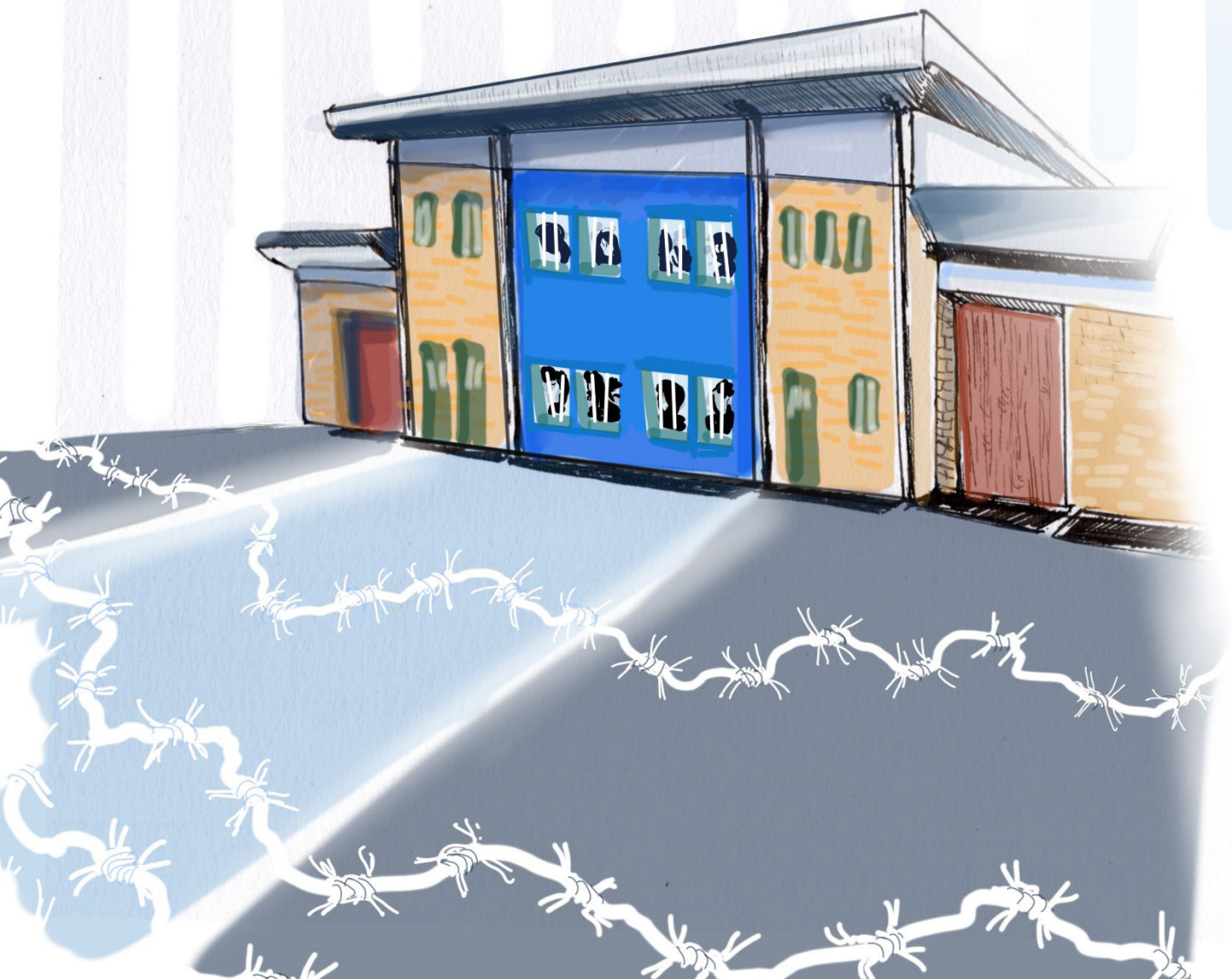


After Brook House: continued abuses in immigration detention



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Foreword

I came to the UK for safety, but I ended up destitute, and then I was put in immigration detention.

Growing up, never in my wildest dreams did I ever imagine I might one day seek refuge outside of my own country. I was born into a loving, caring family, had the best education, and had high hopes for the future. However, fate sometimes deals the wrong hand. I had to leave my country. I always thought that the UK was a liberal society, so I thought I would be safe here. But detention tells a different story.

When I arrived in detention, the first thing I observed is that everybody who comes into detention is treated like a prisoner. You're put in a cell. I needed urgent medical treatment, but I didn't get it for two months. I started having panic attacks. It took ages to get an appointment with a psychologist. Then the appointment was ten minutes, and the psychologist said I was just acting up to get out of detention. My mental health got even worse and I couldn't sleep. Eventually the detention centre staff agreed I needed a room of my own. But then,

officers in riot gear came in the middle of the night and moved me to a seclusion cell. In seclusion, there are no windows, nothing. They even give you less food.

I was in immigration detention for 7 months. It still affects me even today. Detention is like a war camp. They really want to break you, in the hope that you'll leave and go back to a terrible situation. You are more or less treated like an animal. They give you a number and that's it, you're just a number. In detention, nobody even knew my name.

After Brook House: continued abuses in immigration detention reveals a brutal truth that should be spoken out. The horrendous things that the Brook House Inquiry brought to light continue to happen in detention centres across the UK. Detention is a terrible place.

Jonah



Executive Summary

Our research examines parallels between practices and culture revealed by the Brook House Inquiry and recent and ongoing practices and culture across UK immigration detention centres. It draws on a workshop and follow-up interviews with people who had recently been detained at different immigration removal centres across the UK, and JRS UK's casework analysis.

The Brook House Inquiry report, published in September 2023 examined abuse at Brook House occurring over several months in 2017. It found numerous instances of violent abuse against detained people, and routine, layered failures to care for and safeguard them, alongside a “toxic” and “dehumanising” culture, and observed that these problems were not isolated or confined to Brook House, and often persisted at the time of writing.

The core findings of the Brook House Report were closely echoed in our findings on more recent experiences of detention at other centres. Specific common themes identified were:

- Immigration detention feels like prison, and both physical space and regime are prison-like.
- People are segregated – put in solitary confinement – inappropriately.
- There are huge, routine deficiencies in healthcare provision, including failure to provide necessary medicine and staff ignoring medical emergencies.
- It is extraordinarily difficult to access mental health support in detention, and this is coupled with a culture of disbelief around mental health. Being in detention is profoundly harmful to mental health.

- Safeguards for vulnerable people are largely absent and where they exist do not work; even where vulnerability is recognised, vulnerable people are routinely kept in detention.
- Force is used inappropriately, and often gratuitously, against detained people.
- There is a staffing culture of abuse and humiliation within detention centres, and in the practices of detaining people and moving detained people.
- There is no effective complaints mechanism within detention.
- There are multiple barriers to understanding, communication and justice within detention.
- Long and indefinite detention are especially harmful.

These findings clearly show that mistreatment and abuse in detention continues today. They are further evidence that the events and culture that came to light at Brook House in 2017 are neither purely historical nor anomalous. Events and culture like this are - still - endemic across the UK's detention estate, have deep systemic roots, and point even beyond themselves, to wider issues. Overall, being held in detention is dehumanizing and profoundly damaging to mental health.

The government response to the Brook House Inquiry Report, published in March 2024, suggests little will be done in response to the report. Further, recent changes to policy and legislation hugely reduce oversight of detention and expand

the contexts in which it can be used. They would worsen the problems identified by the Brook House Inquiry and in this research, and subject more people to them. An entirely different approach is urgently needed.

Recommendations

1 End the use of detention for the purpose of immigration control

The findings of the Brook House Inquiry Report are further evidence of the profound harm caused by immigration detention. It highlighted systemic issues that are rooted in the nature of immigration detention itself. Our own research echoes these findings and shows once again that they continue to apply. The use of detention for immigration control is not proportionate and should end.

