasonable" the timeframe was. This was especially the case within the context that these individuals had no criminal convictions and had been complying with reporting requirements.

When the election was announced on 23 May 2024, the then Prime Minister confirmed that no flight to Rwanda would take off before the election on 4 July. At this point, 27 clients were still in detention. They were not immediately released. It was almost a month later before all clients were released.[24]

- Clients in the case set were detained for as long as 50 days, suffering significant harm.
- Some of those who received bail in principle remained in detention for several days after due to Home Office accommodation issues.

Medical Justice clinicians considered the impact that being sent to Rwanda would have on individual clients. This included:

[21] Out of the 10 Rule 35 responses that Medical Justice had access to
[22] See Home Office statistics since 2015 (published August 2024) Immigration Enforcement data: Q2 2024 table DT_03
[23] None of our clients were detained under the policy which was extended to remove failed asylum seekers to Rwanda in May 2024.
[24] All Medical Justice clients in this case set were released by 17 June 2024

- The ability to feel secure, reduced ability to access services due to the functional impact of PTSD symptoms, loss of practical and emotional support from family or friends in the UK, and loss of support to access mental health and other healthcare services. These factors contributed to increase the clinical likelihood of deteriorating mental health and risk of suicide;

- Being forcibly sent to Rwanda or a country in which they fear for their safety further weakened protective factors against suicide through loss of hope for the future and loss of community connections and relationships. At the same time, the person is separated from friends and family who might be able to observe for concerning changes in behaviour and seek professional support promptly.

The harm caused by detention for Rwanda continued after clients were released. This included:

- Ongoing intrusive memories brought on by their recent detention, being scared to go to the Home Office reporting centre as they fear being re-detained out of the blue again and no longer feeling 'safe' in the UK;

- Clients no longer had access to their asylum support allowance when they were detained and some had problems accessing it after they were released;

- Detention for Rwanda also disrupted clients' continuity of care in the community, as would be the risk with detention for any removal flight:

    - When clients were released and discharged from IRC healthcare, no follow up plan was put in place. This included failure to handover mental health care for clients who had significant mental health conditions and had been referred to the mental health team in detention. It also included clients with physical health concerns who were released with no registration with a GP to follow up.

    - Some clients reported further problems when they tried to register with a new GP.

2.2 Methodology

This report analyses anonymous data from Medical Justice's clients who were referred to us in May and June 2024, having been detained for forced removal to Rwanda.[25] This report also draws on our findings from the previous mass round up for removal to Rwanda in the summer of 2022.[26]

Medical Justice had access to the demographic information on 48 individuals. A more detailed analysis was conducted on the information of 30 individuals, referenced as the case set, who had sufficient information to conduct an in-depth analysis based on the following documents: screening interview, notice of detention document, "notice of intent for removal to Rwanda" document and extension requests, IRC medical records, Rule 35 reports and responses, bail documentation and National Referral Mechanism (NRM) documentation. 11 individuals had had a detailed medical assessment and a MLR completed by a Medical Justice clinician at the point of data collection.[27]

[25] 53 people were referred to Medical Justice

[26] See Medical Justice (September 2022) Who's Paying The Price?

[27] Medical Justice conducted a total of 15 MLR assessments between the 7 May and the 13 June 2024. 11 of the reports were finalised at the point of data collection.

This report draws on the organisation's continuous monitoring and documenting of the experiences of clients in detention.

The statistics in this document are based on the information that Medical Justice had access to at the time of data collection. The statistical number should therefore be viewed as a minimum.

The experiences of clients featured have been anonymised and given a different name to protect their identity.

2.3 Demographic Information

The nationalities of the 48 individuals that we collected demographic information on were Syrian, Eritrean, Ethiopian, Afghani, Iranian, Iraqi (including Kurdistan Region of Iraq), Kuwaiti (stateless Bidoon), Sudanese and Vietnamese.

41 of the individuals were male and seven were female. All were over the age of 18. 11 had family or a partner in the UK.

3. MASS ROUND UP FOR FORCED REMOVAL TO RWANDA

3.1 The circumstances of people's detention and impact on individuals

The Rwanda policy solely targeted asylum seekers, resulting in the detention of people who had come to the UK to seek safety.

All 30 clients in the case set arrived in the UK between January 2022 and January 2023 by small boat or lorry and were in the process of claiming asylum in the UK.

All had completed a screening interview and none had yet had their substantive asylum interview. At least four had also completed an asylum questionnaire. The questionnaire was given to asylum seekers from specific countries chosen based on having a high grant rate for asylum in the UK, as part of the then government's "streamlined" approach to processing asylum claims.[28] It was widely known that a high number of people invited to complete questionnaires were subsequently granted asylum; applicants had also been assured that no refusal decision would be made without an additional interview. It therefore came as a significant shock to individuals that they were instead detained without any prior warning.

In April 2024 the Home Office launched a nation-wide detention operation to detain asylum seekers for the purposes of forced removal to Rwanda.[29] This resulted in large numbers of people being detained between 29 April and 4 May 2024. The majority of our clients were detained on the 29 or 30 April 2024.

The mass round ups saw people suddenly being detained, without any warning, including whilst attending a Home Office reporting centre as part of immigration bail conditions, and directly from their Home Office accommodation. People were handcuffed and forced into vans.

The Home Office filmed one person's detention and publicised the footage:

Ahmad, a torture survivor, was in bed at his accommodation when four people entered his room. One was carrying a shield, and one was carrying what he thought was a gun, which he learned was a video camera only after the event. He was told he was under arrest and was going to be taken to detention by the Home Office.

Ahmad was scared and confused. They handcuffed him and forcibly took him from his room. In detention, he described how he continued to feel overwhelmed with fear when he recalled his experience of being detained. He had intrusive memories and nightmares, following exposure to multiple reminders of his past experiences of being tortured.

[28] UK Parliament Written questions and answers: Asylum: Questionnaires

[29] See: Home Office First phase of detentions underway for Rwanda relocations and The Guardian Home Office to detain asylum seekers across UK in shock Rwanda operation

The experience of being detained was highly distressing. Clients expressed shock, fear and confusion at being detained without any warning while reporting. One client told Medical Justice that he thought:

"Why would they arrest me? I'm not a criminal".

