



The medical consequences of the new ‘Illegal Migration Bill’

April 2022

As leading medical and humanitarian organisations in the UK, we have grave concerns that the ‘Illegal Migration Bill’ will have serious implications for the health, wellbeing and dignity of people seeking safety and trafficked people in the UK.ⁱ

What does the new Bill do?

An asylum ban

The new legislation will extinguish the right to seek refugee protection in the UK for those who arrive irregularly (i.e. without prior permission), stripping people fleeing war and persecution of their right to seek safety in the UK and punishing them, based simply on how they came here, not on their protection needs. Refugee protection claims will be automatically rejected (considered ‘inadmissible’) and the Home Secretary will acquire the power to put everyone who arrives irregularly into detention and remove them from the UK.

The United Nations High Commissioner for Refugees (UNHCR) has said that the Bill “would amount to an asylum ban”¹ because of the absence of virtually any ways to claim refugee protection before arriving in the UK. The Bill would also be a clear breach of the United Nations Refugee Convention which explicitly recognises that refugees may be compelled to enter a country of asylum irregularly.²

UNHCR warns the Bill could have a domino effect, encouraging governments across the world to also abandon their commitment to consider refugee protection claims and provide sanctuary to those who need it, causing the global refugee protection system to collapse.³

The Bill introduces the following new powers and duties:

Duty to remove

Clause 2 places a duty on the Home Secretary to arrange for the removal of anyone arriving in the UK irregularly and a power to remove unaccompanied children that becomes a duty when they turn 18. This duty to remove can also be applied to people who enter on a valid visa but claim asylum on arrival.ⁱⁱ

Increased power to detain

Clause 11 introduces extensive new powers to detain—immediately and indefinitely—anyone who arrives irregularly into the UK, including children and pregnant women. People will be unable to apply for immigration bail for the first 28 days, nor will they be able to judicially review the lawfulness of their detention (Clause 13).

ⁱ For a summary of the safeguarding implications of the Bill, see [The Refugee Children Consortium’s briefing](#). For a fuller explanation of the legal implications of the Bill, see [Illegal Migration Bill: Second Reading Briefing](#)

ⁱⁱ Included within the duty to remove is anyone who has secured leave to enter or remain through deception, which can be applied to people who enter on a valid visa but claim asylum on arrival.

Barred from protection

Clause 4 makes any asylum application (and certain human rights claimsⁱⁱⁱ) made by someone who arrives irregularly into the UK permanently inadmissible, including those made by accompanied and unaccompanied children.^{iv} Although the Bill is intended to address people arriving in the UK via the Channel, this aspect of the Bill will impact most people who seek asylum in the UK, as it is not possible to apply for asylum without being physically present in the country. Under Clause 21, victims of trafficking and modern-day slavery can be denied access to the National Referral Mechanism.^v

A fundamentally flawed Bill

The stated aim of the Bill is to “deter illegal entry” and to “break the business model of the people smugglers” who transport people in boats across the Channel to the UK by preventing anyone who arrives in this way from gaining protection and therefore deterring them from using this route. This approach relies on a number of factors including a) people arriving in this way being swiftly removed from the UK, so that boat crossings in the Channel gain a reputation for being a futile way of gaining protection in the UK, and b) there being alternative safe routes in place by which people in need of refugee protection in the UK can choose to take over Channel crossings. Neither of these conditions are in place, nor will they be achieved by the Bill.

People who arrive in the UK irregularly will not be removed swiftly, and most will not be removed at all. Returning people to their country of origin will be impossible in most cases because most people claiming asylum come from countries experiencing conflict, turmoil, or forced conscription, such as Afghanistan, Syria, Iran, Eritrea and Sudan⁴, and the Bill prohibits people being returned to unsafe countries.^{vi} In the majority of cases the UK Government will be reliant on removing the person to a safe ‘third’ country.