For as long as immigration detention exists:

2 Introduce a mandatory time limit of no more than 28 days for all those detained under immigration powers

A short time limit would significantly reduce the uncertainty involved in being detained which was heard as a key source of pain in our research, closely echoing a wide body of testimony from people held in immigration detention in the UK. Though even a brief period in detention is harmful, both long detention and indefinite detention are especially traumatic. A time limit of 28 days, as recommended by the Inquiry, is in line with evidence that the effect of detention on mental health typically increases in detention of over a month.ⁱ

3 The decision to detain must go before a judge

The deprivation of liberty is a very serious measure with vast consequences for those subjected to it, and too often lacks transparency or any sense of due process. Judicial oversight would help to ensure transparency and limit the use of detention. Ongoing judicial oversight should also be in place to ensure that any time limit on detention does not become the default period of detention.

4 Accept and implement the recommendations of the Brook House Inquiry Report.

The Brook House Inquiry Report provides specific recommendations to “prevent recurrence of mistreatment,” grounded in detailed evidence and careful analysis of problems in Brook House, and observes that findings closely echo what has been found across the UK’s detention estate. Adopting the report’s recommendations would help to improve the safety of detained people. Our research shows again that such improvement is urgently required to prevent the continuation of abuse.

5 Repeal the Illegal Migration Act 2023 and reject the expansion of detention powers within it

The Illegal Migration Act 2023 will worsen the problems identified in the Brook House Inquiry Report and in this research. Continuing to implement it, and work under its framework, represents a fundamental failure to learn the lessons of the Inquiry.

Introduction

The Brook House Inquiry Report

In September 2023, the Brook House Inquiry Report was published as the outcome of an independent inquiry into abuse by staff of people detained at Brook House Immigration Removal Centre (IRC) between April and August 2017. The scale of the abuse first came to public attention when an employee at Brook House was so horrified by what he witnessed that he worked with BBC Panorama to make a documentary exposing it.ⁱⁱ The Independent Inquiry was eventually mandated as a response. The Inquiry's report draws on testimony of people detained at Brook House and finds numerous instances of violent abuse against detained people, and routine, layered failures to care for and safeguard them, alongside a "toxic" and "dehumanising" culture. Whilst focusing on several months in 2017 at Brook House, the report also considers changes since that period, and finds that most problems persist. It further notes that the events at Brook House are not isolated, but part of a wider pattern within immigration detention in the UK. The report findings add to a wide body of evidence of the profound harm that comes to people in immigration detention, including previous research by JRS UK.ⁱⁱⁱ

The Government's Response to the Brook House Inquiry Report

When the Inquiry Report was published, the government committed to responding within 6 months. On 19th March 2024, the last day on which it could respond within this timeframe, the government published a short written response which focused on changes purportedly already made to detention, in which it stated: "The government has made significant reforms to immigration detention over the past few years".^{iv}



Political context: Expansion of detention and the Illegal Migration Act 2023

The Brook House Inquiry Report was published against the background of plans to significantly expand the UK's immigration detention estate,^v and of new laws and policies reducing oversight of detention and increasing the already too-broad contexts in which it can be used.

The Illegal Migration Act 2023 hugely expands powers of detention for immigration purposes.^{vi} Specifically, it prohibits detained people from applying to a court for bail for the first 28 days of their detention;^{vii} mandates that it is the government's, rather than the courts', prerogative to decide whether a period of detention is reasonable; and allows for detention even where there are barriers to carrying out the purpose for which someone is detained, effectively allowing arbitrary detention. A provision of the Act not yet in force would allow detention to be carried out anywhere the Secretary of State deems appropriate, which would significantly reduce safeguards around the way in which people are detained. And finally, if fully in force, the Act would also reintroduce the routine and indefinite detention of children.

JRS UK's Research

The Brook House Inquiry Report echoed much of what JRS UK witnesses and hears through supporting people in detention at Harmondsworth and Colnbrook IRCs, and from people who have previously been detained at different IRCs across the UK. It also echoed research published in 2020, examining the experience and impact of UK immigration detention centres over the previous two decades – essentially the lifetime of the UK's modern detention estate.^{viii} We wanted to explore apparent parallels between events described in the Brook House report and immigration detention now. To do this, JRS UK:

- held a workshop, in November 2023 with 8 participants who had been recently supported at Heathrow IRC by our detention outreach team, some of whom had experience of other UK IRCs. We asked them to reflect on key themes in the Brook House Inquiry report in light of their own experience of detention. Their perspectives constitute testimony from more recent experience of UK immigration detention. Participants included men and women and were from a range of different backgrounds.
- Conducted 4 follow-up interviews with individual participants and others with recent experience of immigration detention, to both gain further details of specific experiences and explore themes from the workshop in more depth.
- analysed casework from our detention outreach team working in Heathrow IRC, over approximately the last year.

This allowed us to examine immigration detention after Brook House, and identify continuing patterns.

Key themes mirroring findings on Brook House

Physical design and environment is prison-like

Immigration Removal Centres (IRCs) in the UK are routinely built in prison-like ways. Brook House IRC and Colnbrook IRC are built to the specifications of category B – i.e., high security – prisons, as is most of Harmondsworth IRC.^{ix}

The Brook House Inquiry Report

highlighted how prison-like both the physical space and the regime and environment of Brook House were: “Brook House was built to the specification of a Category B prison. It was not just the building that was prison-like; the regime, the way staff saw their roles and the treatment of detained people all demonstrated ‘prisonisation’.”^x

The Current Situation: participants in JRS UK’s workshop similarly felt they had been imprisoned in immigration detention: “I was kept in a place which was a prison, although they did not call it a prison. There were bars on the windows, there were CCTV cameras watching you, you could not have fresh air you could not go outside.”^{xi}

The spaces they had been in looked and felt like prison. Additionally, they were highly securitised, and people’s movements were tightly controlled. A highly restrictive regime, excoriated by the Brook House Inquiry, was also strongly felt by workshop participants who had been in other centres. For example, one reflected on a regime where people were regularly

locked into specific wings of the building and this meant other activities, such as eating, were also tightly controlled: “The constant lock downs make life difficult. At lunch if it takes 45 minutes to get your food you only have 15 minutes to eat and then you have to leave and be locked in.”

The government response to the Brook House inquiry: does not mention the report’s findings on the prison-like nature of detention, referring only to “room conditions at Brook House IRC”.

Failures in Healthcare

The Brook House Inquiry Report found significant failings in healthcare including:

- A “*dismissive attitude*” and lack of care among healthcare staff.^{xii}
- Understaffing and lack of capacity in healthcare.

The Current Situation

JRS UK’s workshop highlighted routine failures across healthcare provision including:

- Staff doing nothing in response to medical issues. One participant described staff ignoring a medical emergency: “someone [was] struggling with chest pain, the staff members walked by and did not help him.”

- Disbelief from staff about medical conditions. “Doctors think you’re just trying to get out of detention.”
- Virtually no access to medication, with healthcare staff simply dispensing paracetamol for a wide range of health problems, including a lung condition; and people with serious long-term health conditions struggling to access their medication: *“I saw one person with diabetes, she needed access to her particular medicine that she had in her property - a medication she had been taking for years, but they would not allow her access. They only gave her their medication, which was different.”*^{xiii}
- Being denied access to their own healthcare records: “If you go to the hospital, they don’t show you the report, they keep it for themselves.”

Casework analysis and further interviews revealed similar barriers to healthcare:

- Being denied vital medication.
- Delays in delivery of medication to the detention centre.
- Repeated instances of staff laughing at detained people’s requests for medical help.