Two people's detention triggered immediate suicidal thoughts. One self-harmed at the point of being detained and being told of the intent to forcibly send them to Rwanda.

Some told Medical Justice that the nature of their detention brought back memories of their past traumatic experiences.

Clients also described to Medical Justice how they felt physically unwell. Symptoms that can be exacerbated by stress were common, including headaches and loss of appetite, which at times were severe.

Two people were recorded to have lost consciousness or collapsed during the process of being detained.

> Joanna was detained the day she was supposed to take an English exam at college which she had been studying for. She was fasting that day and had only her handbag with her. Before the exam, she went to her weekly reporting appointment with the Home Office and was told she was to be detained for potential removal to Rwanda. She was then held in a locked room where she fainted and was taken to A&E. Following her discharge from hospital, she was transferred to an IRC.

One client was held in a van for several hours upon detention and told Medical Justice they did not know they had been arrested and did not understand what was going on.

Due to not having any advanced warning about their detention, clients were detained without access to any possessions, medication, physical aids or information relating to their legal case (such as documents, contact information or email access information).

> Serena recounted the distress that detention triggered; she explained that just after arriving in detention, she asked a member of staff when she will be able to leave and the staff member said "you'll see the outside when you're in Rwanda".

The 30 clients in the case set were transferred to the following IRCs, having mostly been initially detained at a police station or short-term holding facility:

- Six were detained at Yarl's Wood IRC; all were women.
- Two were detained at Harmondsworth IRC.
- 12 were detained at Colnbrook IRC.
- 10 were detained at Brook House IRC.

4. NOTICES OF INTENT FOR REMOVAL TO RWANDA

Medical Justice had access to information about 29 clients' "Notice of Intent for Removal to Rwanda" (NOI) which were served on those targeted to be forcibly removed to Rwanda by the Home Office.[30]

The NOI provides a time limit of seven days for the individual to respond and make submissions to the Home Office of why they should not be forcibly sent to Rwanda. The seven-day time limit started from the *"deemed date of service"* of the NOI. However, only two of the 29 NOIs stated a *"deemed date of service"*. In 22 of the 29 NOIs, this was left blank.[31] This is concerning given that the clock to respond started from the *"deemed day of service"*.

The NOI stated that individuals could request extensions to respond, beyond the seven-day time limit. The short time frame of seven days was particularly problematic given the difficulties that individuals face with accessing legal advice and given that not everyone had legal representation at the point of being issued their NOI, as detailed below.

All notices stated that detained individuals will have access to internet in the IRC. However, legal representatives raised concerns about access to these services in detention in their responses to the Notice of Intent. There were issues in the induction unit of the detention centres with no or very limited access to emails, not being allowed to use a computer, and poor telephone signal. As personal mobile phones were confiscated upon entering detention, clients were not able to access important emails or documents to help their legal case.

A leaflet titled *"I'm Being Relocated to Rwanda – What Does This Mean For Me?"* was provided to individuals with an NOI. It states that Rwanda is *"a generally safe and secure country with a track record of supporting asylum seekers"* and reminds individuals to notify the Home Office immediately if they feel that Rwanda would not be safe for them personally. Yet there is no information on what might make someone at risk in Rwanda. It does not mention the seven-day time limit to make representations as to why they should not be forcibly sent to Rwanda.

The leaflet states generally that there will be healthcare provision in Rwanda but does not provide any details on the provision or on mental health support, nor does it provide any information on vulnerabilities.

30 Medical Justice had access to copies of 26 clients' NOIs. Information on three further NOIs was available to Medical Justice through other documentation.

31 In the remaining five notices, it is unknown as either the page with the deemed date of service was missing or we did not have access to this information.

5. ACCESS TO LEGAL REPRESENTATION AND EXTENSION REQUESTS

The importance of legal representation is particularly urgent for those being processed under any expedited timeframe, given the often short time frames to respond with reasons explaining why individuals should not be removed.

Many people targeted for removal flights, including to Rwanda, may have complex histories and find it difficult to disclose details of trauma in a short period of time. It takes time, skill and sensitivity to build trust for an individual to recount their full story. Moreover, individuals require tailored legal advice on multiple fronts, beyond challenging their NOI, including urgent interim relief to prevent being forcibly removed, on their asylum claim, lawfulness of detention and on admissibility of their asylum claim.

Of the 30 clients in the case set, at least 10 did not have a legal representative at the time of their detention and receiving their NOI.[32] However, once clients in this case set were known to or referred to Medical Justice or other support organisations, we were able to secure legal representation for clients very quickly.

Legal representatives and NGOs were particularly concerned that capacity would be exhausted very quickly if the detentions continued, meaning that people would not continue to secure legal representation. There are also longstanding concerns about the availability and quality of some of the legal advice individuals receive through the Detained Duty Advice Scheme (DDAS).[33]

For clients whose legal representatives requested extensions to respond to the NOI (at least 16 people), initially, only short extensions of seven days appear to have been granted by the Home Office from the request date. This was despite the legal representative requesting an extension of more than seven days to respond and challenge the NOI based on multiple different reasons which require more time. This included the need to obtain a medical assessment from Medical Justice, the need to refer individuals for a Rule 35 report or into the National Referral Mechanism (NRM), the lack of access to justice since people's arrival in the UK and lack of initial access to fax, email and phone facilities in the IRC induction unit when individuals were initially detained.

[32] 11 did have a legal representative and for the remaining nine it was unknown.

[33] The DDAS is the provision of a 30-minute appointment with a solicitor from a legal aid firm on the rota at the particular IRC. For further information on Medical Justice concerns about the DDAS see: Medical Justice (September 2022) Who's Paying The Price?, P10.

6. VULNERABILITIES

There is a clear consensus that the prevalence of mental health conditions and histories of torture, trafficking and trauma, is very high among people subjected to immigration detention. Research has shown that detention can cause deterioration in those with pre-existing vulnerabilities and trigger the onset of new health conditions, causing harm and suffering.[34]

The lack of effective pre-detention screening and the systemically flawed detention safeguards mean that vulnerable people are routinely routed into detention, and once in detention, are not identified, protected or promptly released.[35]

Detaining a large number of people for the purposes of a forced removal flight, many of whom were already vulnerable, inevitably adds pressure to an already flawed system and causes harm to those targeted.