At present, no country that is both safe and willing to receive people seeking asylum in the UK has been identified. Removing asylum seekers from third countries to EU countries is not possible under the Brexit withdrawal agreement and the only third country removal agreement currently in place - the Migration and Economic Development Partnership with the Rwandan Government⁵ - has been beset with legal and practical challenges and failed to remove a single person. The concept of a universally ‘safe’ country that everyone seeking protection in the UK could be removed to is fundamentally flawed as each case is unique and the key consideration must be whether a country is safe for a particular individual.

There are also virtually no alternative routes by which people can gain refugee protection in the UK. Refugee resettlement routes that did exist have been closed^{vii} or drastically restricted^{viii}. Schemes enabling a person to secure a humanitarian visa before travelling to the UK are only open to people from Ukraine and British

ⁱⁱⁱ Human rights claims related to the person’s country of origin or citizenship.

^{iv} In addition, Clause 52 extends the current inadmissibility process for asylum claims from people from the EU, in section 80A Nationality, Immigration and Asylum Act 2002, to cover other nationalities (Albania, Iceland, Liechtenstein, Norway and Switzerland) and to also make human rights claims inadmissible.

^v Clause 21 removes the obligation to grant potential victims leave to remain and allows them to be removed from the UK before their trafficking claim is reviewed. There is a narrow exception for some individuals who are cooperating with investigations or criminal proceedings relating to their exploitation if the Home Secretary considers it ‘necessary for the person to be present in the United Kingdom to provide that cooperation’. This is likely to benefit a very small number of individuals, especially as the Home Office’s own statutory guidance recognises that many victims do not feel safe enough to do so until they have had the time to recover from their exploitation.

^{vi} The Bill amends the Nationality, Immigration and Asylum Act 2002 to include a list of ‘safe countries’ (Section 80AA). Nationals of a country not listed in new section 80AA of the 2002 Act may not be removed to their home country.

^{vii} For instance the Vulnerable Persons Resettlement Scheme and the Dubs Amendment.

^{viii} For example:

- The number of family reunion visas granted has reduced substantially since 2019. The Nationality and Borders Act (2022) has played a major role in reducing this route – see [Families Together briefing ‘Nationality and Borders Bill and proposed changes to refugee family reunion’](#) for more info.
- [Refugee resettlement via UNHCR](#), which resettles less than one percent of all refugees each year, has been scaled down in the UK, with [1,885 people resettled through this scheme in 2022](#). See [Refugee Council ‘Refugee resettlement facts’](#) for more info.
- The only open route for Afghans not already in the UK (The Afghan citizens resettlement scheme pathway 2, established in January 2022) has [resettled just 22 people in 2022](#).

nationals in Hong Kong. The new Bill gives the Home Secretary the power to remove anyone who enters the UK via a third country on other types of visas or anyone who overstays their visa and then claims asylum.^{ix}

Rather than break the business model of people smugglers operating in the Channel, the Bill targets their victims and jeopardises the health and safety of those victims. Destined to fail, the Bill refuses to address the factors that push people to seek sanctuary in the UK – primarily armed conflict, violence, political and economic instability, human rights abuses, and poverty⁶ - and disregards the government's own statistics and research which show this type of 'deterrent' approach does not work⁷ and has grave, and sometimes fatal, consequences.

What impact will the new Bill have?

Stuck in limbo in the UK

While the Bill places a duty on the Home Secretary to remove people who enter the UK irregularly, the Bill does not set out how the Home Secretary will be able to fulfil that duty. Given that in most cases returning a person to their country of origin is impossible (particularly without determining their asylum claim) and the extremely limited removal agreements in place, it is unlikely that the UK Government will be able to remove all, or even a majority, of people arriving in the UK (see section ['A fundamentally flawed Bill'](#)).

Even if the legal and practical obstacles that have plagued the removal agreement with Rwanda are overcome, this partnership alone will only affect a tiny proportion of those arriving irregularly in the UK. The Rwandan Government has, so far, only agreed to accept 200 people through the scheme, yet the Home Office predicts that 65,000 people will cross the Channel in 2023⁸. Refugee Council estimates that between 161,147 and 192,670 people arriving in the UK irregularly will have not been removed in the first three years following the passing of the Bill.⁹

Major increase in UK detained population

The Bill dramatically increases the current powers of immigration detention. Those detained will include children, pregnant women, families, and survivors of torture and trafficking. Under the Bill, detainees will be unable to apply for immigration bail for the first 28 days of detention, nor to judicially review the lawfulness of their detention, thereby curtailing judicial scrutiny and removing effective remedies to challenge unlawful or unjustified detention.