In earlier research on detention, JRS UK interviewed a woman with asthma, among other health problems, who was detained for 3 months in Yarl’s Wood and was without an inhaler throughout her detention despite requesting one repeatedly.^{xiv}

The workshop participants also reported several problems with lack of healthcare that could suggest capacity and staffing issues including:

- Long waits to see a doctor.
- Non-clinical staff dispensing medication, where it was dispensed at all.
- No meaningful healthcare provision at night. Someone described repeatedly having panic attacks at night, and there being no nurses available to respond.^{xv}
- Several participants reported not even receiving a response to repeated requests to see a doctor. One explained that the experience of being ignored in this way was dehumanising: *“I needed an appointment with the doctor and all the time, they never took me, not even telling me that I would or would not see a doctor. I was invisible. We were all invisible.”*

Problems with mental health

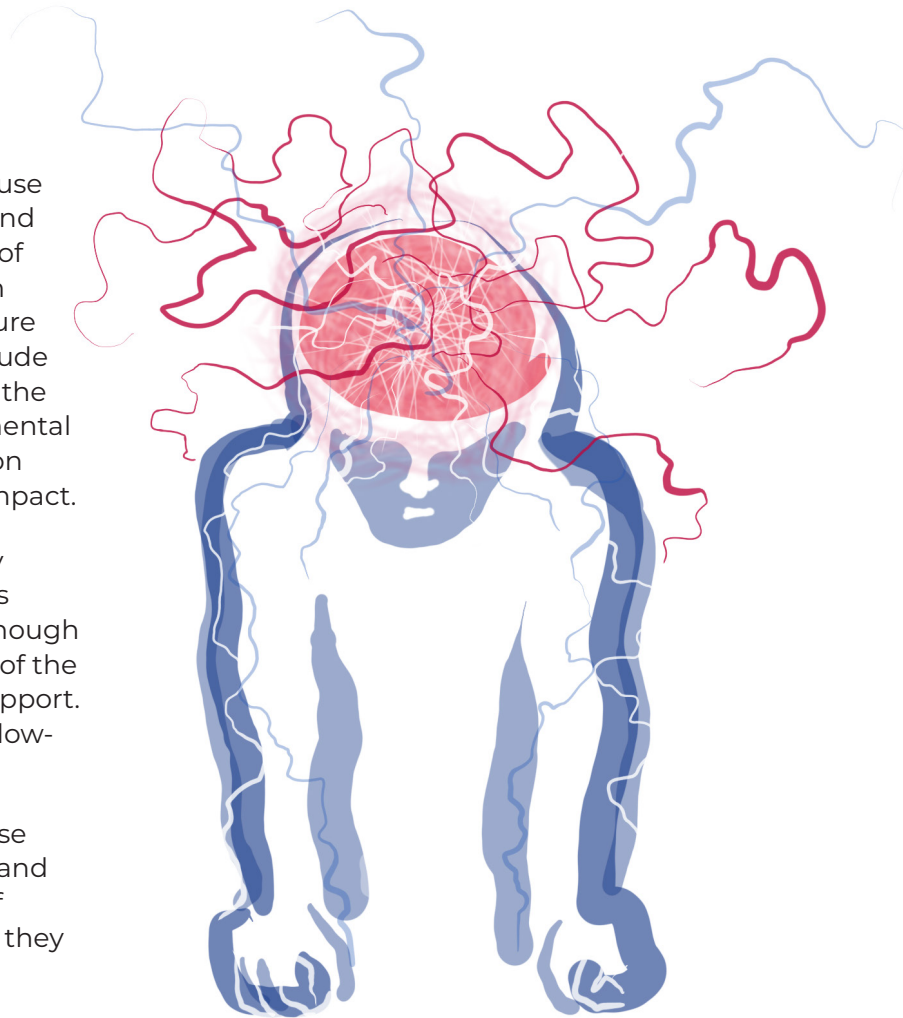
No mental health support

The Brook House Inquiry Report: The total lack of mental health support, against a background of great need, was a key finding of the Brook House Inquiry Report, which noted an “absence of access to a full range of psychiatric interventions available to victims of torture, those who had experienced trauma, PTSD sufferers and others experiencing mental ill health”.^{xvi} Systemic failures in safeguards for vulnerable people also compounded the lack of support: mental health problems did not lead to monitoring under the Adults at Risk policy, as government policy dictates they ought to.

The Current Situation: The Brook House Inquiry's findings on mental health find very close parallels in the experience of workshop participants: mental health support was absent, there was a culture of disbelief and often a mocking attitude from staff around mental health, but the detained population badly needed mental health support, and being in detention itself had a negative mental health impact.

Mental health support was effectively absent in all of the detention contexts participants had experienced, even though staff were very frequently well aware of the situations requiring mental health support. Examples from the workshop and follow-up interviews included:

- A participant described someone else in detention who used to eat, drink and defecate on the floor. Although staff would see him doing this every day, they never did anything about it.
- A participant who frequently had panic attacks in the night whilst detained, but received neither mental health support nor even a doctor's appointment, despite staff being well aware of his attacks.
- Where people requested mental health support, they were simply given very brief screening appointments, at which their problems were dismissed, and no further action to procure support was taken: "If you need to see a psychiatrist, they give you 5 minutes to assess you and say there is no issue..." This echoes the Brook House Report Inquiry's finding that GP screening appointments, where they occurred, were allocated only 5 minutes.^{xvii}
- Someone who was detained for months repeatedly requested medication for Post Traumatic Stress Disorder but never received it.



- One participant commented: "They have no capacity to look after people, you need special people to care for people in this environment. There were people who were clearly mentally so unwell, they need specialist care."

Disbelief about mental health problems

The Brook House Inquiry Report describes a particularly deep culture of disbelief with regards to mental health. This included:

- "A view...that a patient was exaggerating their symptoms, conditions or past history for the purposes of furthering their immigration case."
- failure to recognise challenging behaviours as a manifestation of mental ill health rather than willful disobedience."^{xviii}
- Use of segregation to manage mental health difficulties.

The Current Situation: The experiences of participants in JRS UK's workshop echoed the report especially closely in this regard:

- Healthcare staff accused them of making up symptoms to get out of detention.
- Several participants explained that mental health was actually "used against" them.
- Segregation was, as in Brook House, used to manage mental health difficulties, as described above.

A highly vulnerable population in a context bad for mental health

The Brook House Inquiry Report noted the high level of need for mental health support among those detained at Brook House, both due to previous histories of trauma, and due to the impact of being in detention itself.

"[In detention there is] prevalence of mental ill health, the presence of high risks of self-harm and suicide, a stressful environment, a significant number of victims of torture and other past trauma, and vulnerability to the loss of mental capacity."^{xix}

The Current Situation: Workshop participants similarly remarked upon a context in which mental health difficulties were prolific, and tended to snowball, and in which most had themselves experienced a decline in mental health. In addition to witnessing extreme mental health difficulties as described above, participants noted:

- Where one person in detention suffered, this impacted everyone's mental wellbeing
- The prospect of forced removal from the UK, and pressure to leave the UK from both the Home Office and detention centre staff contributed to deterioration in mental health.
- The separation of families caused particular pain.
- Being incarcerated in immigration detention in general had a negative impact: "There is no freedom in detention at all and the lack of freedom destroys your mental health."

This is in line with a wide body of research, and testimony from those with direct experience, highlighting the profound psychological harm caused by immigration detention.

One participant who had grown up in the UK remarked on the contrast between the way mental health was cared for in British communities, and the sheer disregard for mental health in immigration detention: *"I went to school here. In school, they talk about mental health all the time, mental health is protected like gold, and yet here, in the same country, I was suffering, and I witnessed psychological mistreatment..."*

The government to the Brook House Inquiry Report stated: *"The Home Office and DHSC are considering the policy around detained people with mental ill health as part of a wider piece of work around vulnerable adults and, along with NHS England, are scoping out the requirements for any further work."*

A complete overhaul of the approach to mental ill health in detention is long overdue.

Lack of Safeguards for Vulnerable individuals

Rule 34 and Rule 35 are medical reports designed to record and flag specific vulnerabilities, including histories of trafficking or torture, or suicidal ideation, in detained individuals, under the Detention Centre Rules. Receipt of a Rule 34 or Rule 35 report should trigger consideration of vulnerability under *the Adults at Risk Policy*.