6.1 Histories of torture and trafficking

Of the 30 people in this case set, 24 had either a history of torture and/or serious ill-treatment and/or a history of trafficking.

21 had a history of torture and/or serious ill-treatment.[36] This included four women.

14 had indicators of trafficking, four of whom were women.[37] For several of the clients, the reported trafficking took place while they were in Libya.

11 of those with trafficking histories were referred into the NRM, [38] the UK's framework for recognising and supporting survivors of modern slavery and trafficking.[39] These referrals took place upon being detained, or within the first few days of detention.

Statistically, a high proportion of reasonable grounds decisions in detention are positive.[40] However, in stark contrast to the statistics, most of those who were referred to the NRM in this case set received a negative Reasonable Grounds decision (eight). The decision was received by the clients between three and five days after the NRM referral was made.

[34] Royal College Psychiatrists Position statement (April 2021) The Detention of people with Mental Disorders in Immigration Detention PS02/21, and Kate Eves, Chair of the Brook House Inquiry (19 September 2023) The Brook House Inquiry Report Volume II, HC 1789-II, Chapter D.8 pages 178-179 paragraph 14.

[35] See Medical Justice (December 2023) "If he dies, he dies": What has changed since the Brook House Inquiry? P26.

[36] 11 people had a history of torture or serious ill-treatment according to their MLR and an additional 10 people had a history of torture according to their Rule 35 (3) report in detention.

[37] According to their NRM referral, clinical letter or MLR.

[38] One person was not referred to the NRM and it is unknown if the remaining two clients with indicators of trafficking were referred to the NRM.

[39] When someone has indicators of trafficking, they should be referred into the NRM. Once someone is referred, there are two stages of decision-making. First, they receive a decision which states whether or not there are 'Reasonable Grounds' to believe that they are a victim of trafficking. This decision should be made within five days of a referral. Second, they will receive a 'Conclusive Grounds' decision, which will accept or not accept the person as a victim of trafficking.

[40] In 2021, of the 1,611 detained people referred into the NRM, 92% (1,420) received a positive reasonable grounds decision. See Medica Justice (October 2022) Abuse by the system P15

6.2 Mental health conditions

All 11 clients who had a MLR completed by a Medical Justice clinician had at least one mental health condition diagnosed. Seven had two mental health conditions diagnosed. This highlights the absence of safeguards to prevent detention of people with significant mental health conditions. These comprised of:

- Post-Traumatic Stress Disorder:
    - All 11 had either a diagnosis of PTSD or had significant trauma-related or PTSD symptoms.[41]
    - One person had a diagnosis of PTSD but had suspected complex PTSD which required further assessment.
    - For seven of the eight who had a diagnosis of PTSD by a Medical Justice clinician, this was previously not identified by IRC clinicians or recorded in their medical records.
    - IRC healthcare recorded symptoms of PTSD in seven cases, one of which was after the Medical Justice clinician informed healthcare of this diagnosis. IRC healthcare referred three of these clients for psychological therapy, [42] one of which was after the Medical Justice clinician informed healthcare of this diagnosis.
    - Despite recording relevant symptoms, IRC healthcare had only explicitly considered the possibly of PTSD for two clients,[43] one of which was after the Medical Justice clinician informed healthcare of this diagnosis.
- Depression:
    - All 11 had either a diagnosis of depression or had significant depressive symptoms.[44]
    - Of the 10 who had a diagnosis of depression by a Medical Justice clinician, eight did not have that diagnosis by IRC healthcare recorded in their medical records.
- Anxiety:
    - Three had significant anxiety symptoms.

[41] Eight had a diagnosis of PTSD; three further clients had significant trauma-related or PTSD symptoms but a diagnosis of PTSD was not made.
[42] For two clients, it is unknown if healthcare referred them to psychological therapy due to limited access to medical records
[43] For one client it was unknown due to limited medical records, for the other eight it was not explicitly considered.
[44] 10 had a diagnosis of depression; one further client had significant depressive symptoms but a diagnosis of depression was not made.

6.3 Self-harm and suicidality

Research shows that detention can increase risk of suicide and self-harm.[45] This was reflected in the cohort detained for removal to Rwanda. Analysis of the 11 clients' MLRs showed that whilst in detention:

- Nine people were recorded as having had suicidal thoughts in detention.
- Two people were recorded to have self-harmed in detention, including one person who self-harmed at the point of being told they were being detained.
- One person was recorded to have attempted suicide shortly after they were detained.
- One person also witnessed the suicide attempt of their cellmate, which caused them distress.

Medical Justice clinicians assessed that eight clients' risk of suicide had increased since they had been detained. Clinicians expressed concern for one further client,[46] assessing that continued detention was likely to cause an increased risk of suicide.

None of those who had suicidal thoughts, self-harmed or attempted suicide in detention had a Rule 35 (1) or (2) report completed during their detention as they should have done.

[45] Royal College Psychiatrists Position statement (April 2021) The Detention of people with Mental Disorders in Immigration Detention PS02/21 P18.

[46] For the remaining two clients, it was unknown if their risk of suicide is likely to increase if they remained in detention.

7. FAILURE OF SAFEGUARDING PROCESSES

The high prevalence of vulnerabilities amongst this cohort is clear from the levels of mental health conditions, as well as histories of torture, trafficking, and trauma.

Yet, Home Office detention safeguards are systemically flawed, failing to identify and protect vulnerable individuals. Deficiencies in safeguards and resultant harms have consistently been evidenced to the Home Office by NGOs, parliamentary committees, independent inspectorates, and most recently by the Brook House Inquiry.

When people are detained in large numbers for a force removal flight, this already dysfunctional system inevitably comes under further pressure, failing to identify and prevent harm to the very populations which the safeguards are designed to protect. This is not new, and these failures will continue to be the case with any future detentions.