The indefinite detention of children and pregnant women marks a major shift in the UK's detention practice. Due to the harm that detention has on pregnant women and children, strict limits on the length and circumstances of their detention were introduced. The Bill will disapply these vital safeguards.^x

If the new power to detain in the Bill is used, the size of the detained population in the UK would increase substantially. This will require a massive expansion of the detention estate^{xi} - an extra 10,728 bed spaces according to Refugee Council.¹⁰ Given the increase in detention spaces needed, it is likely that people will be held in make-shift containment sites in former military barracks and on ferries and barges in circumstances similar to those seen on the Greek islands and at Manston, Napier and Penally military sites in the UK, rather than purpose-built immigration removal centres (IRCs). The UK Government views the Greek approach of containing people seeking safety in large-scale centres as a model for its own policy.¹¹

^{ix} Included within the duty to remove is anyone who has secured leave to enter or remain through deception, which could be applied to people who enter on a valid visa and then claims asylum once in the UK.

^x The Bill will remove the current 72 hour time limit (extendable up to 7 days with Ministerial authorisation) on the detention of pregnant women.

^{xi} The UK's current immigration removal centres have a combined capacity of 2,196.

Medical consequences of detention centres

Increasing detention will result in more people experiencing the devastating suffering and harm that detention is known to inflict. There is consistent medical evidence that immigration detention is damaging to the mental health of those detained.¹² IRCs are likely to precipitate a significant deterioration of mental health in most cases, according to the Royal College of Psychiatrists.¹³ With a high prevalence of pre-existing vulnerabilities, including serious mental health conditions, and histories of trafficking, torture and sexual and gender-based violence, people-seeking asylum are at particular risk of being harmed by their time in detention.¹⁴

Healthcare in immigration removal settings is largely inadequate and there is no access to specialist services for complex mental health conditions. The effectiveness of mental health treatment that can be provided in immigration detention settings is limited. Detention centres are not therapeutic environments and are not conducive to encourage disclosure of symptoms.¹⁵ Mental health conditions are often inappropriately 'managed' by placing the person into solitary confinement.¹⁶ There have been a number of findings of "inhuman and degrading treatment" of detained people and deaths including suicides and where inquests have found that neglect contributed to deaths.¹⁷

The danger of detention for pregnant women is particularly acute, increasing the likelihood of stress, which can impact their unborn baby's health, and interrupting their access to maternity care.¹⁸ The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists view detention of pregnant women as harmful.¹⁹

Case study (Medical Justice): Anna, who was pregnant whilst in detention, had complained for three weeks about abdominal pains. When she was sent to A & E, she had a miscarriage with two guards in attendance. She subsequently attempted suicide and was admitted into a psychiatric ward.²⁰

There is clear evidence that detention of children causes significant harm to their health and wellbeing.²¹ Through assessing children detained at Yarl's Wood IRC, Medical Justice clinicians identified psychological harm to be caused and exacerbated by detention.²² Symptoms included bed wetting and loss of bowel control, heightened anxiety, food refusal, withdrawal and disinterest, and persistent crying. Many children exhibited signs of developmental regression. Children expressed suicidal ideation either whilst or after they were detained, and some attempted to end their own lives.²³

Physical health problems documented amongst children in detention included fevers, vomiting, abdominal pains, diarrhoea, musculoskeletal pain, coughing up blood and injuries because of violence.²⁸ They witnessed their families being subjected to racist abuse during dawn raids and other people being subjected to violence in detention. Children were also reported to have been physically harmed because of violence in detention.²⁹ The Royal College of GPs, Royal College of Psychiatrists, Royal College of Paediatrics and Child Health, and the Faculty of Public Health have described the detention of children as "unacceptable and should cease without delay".^{24,25}