Adults at Risk Policy

The AAR policy was implemented in September 2016, with the ostensible aim of reducing the detention of vulnerable people. The policy weighs *evidence of vulnerability* against immigration factors. It operates with reference to a list of indicators of vulnerability to risk of harm in detention, which include having been a victim of torture or trafficking, and 3 Levels of evidence: 1) Self-declaration of being an adult at risk; 2) Professional evidence that one is an adult at risk; 3) Professional evidence that a) the person is an adult at risk – i.e., that one of the above categories applies to them *and* b) detention is likely to cause harm.

The Brook House Inquiry Report

identified “dysfunction in the operation of...safeguards”^{xx} for vulnerable people, including “serious failings in the application of Rule 34 and Rule 35.”^{xxi} Key problems included:

- **Perfunctory screening appointments.** When GP screening appointments did happen within 24 hours of arrival – essential for an initial screening – the appointments were scheduled to last for 5 minutes and were therefore ineffective at identifying vulnerabilities.^{xxii}

- Even when nurses did identify vulnerabilities, such as histories of torture, at initial screening this did not always lead to Rule 35 reports, or lead to monitoring under the Adults at Risk System.^{xxiii}
- **Detained people needed to proactively request a Rule 35 appointment in order to get assessed.**^{xxiv} **At the same time, there was no explanation of screening.** The nature of screening appointments was not routinely explained to people in detention, and some declined appointments but without understanding what they were for.^{xxv}

The report concludes “Based on the evidence...vulnerable people in detention are not being afforded the appropriate protections that these safeguards are designed to provide.”^{xxvi}

The Current Situation

The experience of participants in JRS UK’s workshop around Rule 35 reports and vulnerability screening closely mirrored the findings of the Brook House Inquiry Report. In particular there were multiple barriers to obtaining Rule 35 reports. Key issues included:

Needing to proactively request a Rule 35 appointment

- All workshop participants reported it was necessary to proactively and repeatedly request appointments with GPs to obtain Rule 35 reports. Most participants who had requested one had not received one.
- We received strong indications from workshop participants of pressure on staff *not* to inform detainees about Rule 35 appointments. One participant explained that they were told by a member of healthcare staff that they needed to get a Rule 35 report – but the staff member had taken them to one side to tell them this as if they had to be almost secretive about sharing this information.

- Participants repeatedly explained that there was no clear information about the Rule 35 system. This echoes a range of other evidence, including the Independent Chief Inspector of Borders and Immigration’s most recent report on the Adults at Risk Policy.

**“There was no visible information about Rule 35 available either in leaflet or poster format in any of the IRCs visited by inspectors.”^{xxvii}
(Independent Chief Inspector of Borders and Immigration)**

The need to proactively advocate for a Rule 35 report points to an even bigger barrier for the most vulnerable people, those with severe mental health problems and those lacking in mental capacity, who are not able to advocate for themselves. JRS UK regularly supports highly vulnerable people who have never had a doctor’s appointment in detention. Troublingly, there are reasons to believe that the most vulnerable people struggle even to access support from charities, so JRS UK’s experience may represent the tip of the iceberg.

Difficulties getting Rule 35 appointments once requested

- Appointments were indefinitely postponed and never took place. “When I asked for a Rule 35, they told me there were 160 people before me on the waiting list. The GP never called me back.” Sheer lack of capacity, another issue highlighted by the Brook House Inquiry Report, appears to have been a factor here.
- Being moved between different detention centres also obstructed assessment. “When you are moved frequently around the detention estate it makes it impossible to get a Rule 35. If you request one, you are moved before you have the assessment.”

JRS UK’s casework analysis further indicates that:

- **Severe mental health problems are often ignored in detention reviews.** For example, a review of someone who regularly talked to his food at mealtimes stated that he had no mental health difficulties. This should be set in the context of disbelief about mental health problems, and therefore wider failure to recognise them and respond appropriately.
- **Most people who are recognised as Adults at Risk are still kept in detention.** Anyone recognised as an Adult at Risk Levels 1 or 2 is routinely kept in detention, and most often also those recognised at Level 3. Even where Home Office responses state that it is appropriate to release someone due to Adults at Risk recognition, that individual routinely remains in detention, sometimes for months more, due to failure to procure them bail accommodation.^{xxviii}

This is corroborated by other evidence postdating the events of Brook House that recognition under the Adults at Risk Policy fails to lead to release. In 2022, Medical Justice found that “On a review of the available Home Office response letters to clients who had a Rule 35 report, 74% were assessed as level 2 and 26% were assessed as level 3. However, only one Rule 35 report led to a release of the client.”^{xxix}

In summary, there are ongoing vast barriers to gaining recognition of vulnerability, and recognition under the Adults at Risk Policy does not lead to release.

The government response to the inquiry stated: “In September 2016, the adults at risk in immigration detention (AaR) policy was implemented, setting out that vulnerable people should be detained only when the immigration factors outweigh the risk of harm to the individual in any given case. These measures were still bedding in during the relevant period and are now considered business as usual and fully integrated into detention decision making processes.” In reality, eight years on from its inception, the Adults at Risk Policy is failing as much as ever to protect vulnerable people, both because immigration factors are routinely considered to outweigh risk of harm to the individual detained, and because it is hard to even obtain a rule 35 appointment, and therefore begin the process of having vulnerability recognised.

Misuse of Segregation

The Brook House Inquiry Report highlighted routine, highly inappropriate use of segregation for “administrative convenience,” as a – hugely counterproductive - way of managing mental health difficulties, and as a punishment.^{xxx}

The current situation: participants in JRS UK’s workshop echoed the Inquiry’s finding. Specifically, someone who suffered from severe anxiety around crowds had begun to suffer from panic attacks and told staff about this. Due to his anxiety, he refused to share a cell. In response, he was placed in segregation, which worsened his anxiety.^{xxxi}

Use of Force

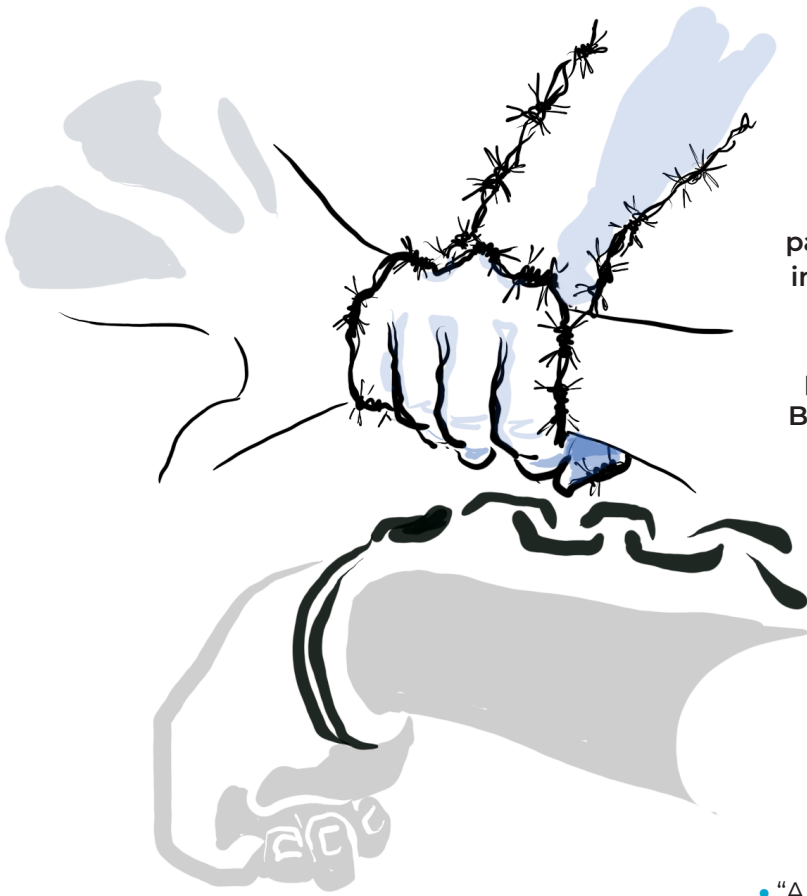
The Brook House Inquiry Report finds numerous instances of violent abuse against detained people. It identifies 19 incidents amounting to inhuman or degrading treatment– that is, treatment in contravention of Article 3 of the European Convention of Human Rights (ECHR). Recurring overlapping patterns identified by the report were:

- Excessive use of force
- Dangerous use of force
- “force being used in order to provoke and punish”
- “use of force when it was not a last resort”
- “failure to employ de-escalation techniques”
- “inappropriate use of Personal Protective Equipment (PPE).”^{xxxii}

The Current Situation

Workshop participants and interviewees reported frequent excessive, even gratuitous use of force by staff. Often, this was accompanied by humiliation. This included:

- **Pervasive use of restraints and riot gear,** mirroring inappropriate use of PPE found by the Brook House Inquiry. On a regular basis, restraints likened to straitjackets were used, together with full riot gear, often in the middle of the night.