7.1 Initial healthcare screening

Once in detention, an initial healthcare screening should be conducted by a nurse within two hours of arrival. Of the 30 clients in the case set, Medical Justice had access to 23 clients' IRC medical records. The circumstances in which the healthcare screening took place were not always conducive to disclosure;[47] for example, eight clients' healthcare screenings (over a third) took place between 10pm and 7am, five of which took place between 1am and 5am.

It was rare that those with a history of torture and/or other ill-treatment disclosed this in the healthcare screening.[48]

It was also rare that those with a history of trafficking disclosed this in the healthcare screening.[49] Indeed, there is no mechanism by which healthcare would systematically enquire about or identify experiences of trafficking.

Further issues were identified with regards to the use of interpreters, including the lack of available interpreters and incorrect records of individuals speaking English and therefore interpreters not being needed. In one case, google translate was used by a healthcare staff member as an interpreter was not available.

[47] The initial healthcare screening is completed shortly after a person arrives in detention, often in the middle of the night after the distressing and tiring experience of having been detained and transported to the IRC. Those in this case set, were also in fear of being forcibly sent to Rwanda. This situation is not conducive to eliciting disclosure of sensitive information of relevance to safeguarding, including a history of torture. For further information, see Medical Justice (April 2022) Harmed not Heard, p.20.

[48] Three out of the 21 people with a history of torture and/or ill-treatment and for whom we have access to medical records disclosed such a history. For four clients with a history of torture according to their Rule 35 report, Medical Justice did not have access to medical records and it is therefore unknown if their torture account was disclosed in the healthcare screening.

[49] At least 13 of the 14 clients who had such histories disclosed such a history. For one client, it is unknown if the healthcare screening identified trafficking indicators as Medical Justice did not have access to their medical records.

7.2 Rule 34

Rule 34 of the Detention Centre Rules (DCR) 2001 requires that detained people are given an appointment for a physical and mental examination. The appointment must be with the GP and within 24 hours of arrival. Rule 34 has a dual function: (1) to promptly identify healthcare needs so that appropriate healthcare can be provided; and (2) to enable early identification of vulnerabilities so that those at risk of suffering harm in detention can be referred to the Rule 35 mechanism.[50] Despite the safeguarding purpose of Rule 34, this does not happen in practice.

Of the 23 clients' IRC medical records we had access to, only 11 had a Rule 34 appointment with a GP within 24 hours of arrival.[51] This low rate has been consistent over a number of years, as evidenced by the Brook House Inquiry and Medical Justice.

Of the 11 clients who did not have a Rule 34 appointment, one client did not see a GP during their entire detention period and for the others it was between four and at least 20 days before they saw a GP in detention.

Where a Rule 34 appointment did take place, only four clients had a mental health assessment sufficiently detailed to fulfil the safeguarding function of Rule 34. The remaining seven clients either had no mental health assessment, or an insufficient mental health assessment. This included a client who, despite having a request from the Home Office to put him on the Rule 35 waiting list, which was given to the GP in that appointment, did not receive a mental health risk assessment.

There were concerning examples of no consideration being given to Rule 35 despite relevant disclosure in their Rule 34 assessment or healthcare screening. For example, one person had disclosed torture in their healthcare screening, but this was not followed up on in their Rule 34 appointment, nor did it trigger a Rule 35 (3) appointment.[52] Another person disclosed that they had deteriorated in their mental health since they were detained and that they had "trauma" in the past but no Rule 35 (1) or (3) was considered or booked by the GP.

7.3 Rule 35

Rule 35 of the DCR 2001 is the key statutory safeguarding mechanism which aims to identify those with particular vulnerabilities and bring them to the attention of the Home Office who has the direct responsibility of reviewing whether the person should remain in detention or be released. Under Rule 35, IRC GPs have specific reporting obligations to the Home Office if an individual is identified as within the following three limbs: they are likely to be injurious affected by detention (Rule 35(1)); they may have suicidal intentions (Rule 35(2)); or they may have been a victim of torture (Rule 35(3)).

[50] R (on the application of D and K) v Secretary of State for the Home Department [2006] EWHC 980 (Admin).

[51] 11 clients did not have a Rule 34 appointment within 24 hours. One had a Rule 34 appointment within 48 hours. Five were not given an appointment as it was "declined" in the screening, five were given an appointment within 24 hours but did not attend the appointment given and one was given an appointment within 36 hours, which they did not attend. Reasons for not attending their Rule 34 appointment according to their medical records included being given the wrong time or being late their appointment.

[52] The two others who had disclosed a history of torture and/or ill-treatment in the screening were referred for a Rule 35 appointment as a result.

Rule 35 (1) and (2)

None of the 30 people in this case set had Rule 35 (1) or (2) reports completed in detention. This includes those who had suicidal thoughts, self-harmed or attempted suicide in detention and/or whose suicide risk had increased according to a Medical Justice clinician.

None of the 11 clients who deteriorated in their mental state according to a Medical Justice clinician had a Rule 35 (1) report completed in detention. For one client, an IRC GP advised a Rule 35 (1) report to be completed "in the event of deterioration"; the Medical Justice clinician found that this individual's mental health had already seriously deteriorated in detention.

Another client was admitted to the Enhanced Care Unit (ECU) early into their detention after not eating due to loss of appetite and after self-harming in detention. Despite there being enough concern from healthcare to admit this client to ECU, a Rule 35 (1) report was not completed during their detention.

Not completing a Rule 35 report is significant for the individual's detention case as the risk of harm to them is not communicated to the Home Office and no review of their detention takes place.

Rule 35 (3)

In this case set, 21 clients reported a history of torture and/or serious ill-treatment. Of these, 17 people had a Rule 35 (3) report in detention.[53] Of the remaining four, two individuals had a Rule 35 appointment scheduled, and a third had not consented to an appointment which was offered.[54]

One person with a history of torture and/or serious ill-treatment did not have a Rule 35 (3) report completed or scheduled at the time of data collection.

One further client who had a Rule 35 (3) report, which raised concerns about the individual's significant mental health deterioration, did not have a history of torture and/or serious ill-treatment and the IRC GP should have instead completed a Rule 35 (1) report. This reflects a concerning, ongoing, failure to use the reporting pathways for safeguarding concerns, as outlined below.

Problems remain both with the quality of the Rule 35 report and/or the response from the Home Office in terms of maintaining detention.