Medical consequences of containment sites

During 2019 and 2020 Médecins Sans Frontières (MSF) provided mental healthcare to men, women and children contained in centres on the Greek islands of Chios, Lesbos and Samos – an approach the UK Government regards as a model response for refugee protection and seeks to emulate in the UK.²⁶ MSF teams responded to an acute level of mental health suffering, treating 1,369 patients, many of whom suffered from severe mental health conditions including post-traumatic stress disorder and depression. More than 180 people treated had self-harmed, or attempted suicide. Two-thirds of them were children, and the youngest was just six years old.²⁷ This suffering was exacerbated by daily stresses and constant fears, including navigating daily life in deplorable accommodation conditions, complex administrative procedures,

unaddressed medical needs, exposure to violence and insecurity and a lack of information on their legal status or length of confinement within the containment settings.²⁸ Despite the serious nature of the mental health conditions treated by MSF, specialised care was not accessible for those people on the Greek islands.

Since 2020 the UK Government has used former military sites in isolated locations in the UK to accommodate asylum seekers. The All-Party Parliamentary Group (APPG) on Immigration Detention has described these sites as 'quasi detention' on account of their large-scale and institutional nature and the presence of features found in detained settings.²⁹

Evidence from these sites shows extremely poor and inappropriate living conditions, high levels of psychological and other medical conditions amongst residents, unmet medical needs, and inadequate access to medical care. Healthcare professionals called for the sites to be closed on account of the lack of access to adequate and appropriate healthcare services and the risk of re-traumatisation caused by military settings.³⁰ An inquiry into the sites conducted by the APPG on Immigration Detention revealed residents were subjected to appalling treatment and conditions which left many feeling dehumanised, exhausted and suffering a profound deterioration in their mental health, in some cases to the point of attempting suicide.³¹ The Independent Chief Inspector of Borders and Immigration reported residents at military sites were suffering from serious underlying physical and mental health conditions and 'extremely poor-quality, dormitory-style accommodation', describing the sites as 'filthy' and 'cramped'.³² In June 2021, the High Court ruled that the detention of people at Napier Barracks was unlawful, citing overcrowding, unsanitary living conditions, fire risks, a lack of ventilation and dilapidated structures.

In October 2022, an estimated 4,000 people were detained for weeks at a former military site in Manston used as an asylum processing centre. Extreme overcrowding, as the sites maximum capacity was for 1,400, resulted in people sleeping on the floor of tents in unsafe, unsanitary conditions including overflowing toilets, and a lack of water and food at times.³³ On visiting the barracks, the Independent Chief Inspector of Borders and Immigration described "wretched conditions".³⁴ There were outbreaks of scabies, gastroenteritis (which resulted in two children being hospitalised) and diphtheria. The diphtheria outbreak resulted in at least 50 cases including a 31-year-old man who subsequently died.³⁵

Conditions in Napier Barracks, which has been used to accommodate up to 500 people seeking asylum since September 2020, are also extremely poor³⁶. The Royal College of Psychiatrists described that healthcare at the site as "bordering on non-existent".³⁷

Doctors of the World (DOTW) UK has provided medical consultation to residents with complex medical conditions in need of a hospital referral and people who rely on regular medication left to manage healthcare conditions alone. 70% of patients seen by DOTW UK disclosed experience of violence in their home or a transit country and 30% of patients' asylum claims were because of an experience of violence. Consultations revealed unmet medical needs, high prevalence of mental health illness and poor access to medical care. 77% were not or did not know if they were registered with a GP. 74% of patients reported bad or very bad health in general. 70% had a psychological condition, depression and PTSD were commonly diagnosed and 40% reported suicidal ideation or attempt at some point whilst being accommodated at the barracks. Diagnoses also included musculoskeletal, neurological, respiratory, urological, eye, skin, and digestive conditions.