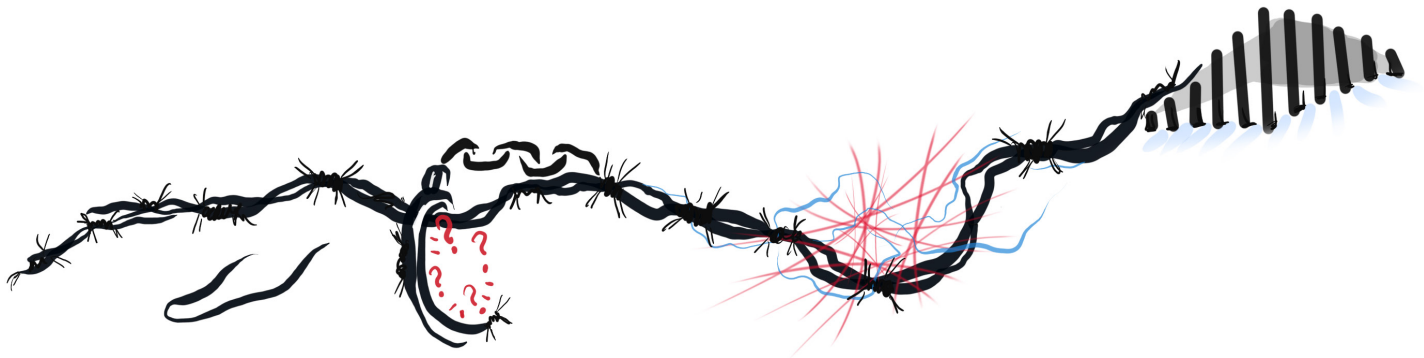
Staffing and Culture: Abuse and humiliation

“The culture at Brook House, particularly among staff, set the tone for interactions with, and the treatment of, detained people... [There is] evidence of a toxic culture during the relevant period, including the ‘prisonisation’ of Brook House and the dehumanisation of detained people, which reflected several staffing and cultural issues.”^{xxxiii}

The Brook House Inquiry Report presented evidence of widespread abusive and dehumanising behaviour and attitudes from staff towards people in detention, grounded in a “toxic culture”. Specific issues uncovered include:

- **Brutality in enforcing removal:** “One person they took out of our block, dragging them on the ground, screaming and shouting.”
- **Unnecessary restraint** when taking people to hospital was routine and was regularly experienced as degrading. For example, it was typical to be handcuffed to guards: “*You are chained like the officers are walking a dog.*”
- **Removal under sedation:** one interviewee had witnessed the removal, in the middle of the night, of someone who had earlier been so heavily sedated by medical staff that he had to be moved around in a wheelchair. The participant remarked “there was no empathy”. The implications for procedural justice and safeguards in the context of removals are also troubling.
- “A culture of bullying, bravado, and ‘macho’ attitudes”^{xxxiv}
- Staff using racist language and being verbally abusive towards detained people
- Desensitisation to vulnerabilities
- A desensitised attitude to suicide and self-harm, including officers remarking, about a detained person who had been saying he would hang himself “just do it”.^{xxxv}
- A dehumanising attitude to the welfare of people in detention^{xxxvi}
- Instances where staff would not let detained people use the toilet on request.
- Failure to protect dignity where detained people were naked or partially clothed.^{xxxvii}

Overall, the report identified both “directly abusive behaviour” and “a more insidious culture of belittling and ‘othering’ detained people.”^{xxxviii}



The Current Situation

Participants in JRS UK's workshop similarly described:

- A "general culture of bullying."
- A total disregard for the welfare of people in detention, and mistreatment, to the point that there was no sense of any duty of care: "The staff members do not have a duty of care towards detainees. Outside, if someone is mistreating their animal, they take the animal away from them. Staff members treat detainees worse than animals."

Specific examples of degrading treatment included:

- At the point of being detained by immigration enforcement, male officers in the room while females held in detention were getting dressed – echoing instances in Brook House where naked or near-naked people were humiliated.
- Being denied access to the toilet.
- Visible irritation from staff towards detained people who cannot speak or are not fluent in English.

An individual supported by JRS UK in detention witnessed an officer telling another detained person to "just go hang yourself" in the context of a suicide attempt – closely echoing the desensitisation and humiliation around self-harm and suicide highlighted in the Brook House Inquiry Report.

In addition to specific instances of egregious mistreatment, it was clear that repeated degradations had had a significant cumulative effect on workshop participants. One participant very closely echoed the Inquiry report's findings on an insidious culture, explaining that numerous small cruelties and degradations accumulated to amount to psychological torture: "[There were] a number of small acts that added up to small acts of torture which themselves added up to significant torture but because it is all spread out across the entire time in detention they do not come to light."

Paralleling the Brook House Inquiry's findings on staff culture, some workshop participants also specifically commented on how the environment in detention was bad for staff mental health: "The guards – it is not good for their brains to work in this place. The guards needed more mental health care than the actual [detainees]."

The Brook House Inquiry Report found evidence that a man woken up early in the morning for removal “stated at least three times during the incident that he needed to urinate and was not given the opportunity to do so.”^{xxxix}

One woman who participated in JRS UK’s workshop described being denied access to a toilet whilst being transported, and officers loudly declaring in her hearing that they themselves were going to use the toilet. She was ultimately forced to urinate on herself:

“I was locked in a small cell in the back of a van with my daughter. I was struggling to breathe. I asked to go to the toilet. I have a medical condition which means I have to urinate frequently so I needed to go. They told me they could not stop. I begged them to stop, I said I needed the toilet. Eventually they stopped at services and they said loudly in the front to each other – ‘oh I really need the toilet’ and they went, but they did not take me. I was crying. We continued on the next leg of the journey and eventually I could not hold it any longer, it was like torture, and I wet myself. They came and gave me a pink plastic bag to urinate in, but it was too late then. When they took me out of the van at the other end, it was all down my trousers and in my shoes. I was allowed to change my trousers but I did not have another pair of shoes. When they took me out of the van at the other end I had to walk in my wet shoes and felt such indignity. It was so humiliating. One of the officers apologised for what had happened afterwards but it did not change the way they had treated me.”

Her experience closely mirrors that of another woman, interviewed by JRS UK for previous research and published in the report *Detained and Dehumanised*. She had also begged to use the toilet whilst being transferred between detention centres. Again, the people transporting her would not let her, so she was forced to urinate on herself.^{xi} Medical Justice also previously highlighted the experience of a detained man forced to urinate on himself when prohibited by staff from using the toilet.^{xii} Taken together, these instances suggest there may be a broad longstanding – and ongoing – pattern of staff in the UK immigration detention estate humiliating detained people in this specific way.