Misuse of Rule 35 (3) to communicate harm and varying quality of the report

Medical Justice continues to have concerns that IRC GPs often complete Rule 35(3) reports in which they note the risk of harm to the individual but do not subsequently complete a Rule 35 (1) report to communicate this risk to the Home Office.

We also continue to have concerns about the quality of Rule 35 reports and the misuse of stock phrases such as "health needs can be met in detention", where the individual has significant mental health issues such as PTSD. Those diagnosed with PTSD should be referred to a specialist, usually for trauma-focused

[53] Three Rule 35 (3) reports were completed in Yarl's Wood, five in Brook House, and nine in Colnbrook IRC.

[54] Another person with a history of torture and/or serious ill-treatment did not have a Rule 35 (3) report completed at the time of data collection but as medical records were limited it is unknown if it was scheduled at the time of data collection.

psychological therapy in line with the National Institute for Health and Care Excellence (NICE) guidelines, which should be undertaken outside of detention setting. Access to psychological therapies is severely limited in detention and PTSD is unlikely to be treated effectively in detention, failing to "meet" the client's "needs" because it requires a safe and stable setting in which the person can address traumatic memories.[55]

In this case set more specifically, in three of the 18 Rule 35 (3) reports:

- In three reports, the GP raised significant concern about the client in terms of the impact of detention on their mental health but did not complete a Rule 35 (1). In two of the three cases however, the GP stated that the person can be "supported" or have their "needs…met" in the detention centre. However more detailed assessments by Medical Justice clinicians found that these individuals had trauma-related symptoms requiring intervention that they had not been able to access in the detention centre, and which they were unlikely to benefit from even if it became available due to the ongoing negative impact of being detained. The impact on the Home Office's decision to maintain or release the individual will be influenced by the GP's conclusion that the individual's needs can be met in detention, when Medical Justice clinicians have found this not to be accurate. It is therefore dangerous to conclude and communicate to the Home Office that healthcare needs are being met when they are not, as it may result in the Home Office deciding to maintain detention and risk causing harm to that individual.

- In 15 reports, the IRC GP stated that "prolonged", "long term" or "ongoing" detention may or will impact their mental health or mental health symptoms.56 However, for two clients, the IRC GP still concluded that their "needs can be met in detention" or that they are being "supported in the detention centre". Assessing the "long term" impact of continued detention on individuals is problematic as it ignores that deterioration can be gradual and risks replicating a "wait and see" approach where deterioration is only reported once harm has already occurred, by which time it is too late to prevent harm from occurring.57

- One of these reports goes as far as stating that "prolonged detention will adversely impact on...[their] mental health especially" given the client is "being detained without a known outcome". Three further reports note how "ongoing" or "prolonged" detention and "the uncertainty about [their] future" is "likely" or "may" "exacerbate" their mental health symptoms.

Hussain's Rule 35 (3) report documents that he had suicidal thoughts when he found himself detained for removal to Rwanda. The report also includes that since Hussain was detained he has experienced mental health symptoms, which he did not have before detention. However, the IRC GP concludes that they "do not have current concerns" about Hussain's mental health and that he "does not show signs of decline".

[55] National Institute for Health and Care Excellence (2021) Post-Traumatic Stress Disorder paragraph 1.4.4.

[56] In 12 Rule 35 (3) reports the IRC GP states that "prolonged", "ongoing" or "long term" detention is "likely", "may" or "will" be "detrimental to" or "adversely impact" their mental health. In three further reports, the IRC GP states "prolonged detention is likely to exacerbate" their mental health symptoms or these symptoms "maybe [sic] impacted" by detention.

[57] BA, R (on the application of) v Secretary of State for the Home Department [2011] EWHC 2748 (Admin) (26 October 2011) (bailii.org)

Emmanuel disclosed in his healthcare screening that he had depression. In detention, he self-harmed and was referred to the mental health team and put on ACDT, which was all recorded in his medical records. Following this, he had a Rule 35 appointment.

Emmanuel's Rule 35 (3) report stated that he was not diagnosed with a mental health condition (depression) and had not been referred to the mental health team. The IRC GP concluded that he did not show "signs of decline" and is "stable". This brings into question the accuracy and quality of this Rule 35 report as the GP has access to the medical records, which noted Emmanuel's self-harm, referral to the mental health team, placement on ACDT and that he had informed the healthcare team of his depression. Emmanuel submitted a correction through his legal representative, after receiving the report.

There were further examples of Rule 35 reports not including important information such as the distress caused to a client who witnessed a suicide attempt. The client told Medical Justice: "I tried to tell him [the IRC GP in the Rule 35 appointment] but he didn't listen".

Failure to document or inadequately document scarring in Rule 35 (3) reports

Documenting scarring, where present, in a Rule 35 (3) report is hugely important to a person's case and level of vulnerability as assessed by the Home Office, as it can provide medical evidence of their torture account.

While IRC GPs are not expected to provide documentation at the standard of a MLR, it is vital that Rule 35(3) reports provide accurate information and acknowledge any limitations in doing so. Yet, there continues to be examples in this case set of IRC GPs failing to document or inadequately document scarring in the reports. One IRC GP who completed a Rule 35 (3) report failed to document any of the scars which were documented by the Medical Justice clinician and stated "no scars noted on his body".

There are also examples in the Rule 35 (3) reports examined by Medical Justice of IRC GPs failing to document all visible scars in Rule 35 (3) reports when compared to those documented by the Medical Justice clinician. The failure to note when a full examination has not been undertaken, may create the impression that the whole body was examined, and that the individual does not have further scars.[58]

In addition, IRC GPs should also comment on the consistency of scarring and/or physical findings with their torture account. However, in four reports the GP did not state whether the assessment findings are in keeping with the client's torture account or not.[59]

There also continued to be problems with waiting times for a Rule 35 appointments: the longest waiting time for a Rule 35 appointment in this case set was 21 days between identification that the client needed a Rule 35 report in the records and the appointment.

[58] It is not possible for Medical Justice to comment on the reasons an IRC GP does not document or fully document scarring or expresses an opinion or not about the consistency of scarring with the person's account of torture and/or other ill-treatment. However, clients report that Rule 35 examinations do not always allow enough time to carry out a full physical examination, and it is important to note that such a full physical examination should not necessarily be required for the purposes of Rule 35.