Case Study: *Andrew fled his home country after experiencing persecution, ill-treatment, and imprisonment. He has been harassed and beaten multiple times by the police. At times he was fearful that he would die due to these conditions and lack of food.*

When he arrived in the UK Andrew had a swollen ankle and ongoing foot pain, caused by an accident that occurred before arriving in the UK, and chronic back pain, which started after he was physically abused and detained before arriving in the UK. He can walk but still feels pain in his foot at times. He

has a history of depression. Andrew asked to see a doctor when he arrived in the UK, but this was not arranged.

After three months Andrew was moved to Napier Barracks. He began to experience severe stomach pain which he reported to the staff at the barracks who took no further action for 24 hours. After 24 hours an ambulance was called and Andrew was taken to hospital and diagnosed with a medical condition which, if left untreated, can rapidly lead to life-threatening complications. NHS guidance for patients with symptoms associated with this condition is to contact their GP or an out-of-hours service immediately. Andrew was advised to have surgery but declined because he was too worried about returning to the camp after the operation and being unable to care for himself due to the living conditions in the camp. He said, “the life in the camp is very bad even if you are healthy, I was sure I would die if I had the operation and then had to return to the poor conditions of the camp; the people were not willing to help, the food was poor, the situation was bad”. He was given antibiotics instead.

DOTW UK carried out a clinical consultation with Andrew. He had developed a hatred of himself and has lost hope. He said he had always been living in difficult situations but until now has always had hope. He describes it as like living in a prison. He has had thoughts that he would be better off dead; when lying on his bed he admitted to thoughts of hanging himself from the roof or if there was a way to get medication to take an overdose.

Impact of detention and isolated containment sites on the healthcare system and public health

Large detention centres and containment sites present a risk to public health, creating conditions which facilitate the spread of communicable diseases, and have been the site of infectious disease outbreaks. Suboptimal vaccination levels observed in refugees arriving in the UK increases this risk.³⁸ The military sites in Manston have seen outbreaks of diphtheria and scabies, TB cases³⁹ and COVID-19⁴⁰. The sharp increase in diphtheria cases in the UK has been linked to Home Office accommodation facilities⁴¹, prompting the European Congress of Clinical Microbiology and Infectious Diseases to call for improved health screening and vaccination protocols for people arriving in the UK to seek asylum.⁴²

Large detention and containment sites will place unnecessary pressure on local NHS services at a time when the NHS is under unprecedented levels of pressure. For local health services it is often a challenge to register and provide health screening and ongoing care to a couple of hundred new residents when a hotel in the local area is used as Home Office accommodation.⁴³

The accommodation sites in Manston and Napier demonstrate just how challenging it is to provide an adequate level of medical care on this scale and to manage longer term health needs in these types of settings. In Manston medical care was limited to an onsite paramedic team⁴⁴ until communicable disease outbreaks promoted a public health intervention.⁴⁵ At Napier Barracks⁴⁶, which accommodates 500 people, a single GP practice is responsible for providing primary care via a practice nurse who is based at the site on a part time basis. Health assessments with new arrivals are not routinely conducted, there is no mental health presence on site (and very few successful referrals to community mental health services)⁴⁷ and access to dental services is inadequate.

Increase in undocumented population with no path to status

No recourse to public funds

Whilst the new detention powers included in the Bill will mean most people will be detained on arrival, it's unlikely the UK detention estate will be able to hold everyone indefinitely, and many people will eventually be released into the community. By barring people from accessing the asylum system, the Bill will create a situation where tens of thousands of men, women, and children with no path to be recognised as a refugee or to regularise their status live in perpetual limbo in the UK. Refugee Council estimates that within three

years between 161,147 and 192,670 people will be in this situation because of the Bill.⁴⁸ Undocumented status is associated with destitution, poverty, exploitation and trafficking.⁴⁹

By default, those whose claims are deemed inadmissible will have no legal status and therefore have no recourse to public funds including homelessness support and, under the NHS Migrant Charging Regulations⁵⁰, not be entitled to receive most NHS secondary, tertiary and community services free of charge. It is inevitable that the Bill will lead to a substantial increase in homelessness in the UK and in the size of the population without full access to NHS services.