There is also strong evidence of staff humiliating detained people being moved by denying them privacy when using the toilet. In December 2023, HMIP found that during escort and removals to Albania, “at both Colnbrook and Harmondsworth IRCs, escort staff held the toilet door ajar for some individuals, in some cases by jamming a foot between the door and door frame. This allowed those outside to see inside easily and was both demeaning and unnecessary.”^{xiii}



No Effective Complaints Process

“[M]any detained people felt unable to complain about poor treatment. When they did, there were a number of failures in the responses.”^{xliii}

The Brook House Inquiry Report found that:

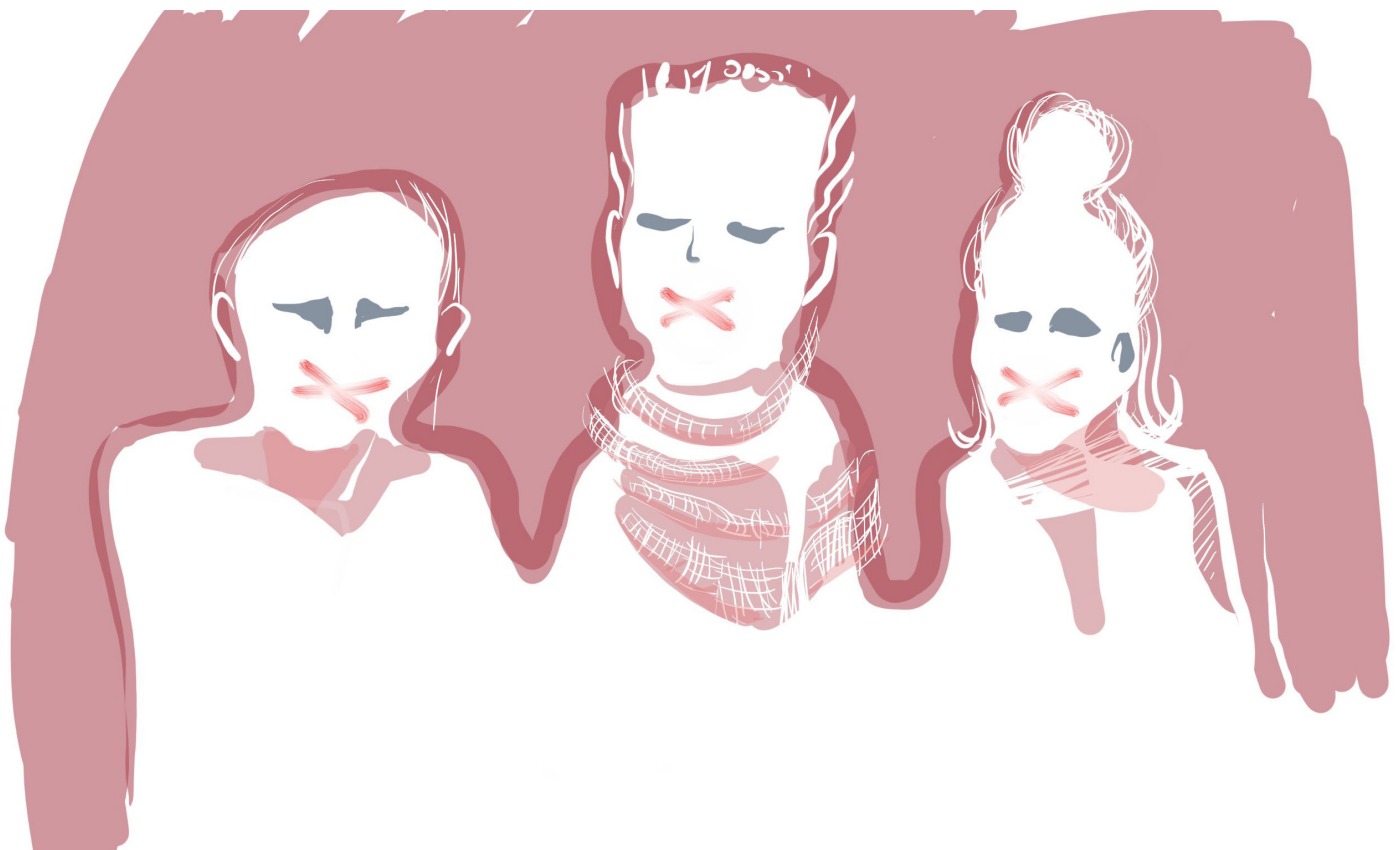
- People in Brook House faced multiple barriers to reporting mistreatment, including not knowing the system for doing so, not understanding their rights, not having confidence that anything would be done, and fear of repercussions.^{xliv}
- The handling of complaints was poor: a very low proportion of complaints were typically substantiated, not only in the period of its focus in 2017, but in subsequent years.^{xlv} Furthermore, there was a tendency to give the testimony of staff more weight than the testimony of people detained – and especially troublingly, to conclude by default that use of force had been justified, unless there was video evidence to the contrary.^{xlvi}

The Independent Monitoring Board found that, of complaints made across Heathrow IRC in 2022, 85% were unsubstantiated.^{xlvii}

The Current Situation

Participants in JRS UK’s workshop similarly explained:

- Most people in detention felt unable to complain.
- There was always a threat of punishment if you complained, and people were often actually punished for complaints, by being denied the opportunity to work for 28 days.
- It was necessary to be very proactive, and interact with staff, to engage with the complaints process. For example, participants described needing to go to welfare officers and ask for complaints forms, rather than these being readily available. This is especially problematic in a context where the person you are complaining about may be the person you need to ask for help to complain.



- There were serious language barriers to engaging in the complaints process, so that complaining was even more difficult for those who did not speak English; all information about how to make complaints was in English.

The handling of complaints that were made was also very poor. Frequently, people had submitted complaints but received no response. Other complaints were responded to dismissively.

This is corroborated by JRS UK's casework analysis; routinely, complaints we are aware of from our work with those in detention are handled poorly. Specifically:

- Complaints frequently receive no response, or do not receive a response for a month or more.
- Where they do receive a response, an unreasonable evidential burden is placed on the complainant, so that the person reviewing the complaint rejects it due to insufficient evidence, without taking the trouble to look for evidence. For example, within the last year, complaints have even been rejected for lack of evidence when detention custody officers confirm the point about which evidence is supposedly required.
- Dismissing of complaints in an intimidating and humiliating way. In one recent case, a staff member at the detention centre threw away a complaint in front of the complainant.
- People being asked to withdraw complaints once they have been examined – which would erase the record of the complaint, artificially reducing the total number of complaints recorded.
- Complaints being dealt with by the staff member they concern.
- Repeated minor, apparently punitive acts towards individuals after they make complaints.

These issues occur with complaints made to the Home Office as well as to the detention centre.

Barriers to Communication, Understanding, and Justice Processes

The Brook House Inquiry report identified numerous and diverse interacting problems around communication between detention centre staff, the Home Office and detained people, and barriers to their understanding.^{xlviii}

- Language barriers negatively impacted day-to-day understanding and communication, healthcare, and complaints procedures.^{xlix}
- “[M]any detained people did not receive a proper reception or induction.”^l The Inquiry Report noted evidence that key aspects of this problem persisted, citing a 2022 report from Her Majesty’s Inspectorate of Prisons (HMIP) which found deficiencies in identification and management of risks on arrival.^{li}
- Websites of NGOs and solicitors’ firms were frequently blocked. The report noted that this “had the effect of reducing access to justice.”