[59] 12 Rule 35 (3) reports did state that the examination findings are "consistent", "could be in keeping with" "appears aligned" with the "findings" or torture "claim". Two are unknown as we do not have access to the Rule 35 (3) report.

7.4 Home Office decision making in response to Rule 35 reports

In its response to Rule 35 reports, the Home Office assesses the individual's level of vulnerability according to the Adults at Risk (AAR) policy and reviews whether the person should remain in detention or be released. Indicators of vulnerability as set out in the AAR policy include those with histories of torture, trafficking and/or sexual violence, those suffering from a mental health condition, and those suffering from PTSD. [60] Identifying these indicators of vulnerability as early as possible is vital to prevent and reduce the harm caused by detention.

The Home Office's AAR policy is that vulnerable individuals at particular risk of harm in detention can only be detained when "immigration control factors" outweigh their indicators of risk. "Immigration control factors" encompass a wide range of factors from a person's extent or lack of close family ties in the UK and refusal to take voluntary return, to a history of absconding and any public protection concerns.

Medical Justice had access to 10 clients' Home Office responses to Rule 35 (3) reports. The Home Office did not release any of these 10 individuals as a result of their Rule 35 report. The Home Office made the decision to maintain the detention of 8 clients and in the other two cases, the decision had already been taken to release those individuals.[61] None had a history of absconding, any public protection concerns or a criminal conviction in the UK.

Despite taking the decision not to release them:

All 10 were accepted as an Adult at Risk in response to the Rule 35 report. There are three levels of evidence of risk in the AAR policy. [62] In this case set one was considered at level 1, eight at level 2 and one at level 3.

Nine were accepted by the Home Office as having evidence of torture as defined in the DCR 2001. [63]

According to its policy, the Home Office must provide a response two working days after receipt of a Rule 35 report. A delayed decision puts the person at risk of further harm and deterioration while waiting for the decision. Despite this, six of the 10 responses were delayed more than two working days. The longest delay was eight working days. All but one stated it was due to "operational pressures".

Home Office responses regarding flights to Rwanda

All Home Office responses to Rule 35 reports available to Medical Justice (10 responses) used the same blanket wording, stating that the client was assessed as being "suitable for inadmissibility action and relocation to Rwanda under the terms of the Migration and Economic Delivery Partnership" and that the

[60] Home Office (updated 16 March 2022) Statutory Guidance Adults at risk in immigration detention.

[61] One by Home Office bail and the other by the Secretary of State.

[62] Evidence level 1 is a declaration by the detained person about their medical or other aspects of their history that would indicate they had an indicator of risk. Level 2 is where a professional person provided information that the detained person had indicators of risk. Level 3 is evidence from a professional that the person fell within the categories of risk and detention would be likely to cause them harm.

[63] Torture is defined in the Detention Centre Rules 2001: The Detention Centre (Amendment) Rules 2018.

client had been "served with a Notice of Intent…informing…[them] of the SSHD's intention to treat...[their] asylum claim as inadmissible".

For this cohort, the Home Office justified continued detention and outweighed vulnerability concerns, on the basis of the imminence of a flight to Rwanda.[64] It did so by stating that detention "will not be prolonged" and "removal" to Rwanda would occur within a "reasonable timescale".[65]

However, flights were not imminent in reality.

The suggested date for removal in the responses to Rule 35 reports changed according to government announcements, both before and after the election was announced:

- Before the election announcement, the responses varied between setting 24 June 2024 as the potential date for a flight, to within 3 and 17 July, 5 to 19 July and 2 to 16 July.
- After the election was announced on 23 May 2024, the date of a flight was not in one response and it only referred to a "reasonable time frame". In another response, the date was set as 24 July onwards.

For one client, the Home Office stated that waiting for a MLR to be completed "is not considered a barrier for…[their] removal from the UK" and would not alter the decision to remove them to Rwanda.

While the political game of when a flight would take place was being played out by British politicians, those detained for forced removal to Rwanda continued to be harmed whilst being held in detention.

[64] None of the eight individuals whose detention was maintained by the Home Office in Rule 35 responses cited any public protection concerns or a history of absconding.

[65] According to Home Office policy, there must be a realistic prospect of removal within a reasonable timescale, removal must be imminent, and detention must be used sparingly.

8. IMPACT OF DETENTION FOR REMOVAL FLIGHTS

There is clear clinical evidence that detention is harmful to people with pre-existing vulnerabilities such as mental health conditions and/or a history of torture, trafficking or other trauma. Medical Justice's current findings correspond to existing evidence that harm and suffering, and suicide risk, are greatly increased by immigration detention.

8.1 Harm and deterioration caused by immigration detention

Medical Justice clinicians found extremely high levels of harm and deterioration caused by detention.

Of the 11 clients who had an MLR completed, the clinicians found:

- All of the clients had deteriorated in their mental state because of detention or features associated with detention.
- All 11 clients were likely to deteriorate further if they remained in detention.
- Detention had caused harm to all 11 clients.
- Detention was likely to cause further harm to all 11 clients if they remained in detention.

Medical Justice clinicians documented how detention impacted our clients. Detention triggered intrusive memories of previous traumatic experiences, new thoughts of suicide and self-harm, flashbacks and nightmares for some clients and caused some clients to feel distressed, tearful, scared, to feel hopeless and have worsening anxiety.

It also resulted in physical symptoms such as headaches, shortness of breath or feeling like they can't breathe, being unable to sleep and loss of appetite.

None of these 11 clients who deteriorated in their mental state and who were harmed by detention had a Rule 35 (1) report completed as should have happened.

8.2 Impact of potential removal on individuals' mental health

Detaining vulnerable people, including people with histories of torture, trafficking and trauma, for the purposes of forcibly removing them to a place where people fear their safety, puts people at a risk of harm and suffering. This has been clearly demonstrated with potential removals to Rwanda, despite no flight taking off.