Medical consequences of undocumented status and no recourse to public funds

A wealth of evidence shows that living with insecure or no immigration status impacts on health⁵¹ and access to NHS services⁵². Without access to destitution or homelessness support, people with no legal status are at high risk of becoming homeless.⁵³ People experiencing homelessness face significant health inequalities and poorer health outcomes than the rest of the population. Mortality rates are ten times higher than the rest of the population and life expectancy is around 30 years less.⁵⁴

Under the NHS Migrant Charging Regulations, people without status have restricted entitlement to free NHS services and are unable to receive most NHS secondary, tertiary and community services.⁵⁵ Evidence shows that this policy causes serious harm to patients, forcing people to manage health conditions alone⁵⁶ and that even 'urgent' treatment is withheld from patients.⁵⁷ Women are particularly impacted as access to antenatal and maternity care are subject to the regulations.⁵⁸ Successive Confidential Enquiries into maternal deaths by MBRRACE have found migrant and asylum seeking women to be at higher risk of maternal deaths⁵⁹ and that the deaths of some women may have been related to concerns over the charging regulations⁶⁰. The Royal College of Paediatrics and Child Health reported the charging regulations impacted patient care, leading to worse health outcomes.⁶¹

The NHS migrant charging policy already places unnecessary pressure on NHS staff and resources, and organisations representing medical professionals have consistently called for the policy to be ended.⁶² Trusts are forced to withhold care up until the point that a person's situation is an emergency, the policy results in more urgent and complex interventions and more expensive treatment. Frontline healthcare professionals report the policy has increased workload.⁶³ Increasing the size of the population restricted from receiving free NHS care will only increase this pressure further.

Section 4 support and Home Office accommodation

Under the new Bill, people with inadmissible claims will have no recourse to public funds but may be able to apply for section 4 support, which consists of accommodation and weekly payments of £45.^{xii} However, section 4 support will not be automatically granted to everyone with an inadmissible claim, and it is unclear how available this support will be to people with inadmissible claims. Section 4 support is particularly difficult to apply for successfully because there are strict criteria that must be satisfied and, most crucially, it is not clear if the absence a removal agreement with a third safe country would make a person eligible for this support.

Section 4 support recipients will receive Home Office accommodation. They are also exempt from all NHS charges, however, under Home Office policy, residents in initial or contingency accommodation are only supported to access NHS services when in 'obvious and urgent' need of medical care.⁶⁴

Medical consequences of limited support (section 4 support)

Those who are granted section 4 support will be placed in Home Office accommodation, such as hostels, hotels and military sites, for an indefinite period of time. A wealth of evidence shows that hotel and hostel

^{xii} The Bill amends section 4 of the Immigration Act 1999 so that people whose claims are declared inadmissible under the Bill are potentially entitled to section 4 support.

style accommodation also has detrimental medical consequences, especially for individuals who are in these types of accommodation for extended periods of time.⁶⁵ 107 people have died in asylum accommodation since April 2016, with a stark increase in the number of deaths in the past few years.⁶⁶ 15% of these deaths were due to suicide or suspected suicide. Equality and Human Rights Commission research found people in receipt of section 4 support experienced barriers to accessing healthcare both at systemic policy level and in implementation and practice.⁶⁷

Between 2020 and 2022, Doctors of the World UK provided healthcare services to asylum seekers staying in initial and contingency accommodation, primarily hotels.⁶⁸ Most people seen by DOTW UK's doctors were not registered with a GP (80%). Others needed help to access prescription medicine, antenatal care, medical care for a baby, child or a relative, and many had basic and serious health concerns. Poor access to primary care in these accommodation settings makes residents highly dependent on NHS emergency services and ambulance call outs to hotels occur frequently.⁶⁹ Other reports have evidenced accommodation providers failing to provide transportation to hospital appointments causing people to miss necessary treatment including life-saving cancer treatment⁷⁰, frequent moves disrupting access to medical services and ongoing treatment⁷¹, and pregnant women being unable to access antenatal care.⁷²

Forced expulsions to 'safe' third countries

This Bill relies heavily on the 'Migration and Economic Development Partnership' with Rwanda, which will forcibly deport people who arrive in the UK irregularly to Rwanda whereupon they can apply for asylum, with no option to return to the UK. This policy is modelled closely on Australia's failed 'offshoring and indefinite detention' approach which has caused catastrophic and irreparable physical and mental consequences for those offshored.