The Current Situation

JRS UK's workshop participants again reported similar problems including:

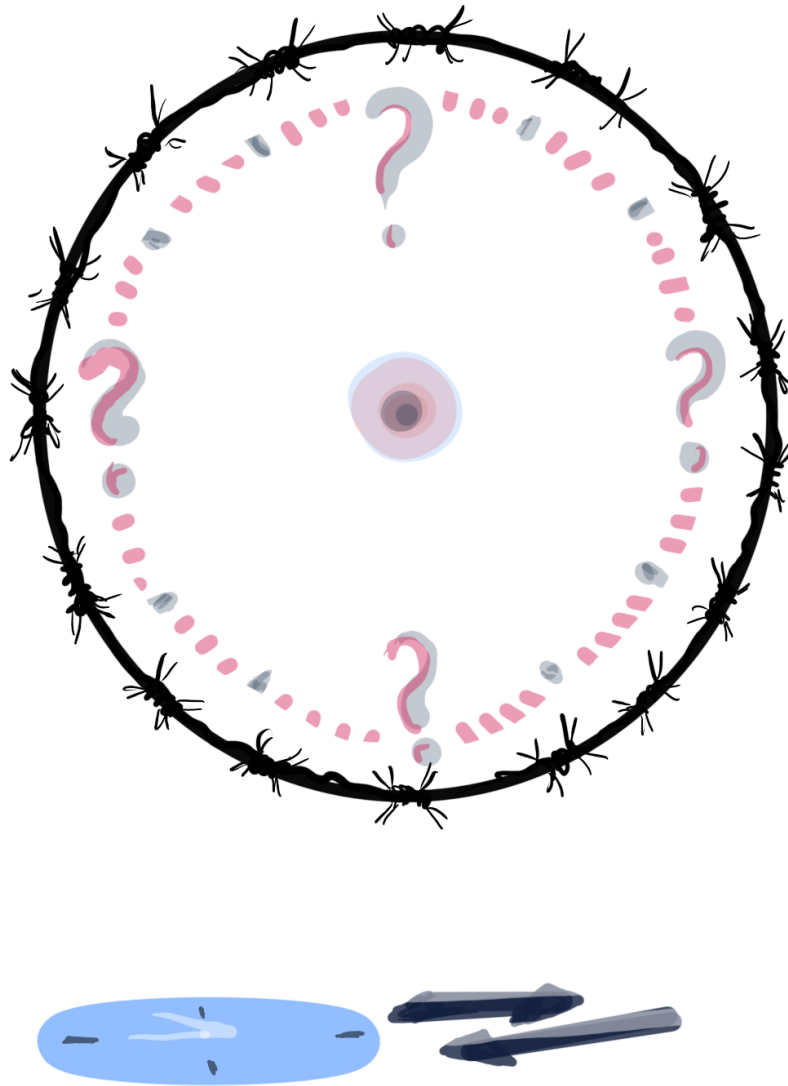
- **No induction or explanation about detention:** “They never explained anything. They never explained why I was locked up;” “We never had an induction.” Lack of communication about systems in place, coupled with the wider lack of support, often led to situations where people struggled to meet their basic needs in detention. One participant explained: “For three days I was just eating cereal because I didn’t realise I had to order lunch.”
- **Language barriers:** Everything was in English and there were huge problems getting interpreters. This was specifically highlighted as a problem in a healthcare context and when making complaints, as noted above.
- **Communications not working:** It was almost impossible to get through to the Home Office on the phone designated for that purpose, but the detention engagement officer did nothing about it. Documents had to be faxed to solicitors, but there were long waiting times to use the fax machines.
- **Rules were felt to be unclear and arbitrary,** and always changing so it was hard to know what they were.
- **Barriers to justice** were common. This included in one case someone being prevented from making an asylum claim – something that should be automatically facilitated.

Long and Indefinite detention

The Brook House Inquiry Report found that the indefinite nature of detention was especially damaging. The author concludes that “People should not be detained indefinitely in a Category B specification environment for immigration purposes”ⁱⁱⁱ and recommends the introduction of a 28-day time limit.

The UK is the only country in Europe without a time limit on immigration detention. There is compelling evidence of the particular harm caused both by long detention, and by indefinite detention – even if short – when someone has no idea when they will be released.ⁱⁱⁱ The Brook House Inquiry Report recommends a time limit of 28 days. This is in line with evidence that the effect of detention on mental health typically increases after a month.^{iv} It is relevant in this context that there are tight mandatory time limits on how long people can be held without charge in other areas of law, 28 days being the longest time allowed in any other context.





The Current Situation:

In interviews with our detention team, people explained that not knowing when you will be released had a hugely detrimental impact on mental health.

- “The fact that there is no time limit to detention has a significant psychological impact. You feel lost, and there is nothing you can do about it. No one says anything to you, it is like they forget about you. Every day is the same, you never know when it will end.”

- Some workshop participants had been in detention a very long time – in one case over a year. Other participants were also painfully aware of how long detention could be. One, reflecting on someone who had been detained for 7 months, commented on the arbitrariness and injustice of immigration detention in contrast to criminal detention.

The Government Response to the Brook House Inquiry rejects the recommendation of a time limit and does not address the well-established impact of long or indefinite detention on detained people.

Concluding Remarks

The situation described in the Brook House Inquiry Report is neither anomalous nor historical. Rather, it gives a window into immigration detention in the UK.

The mistreatment, dehumanisation, and toxic culture found in Brook House continue today, across the detention estate. Furthermore, much of what we see in the Brook House Inquiry Report is not new, but echoes testimony and research about the experience of detention, and practices within it, that span decades. The Brook House Inquiry Report must not be brushed under the carpet. It must not be sidelined as describing a historical situation. It must galvanise change.

"I have found that, too often, my findings closely mirror those from previous investigations and reviews into the treatment of detained people. Lessons must be learned, a culture of change must prevail and recommendations must be acted upon. The events that occurred at Brook House cannot be repeated."^{iv}



Recommendations

1 End the use of detention for the purpose of immigration control

The findings of the Brook House Inquiry Report are further evidence of the profound harm caused by immigration detention. It highlighted systemic issues that are rooted in the nature of immigration detention itself. Our own research echoes these findings and shows once again that they continue to apply. The use of detention for immigration control is not proportionate and should end.

For as long as immigration detention exists:

2 Introduce a mandatory time limit of no more than 28 days for all those detained under immigration powers

A short time limit would significantly reduce the uncertainty involved in being detained which was heard as a key source of pain in our research, closely echoing a wide body of testimony from people held in immigration detention in the UK. Though even a brief period in detention is harmful, both long detention and indefinite detention are especially traumatic. A time limit of 28 days, as recommended by the Inquiry, is in line with evidence that the effect of detention on mental health typically increases in detention of over a month.^{lvii}

3 The decision to detain must go before a judge

The deprivation of liberty is a very serious measure with vast consequences for those subjected to it, and too often lacks transparency or any sense of due process. Judicial oversight would help to ensure transparency and limit the use of detention. Ongoing judicial oversight should also be in place to ensure that any time limit on detention does not become the default period of detention.

4 Accept and implement the recommendations of the Brook House Inquiry Report.

The Brook House Inquiry Report provides specific recommendations to “prevent recurrence of mistreatment,” grounded in detailed evidence and careful analysis of problems in Brook House, and observes that findings closely echo what has been found across the UK’s detention estate. Adopting the report’s recommendations would help to improve the safety of detained people. Our research shows again that such improvement is urgently required to prevent the continuation of abuse.

5 Repeal the Illegal Migration Act 2023 and reject the expansion of detention powers within it

The Illegal Migration Act 2023 will worsen the problems identified in the Brook House Inquiry Report and in this research. Continuing to implement it, and work under its framework, represents a fundamental failure to learn the lessons of the Inquiry.