In addition to the harms of detention, a further layer of distress was caused by the prospect of removal to Rwanda. Medical Justice clinicians documented the impact this had already caused our clients who had an MLR. This included increased stress, being upset, having high levels of fear, anxiety and being worried. It also contributed to clients not eating or having poor appetite and having sleep problems.

Four Medical Justice clients joined peaceful protests in Brook House, Harmondsworth and Colnbrook IRCs to protest their detention and/or their potential removal to Rwanda. Three of them protested in the form of a hunger strike.

8.3 Impact of removal if a flight did go ahead

Medical Justice clinicians considered the impact being forcibly sent to Rwanda would have on our clients if a flight did go ahead.

We do not have expertise regarding Rwanda specifically, and limited information about exactly what services and support would be available, made it difficult to give a prognosis. However, several factors were found to be relevant to individual clients which further contributed to the increase in the clinical likelihood of deteriorating mental health and risk of suicide if forcibly sent to Rwanda.

This included the ability to feel secure due to their subjective fears, reduced ability to access services due to the functional impact of PTSD symptoms, loss of practical and emotional support from family or friends in the UK, and loss of support to access mental health and other healthcare services. The mental health risks of isolation in this scenario were particularly heightened.

Suicidality

The potential of being forcibly sent to Rwanda, increased the risk of suicide for several reasons, in addition to the direct effect of worsening mental health discussed above. The prospect of removal caused hopelessness and despair, at the same time as increased fear and uncertainty led some clients to state they would prefer to die than risk their fears being realised. Important relationships that had been protective against suicide were severed. In addition, people were separated from friends and family who might be able to observe for concerning changes in behaviour and seek professional support promptly.

Indeed, there were high levels of suicidal intent with regards to removal to Rwanda found amongst those that had a completed MLR by Medical Justice.

Clients were so severely affected by the potential of being forcibly sent to Rwanda that of 11 clients with a MLR, eight expressed that they will or would take their own life if they are forcibly sent to Rwanda. Two others, who had already been released by the time of the assessment, were found to be at risk of suicide if they were detained again for the purposes of removal to Rwanda, according to Medical Justice clinicians.[66]

Medical Justice clinicians were not able to comment on the legal question of whether or not client fears of consequences of forced removal to Rwanda were objectively well-founded. However, the Supreme court had already found Rwanda to be unsafe for asylum seekers in November 2023. In addition,

[66] These two clients had been released at the time of their MLR assessment.

individuals' subjective beliefs and fears about what would happen to them were critically important drivers of suicide risk. Clinicians explained that holding the belief that they would be returned via Rwanda to their country of origin, where they believed they would face further ill-treatment or torture, placed people at increased risk of acting on suicidal thoughts driven by fear. Others at increased risk included those who were frightened by the prospect of being sent alone to a country they did not know, with limited information on what would happen to them, as was the case for many of our clients. Separation from family and support networks placed people at additional risk.

Impact of forced removal on survivors of trafficking

People who had a history of trafficking described prior experiences of force used against them in being detained, transported, deprived of their liberty or held under threat. Clients made strong connections between these experiences and detention for Rwanda. Medical Justice clinicians recorded that detention for Rwanda provoked symptoms associated with experiences of trafficking, including highly distressing flashbacks, nightmares, and unpleasant physical symptoms including chest pain, being unable to eat or sleep, sense of impending doom, jumpiness and exhaustion.

In detention, the stability and safety required for recovery from trafficking was absent and it was impossible for people to access specialist services for survivors of trafficking. Clinical guidance points out that people who have survived trafficking remain at risk of further exploitation until they have sustained long term recovery.[67] With the conditions conducive to recovery in reverse, vulnerability to further exploitation increased. Clients also expressed fear of authorities, lack of knowledge of services in Rwanda, and absence of support if they were forcibly removed from the UK. These barriers to accessing care left people at particularly high risk of further exploitation if sent to a country where they had no connections.

Overall, the process of detention significantly setback recovery and compounded the serious risks of forcibly sending survivors of trafficking to a country where they fear for their safety.

[67] Human Trafficking Foundation (2018) The Slavery and Trafficking Survivor Care Standards

9. RELEASE FROM DETENTION

9.1 Time in detention and release conditions

All 30 of Medical Justice clients in the case set were released from detention by the 17 June 2024. The longest time spent in detention was 50 days. The shortest time spent in detention was 20 days.

27 people were still in detention when the election was announced on 23 May. Despite the then Prime Minister announcing that no flight to Rwanda would take off before the election on 4 July,[68] these people were not immediately released. None were released based on their Rule 35 report but all had to apply to the tribunal for bail. 11 people were released the same day they received bail and four were released the day after.

For the 10 others, their release was delayed due to Home Office accommodation issues. They were released between two and 10 days after they had received bail in principle.

Medical Justice caseworkers noted that bail conditions for clients detained for Rwanda were more stringent compared to non-Rwanda clients, particularly when taking into account that they had no criminal convictions and had previously been complying with Home Office conditions. For example, some had to report more often to the Home Office or in person in addition to reporting remotely.

Two clients were released to the wrong address in a different city to what was on their bail documentation.

Clients no longer had access to their asylum support allowance when they were detained. When they were released, some clients had problems with accessing their asylum support allowance as it was not loaded to their Aspen card or the card was not sent to them for several weeks.

9.2 Ongoing impact of detention for removal flights following release

For the two clients who had already been granted bail by the Tribunal and released at the time of their MLR assessment, Medical Justice clinicians also documented the impact of detention after their release.

For one client, although they were recovering well from the deterioration in their mental health experienced in detention, the risk remained that if they were detained again, the same deterioration was likely to recur or be more detrimental to their mental health. For another client, the harm caused by detention was still ongoing after their release, with intrusive memories brought on by their recent detention continuing.

[68] BBC No Rwanda flights before election, says Rishi Sunak

Clients also told Medical Justice caseworkers that since they had been released from detention, they are scared to go to the Home Office reporting centre as they fear being re-detained out of the blue again and no longer feel 'safe' in the UK.

Mark told Medical Justice he is "terrified" to report after having been detained for the purposes of forced removal to Rwanda as he is so worried that he will be detained again.

9.3 Disruption of care and unsafe discharge

As with detention for removal to any country,[69] detention for Rwanda also disrupted clients' continuity of care in the community. This included disrupting therapy they had in the community before detention and missing external medical appointments scheduled for when they were in detention.