In 2017-18, MSF worked on Nauru island, where the Australian government offshored people seeking asylum, and its teams saw some of the worst mental health suffering in MSF's 50 years of existence. Sixty percent of MSF's patients experienced suicidal ideation, and 30% attempted suicide, including children as young as 9 years old.^{xiii}

The UK medical community has raised multiple concerns with the Rwanda plan regarding the physical and mental health, wellbeing and security consequences of people who have been, and will be targeted with forced expulsion to Rwanda⁷³.

Medical Justice has documented the profound harm the scheme had on 36 men, women and age-disputed children targeted for removal to Rwanda⁷⁴. Medical Justice doctors conducted 17 clinical assessments of those who had been issued with removal notices to Rwanda and found that the threat of being deported to Rwanda was further exacerbating people's mental health conditions, causing them to experience fear, confusion, and uncertainty about their safety and a loss of hope. For some clients there was an increased risk of suicide and self-harm. This highlights the harm that is caused before any removal, whilst people are still in the UK.

¹ UNHCR, '[New UK asylum bill would be in 'clear breach' of international law: UNHCR](#)' (2023)

² [Convention and Protocol Relating to the Status of Refugees](#)

³ The Guardian, '[Illegal migration bill could topple world refugee system, lawmakers told](#)' (2023)

⁴ Refugee Council, '[The Truth about Channel Crossings](#)' (2023)

⁵ See: <https://questions-statements.parliament.uk/written-questions/detail/2023-03-29/HL6965/>

⁶ Freedom From Torture, '[Fleeing a Burning House: Why torture survivors take dangerous journeys to seek protection in the UK](#)' (2022); Home Office, '[Sovereign Borders: International Asylum Comparisons Report \(Section 1: Drivers and impact on asylum migration journeys\)](#)' (2020)

^{xiii} For more information on the health implications of the Rwanda plan, see Medical Justice's [report](#) on the health implications of the Rwandan notices of intent on people in UK detention centres and Médecins Sans Frontières 'Briefing Paper: The physical and mental health harms of forced removal and detention based on experience on Nauru Island', June 2022.

⁷ Home Office, '[Sovereign Borders: International Asylum Comparisons Report \(Section 1: Drivers and impact on asylum migration journeys\)](#)' (2020); Free Movement '[Does the policy of deterring asylum seekers actually work?](#)' (2021); Aljazeera, '[An assault on asylum? Experts raise alarm](#)' (2023)

⁸ The Times, '[Migrant crisis: 65,000 'will cross Channel in small boats this year'](#)' (2023)

⁹ Refugee Council, '[Illegal Migration Bill - Assessment of impact of inadmissibility, removals, detention, accommodation and safe routes](#)' (2023)

¹⁰ This estimate is based on 50% to 100% of people being detained for 28 days. See: Refugee Council, '[Illegal Migration Bill - Assessment of impact of inadmissibility, removals, detention, accommodation and safe routes](#)' (2023)

¹¹ The Guardian, '[Tories hail Greek migration policies as an example. Instead, they should serve as a warning](#)' (2023)

¹² Verhulsdonk, I., Shahab, M., & Molendijk, M. 'Prevalence of Psychiatric Disorders Among Refugees and Migrants in Immigration Detention: Systematic Review with Meta-analysis'. *BJPsych Open* 7(6) (2021); Bosworth M. 'Appendix 5: The Mental Health Literature Survey Sub-Review. Review into the Welfare in Detention of Vulnerable Persons: A Report to the Home Office' (2016); M von Werthern, K Robjant, Z Chui et al. 'The Impact of Immigration Detention on Mental Health: A Systematic Review', *BMC Psychiatry* 18: 382 (2018); Royal College Psychiatrists 'Position statement: The Detention of people with Mental Disorders in Immigration Detention' PS02/21, (April 2021)