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- i K. Robjant, I. Robbins and V. Senior (2009), ‘Psychological distress amongst immigration detainees: A cross-sectional questionnaire study’, *British Journal of Clinical Psychology* 48: 275-286, p.282. Evidence from Dr Katy Robant can also be found in “The Report of the inquiry into the use of Immigration Detention in the United Kingdom” (2015), p.19, authored jointly by the APPG on Refugees and the APPG on Migration.
- ii “Under Cover: Britain’s Immigration Secrets”, *Panorama*, Season 28, Episode 33, aired September 2017.
- iii JRS UK, *Detained and Dehumanised: the impact of immigration detention* (2020).
- iv [Government response to the public inquiry into Brook House Immigration Removal Centre \(accessible\) - GOV.UK \(www.gov.uk\)](#)
- v For analysis see: <https://blogs.law.ox.ac.uk/border-criminologies-blog/blog-post/2022/10/quasi-detention-expansion-dehumanising-border-spaces>
- vi See JRS UK’s written evidence to the Joint Committee on Human Rights on the Illegal Migration Bill (March 2023), available here: <https://committees.parliament.uk/writtenevidence/119731/pdf/>
- vii There is a partial exception for unaccompanied children, depending on the provisions under which they are detained.
- viii JRS UK, *Detained and Dehumanised: the impact of immigration detention* (2020).
- ix For the specifications of these three IRCs, see respectively, Brook House Inquiry Report volume II, Chapter D3, paragraph 2; HMIP, “[Report](#) on a full announced inspection of Colnbrook Immigration Removal Centre, 17-21 November 2008”, p.7; HMIP, “[Report](#) on an unannounced inspection of Heathrow Immigration Removal Centre Harmondsworth Site, 2-20 October 2017”, p.7.
- x *The Brook House Inquiry Report: a public inquiry into the mistreatment of individuals detained at Brook House immigration removal centre*, Kate Eves, chair of the Brook House inquiry (September 2023) [hereafter, *Brook House Inquiry Report*], volume II, Chapter D9, paragraph 42.
- xi This participant explained he had later realised some people were taken outside for short smoking breaks, but he had not realised he could go with them.
- xii *Brook House Inquiry Report*, volume II, chapter D.8, paragraph 30.
- xiii JRS UK, *Detained and Dehumanised: the impact of immigration detention* (2020), p.17.
- xiv JRS UK, *Detained and Dehumanised: the impact of immigration detention* (2020), p.17.
- xv It is JRS UK’s understanding that there were supposed to be nurses onsite overnight at the relevant centre, but none attended.
- xvi *Brook House Inquiry Report*, volume II, chapter D.8, paragraph 16.
- xvii *Brook House Inquiry Report*, volume II, Chapter D5, paragraph 15. See below “Lack of Safeguards for Vulnerable Individuals”.
- xviii *Brook House Inquiry Report*, volume I, Executive Summary, paragraph 47.
- xix *Brook House Inquiry Report*, volume II, chapter D8, paragraph 11.
- xx *Brook House Inquiry Report*, volume I, Executive Summary, paragraph 35.
- xxi *Brook House Inquiry Report*, volume I, Executive Summary, paragraph 32.
- xxii *Brook House Inquiry Report*, volume II, Chapter D5, paragraph 15.
- xxiii *Brook House Inquiry Report*, volume II, Chapter D5, paragraph 16.
- xxiv *Brook House Inquiry Report*, volume II, Chapter D5, paragraph 20.
- xxv *Brook House Inquiry Report*, volume II, Chapter D5, paragraph 13.
- xxvi *Brook House Inquiry Report*, volume I, Executive Summary, paragraph 35.

- xxvii Independent Chief Inspector of Borders and Immigration, *Third annual inspection of adults at risk in immigration detention* (June – September 2022), published January 2023, Paragraph 6.2.
- xxviii The continued detention of people granted ‘bail in principle’ is a longstanding problem that has largely developed since 2018, therefore postdating the focus of the Brook House Inquiry. For further details, see Bail for Immigration Detainees (BID), [No way out: asylum accommodation and bail](#) (17th June 2021).
- xxix Medical Justice, [Harmed not Heard: failures in Safeguarding for the Most Vulnerable People in detention](#) (April 2022), p.31.
- xxx *Brook House Inquiry Report*, volume II, Chapter D6, paragraph 28.
- xxxi For context, participants also noted a wider practice of punishing for non-compliance, and mental health difficulties were themselves often punished (see below).
- xxxii *Brook House Inquiry Report*, volume I, Executive Summary, paragraph 42.
- xxxiii *Brook House Inquiry Report*, volume II, chapter D.9, paragraph 3.
- xxxiv *Brook House Inquiry Report*, volume II, chapter D.9, paragraph 41.
- xxxv *Brook House Inquiry Report*, volume II, chapter D.9, paragraph 56.
- xxxvi *Brook House Inquiry Report*, volume I, Executive Summary.
- xxxvii See for example *Brook House Inquiry Report*, volume I, Chapter C.2: D1234 on 28 March 2017, paragraph 34.5, and Recommendation 15: a new detention services order about the use of force, which urges the Home Office to address “the protection of dignity when force is used on a naked or near-naked detained person.”
- xxxviii *Brook House Inquiry Report*, volume II, paragraph 65.
- xxxix *Brook House Inquiry Report*, volume I, chapter C.3: D2416 on 11 April 2017, paragraph 32.
- xl JRS UK, *Detained and Dehumanised: the impact of immigration detention* (2020), pp.16-17.
- xli Medical Justice, [Outsourcing abuse: the use and misuse of state-sanctioned force during the detention and removal of asylum seekers](#) (2008), p.51.
- xliv HMIP, *Detainees Under Escort: inspection of escort and removals to Albania* (20-21 December 2023), paragraph 1.3.
- xlvi *Brook House Inquiry Report*, volume II, chapter D10, paragraph 2.
- xlvii *Brook House Inquiry Report*, volume II, chapter D:10, paragraphs 5-12.
- xlvi *Brook House Inquiry Report*, volume II, Chapter D.10, paragraphs 17-26.
- xlvi *Brook House Inquiry Report*, volume II, chapter D.10, paragraph 51.
- xlvi Independent Monitoring Boards, *Report of the Independent Monitoring Board at Heathrow Immigration Removal Centre for the reporting year 1 January 2022 – 31 December 2022* (published August 2023) paragraph 5.7.6.
- xlvi *Brook House Inquiry Report*, volume II, chapter D3, paragraph 58.
- xlvi *Brook House Inquiry Report*, volume II, chapter D4, paragraph 17.
- i *Brook House Inquiry Report*, volume II, chapter D4, paragraph 23.
- ii *Brook House Inquiry Report*, volume II, chapter D4, paragraph 23. For the relevant parts of the HMIP report, see HMIP, *Report on an announced inspection of Brook House Immigration Removal Centre 30 May – 16 June 2022*, P.6.
- iii *Brook House Inquiry Report*, volume I, Executive Summary, paragraph 68. The recommendation on time limit is Recommendation 7.
- liii See for example, SOAS and Freedom from Torture, [“Immigration Detention and Psychological Torture and Ill-Treatment”](#), Submission to the UN Special Rapporteur on ‘Psychological Torture and Ill-Treatment’ (November 2019). This was also a finding of JRS UK’s research *Detained and Dehumanised: the impact of immigration detention* (2020), pp.15-16.

- ^{liv} K. Robjant, I. Robbins and V. Senior (2009), 'Psychological distress amongst immigration detainees: A cross-sectional questionnaire study', *British Journal of Clinical Psychology* 48: 275-286, p.282. Evidence from Dr Katy Robant can also be found in "The Report of the inquiry into the use of Immigration Detention in the United Kingdom" (2015), p.19, authored jointly by the APPG on Refugees and the APPG on Migration.
- ^{lv} *Brook House Inquiry Report*, volume I, Executive Summary, paragraph 71.
- ^{lvi} K. Robjant, I. Robbins and V. Senior (2009), 'Psychological distress amongst immigration detainees: A cross-sectional questionnaire study', *British Journal of Clinical Psychology* 48: 275-286, p.282. Evidence from Dr Katy Robant can also be found in "The Report of the inquiry into the use of Immigration Detention in the United Kingdom" (2015), p.19, authored jointly by the APPG on Refugees and the APPG on Migration.

About JRS UK

The Jesuit Refugee Service works with refugees and forcibly displaced people in 50 countries worldwide. In the UK, JRS specifically works with people in immigration detention, and with destitute people seeking asylum, many of whom have been detained. JRS UK runs outreach to people held in the Immigration Removal Centres at Heathrow – Harmondsworth and Colnbrook, providing practical, pastoral and casework support.

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