When clients were released and discharged from IRC healthcare, no follow up plan was put in place. This included failure to handover mental health care for clients who had significant mental health conditions and had been referred to the mental health team in detention. It also included clients with physical health concerns who were released with no registration with a GP to follow up. Some clients reported further problems when they tried to register with a new GP.

It was foreseeable that this exceptionally high stress scenario would cause damage to people's health, as illuminated by this research. Loss of access to services used before detention, and barriers to accessing primary care again after release were also foreseeable. Yet, these issues did not lead to adequate planning for onward care; instead, we found disregard for ongoing health needs, despite their exacerbation and disruption by detention.

These problems are not new or unique to this cohort who were released from detention for Rwanda, but this research shows the additional harm these clients faced beyond detention.

[69] See Medical Justice (March 2022) Detained and Discarded

10. CONCLUSION

The experiences of the 30 people in this report shows the harm and suffering that mass round ups for detention and forced removal flights can cause.

The then-government's planned removal flights to Rwanda, and the associated detention, was widely criticised for being an act of political theatre. The harsh reality behind this, was one of distress, fear and suffering. The process of detaining large numbers of asylum seekers, who came to the UK to seek safety and often with histories of torture, trafficking and trauma, for removal, triggered shock, fear and confusion.

Detention puts people at risk of harm and suffering on a daily basis, as most recently shown by HMIP's inspection of Harmondsworth IRC and the IMB's report on Brook House IRC. Fundamental to this, are the conditions in detention that cause such harm and create a risk of abuse. The Brook House Inquiry has clearly set out 33 recommendations to lead to meaningful change. The Inquiry identified a repeated failure to learn lessons from previous reviews, and as such, we are concerned that the Home Office does not seem to acknowledge the severity of the harm ongoing in detention.

The sudden detention of high numbers of people with a high prevalence of trauma in such conditions for removal flights inevitably risks exacerbating the detrimental impact that people can experience. Such detrimental impacts have lasted longer than the scheme itself and beyond the periods of detention.

This report shows the known and avoidable harm and distress caused by the most recent iteration of rapid detention of a large number of vulnerable people for a forced removal flight to a country where they fear for their safety.

By continuing to disregard the recommendations set out in the Brook House Inquiry, as well as by the Independent Chief Inspector of Borders and Immigration (ICIBI), HMIP and IMB, detention remains a dangerous environment. The government's recent announcements of a "large surge" in return flights, as well as plans to increase capacity in immigration detention, by opening Campsfield and Haslar IRCs, and any potential use of UK detention to facilitate offshoring, will knowingly increase the risk of harm and incidence of inhuman and degrading treatment.

11. RECOMMENDATIONS

In light of the evidence in this report, Medical Justice sets out the following recommendations to the government and Home Office:

1. The Home Office should start by withdrawing the latest Adults at Risk Statutory Guidance, which was updated by the previous government to weaken already problematic safeguards and remove the aim of detaining less vulnerable people.

2. Rather than expanding the use of detention, we believe that the only solution is to phase out detention and consider credible alternatives as identified by United Nations High Commissioner for Human rights (UNHCR). This must be done urgently. The British Medical Association[70] amongst others also support this position. We urge the government to abandon the plans to open Haslar and Campsfield IRCs and commit to reducing the numbers in detention, rather than expanding the detention estate.

3. Mass round ups into immigration detention will inevitably be central to the plans for a "surge" in enforcement and return flights and – as documented by Medical Justice for this cohort - risk including those with a history of trauma and fear of the country they will be forcibly sent to. We urge the government to reconsider such plans, given the evidence highlighting the risk of harm that this will pose.

4. We urge the government to promptly address and implement all 33 recommendations of the Brook House Inquiry. This is the only meaningful way to reduce the risk of mistreatment and abuse, including the breaches of Article 3 ECHR, from happening again.

5. We urge the government to abandon any consideration of or plans to offshore the processing of asylum seekers.

[70] British Medical Association (2017) Locked Up, Locked Out.

ANNEX: THE BROOK HOUSE INQUIRY

BBC Panorama undercover filming exposed widespread mistreatment inside Brook House IRC, including a vulnerable detained person being choked by an officer who threatened to kill him, and being demeaned and threatened by other officers with further violence after a suicide attempt. A subsequent public inquiry, the Brook House Inquiry - which Medical Justice was a core participant of - found a dangerous use of force, a wholesale failure of safeguards and a culture of dehumanisation led to 19 instances of inhuman or degrading treatment at Brook House during a five-month period. Dysfunctional safeguards were found likely to have caused actual harm to vulnerable detained people who were allowed to deteriorate in their mental and physical health, putting them at risk of mistreatment.

Too often healthcare staff in IRCs do not understand their safeguarding obligations and have a tendency to view detained persons as wilfully disobedient and obstructive instead of understanding their behaviour may be a manifestation of mental anguish or ill health. This is interlinked with the inappropriate use of segregation and a quick resort to the use of force on people who are physically unwell and to 'manage' symptoms of mental illness, self-harm and mental health crises. Force is used unnecessarily and excessively in widespread cases. Unauthorised and potentially lethal "control & restraint" techniques were being used. Approved techniques were being used incompetently, becoming dangerous and risking injury. These terrible failures have gone without proper scrutiny until the Inquiry.

There was found to be normalisation of the infliction of pain, suffering and humiliation, even whilst detained people were naked, and in one case where a man was emaciated and could barely hold his own body weight. Use of force against naked detained persons was "unusually high" and was a direct consequence of the "no notice removal window" policy. The Inquiry found a "toxic culture" at Brook House, a "culture of dehumanisation of detained people", and a "breeding ground for racist views". Evidence of pervasive derogatory and violent verbal abuse and racism revealed an underlying lack of any empathy even when people were at their most distressed and vulnerable - even in life-threatening situations.

Despite Medical Justice and others reporting these issues to the Home Office for many years, the abuses continue. Home Office and IRC staff, including some who are still in post, were described by the Inquiry as 'unapologetic' and 'intransigent'.

Medical Justice
working for health rights for detainees