¹³ Royal College Psychiatrists 'Position statement: The Detention of people with Mental Disorders in Immigration Detention' PS02/21, (April 2021)

¹⁴ *Ibid.*

¹⁵ British Medical Association (BMA), 'Locked up, locked out: health and human rights in immigration detention' (2017); Faculty of Forensic & Legal Medicine 'Quality Standards for healthcare professionals working with victims of torture in detention' (May 2019); Royal College Psychiatrists Position statement: The Detention of people with Mental Disorders in Immigration Detention PS02/21, (April 2021)

¹⁶ Medical Justice 'A Secret Punishment': The misuse of segregation in immigration detention" (2015)

¹⁷ Joint Committee on Human Rights 'Inquiry into Immigration Detention' (2018); House of Commons 'Home Affairs Committee Immigration detention: Fourteenth Inquiry Report of Session 2017-2019 (2019); ICIBI [Third annual inspection of Adults at Risk Immigration Detention June to September 2022](#)' (2023); HMIP '[Report on an unannounced inspection of Brook House Immigration Removal Centre by HM Chief Inspector of Prisons \(30 May – 16 June 2022\)](#)' (2023); Medical Justice '[The Brook House Inquiry: Briefing on Key Issues](#)' (2022); IMB 'Annual Report of the Independent Monitoring Board at Brook House IRC for reporting year 1 January 2020 – 31 December 2020' (2021).

¹⁸ Medical Justice, 'Expecting Change' (2013)

¹⁹ Royal College of Midwives, 'Position Statement: Detention of Pregnant Women' (2017); Dr Tony Falconer, former President of the Royal College of Obstetricians and Gynaecologists in Medical Justice 'Expecting Change' (2013).

²⁰ Medical Justice, 'State Sponsored Cruelty' (2010)

²¹ Royal College of GPs, Royal College of Psychiatrists, Royal College of Paediatrics and Child Health, and the Faculty of Public Health, 'Intercollegiate Briefing Paper: Significant Harm - the effects of administrative detention on the health of children, young people and their families' (2009); The Children's Society 'What have I done? The experiences of children and families in UK immigration detention' (2011): Lessons to learn; Bail for Immigration Detainees and The Children's Society Last resort or first resort? Immigration detention of children in the UK (2011).

²² Medical Justice, 'State Sponsored Cruelty 5' (2010)

²³ Medical Justice, 'State Sponsored Cruelty 5' (2010)

²⁴ Royal College of GPs, Royal College of Psychiatrists, Royal College of Paediatrics and Child Health, and the Faculty of Public Health, 'Intercollegiate Briefing Paper: Significant Harm - the effects of administrative detention on the health of children, young people and their families' (2009).

²⁵ *Ibid.*

²⁶ The Guardian, '[Tories hail Greek migration policies as an example. Instead, they should serve as a warning](#)' (2023)

²⁷ Médecins Sans Frontières, '[Constructing Crisis at Europe's Borders: The EU plan to intensify its dangerous hotspot approach on Greek islands](#)' (2021)

²⁸ Médecins Sans Frontières, '[Greece and EU must change approach to migration as scale of people's suffering revealed](#)' (2021)

²⁹ All-Party Parliamentary Group on Immigration Detention, '[Report of the Inquiry into Quasi-Detention](#)' (2021)

³⁰ [Joint letter on the use of MoD sites as accommodation](#) (2020)

³¹ All-Party Parliamentary Group on Immigration Detention, '[Report of the Inquiry into Quasi-Detention](#)' (2021)

³² Independent Chief Inspector of Borders and Immigration, '[An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks](#)' (2021)

³³ The Guardian, '[Calls for public inquiry into abuses at Manston asylum centre in Kent](#)' (2023)

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³⁵ The Guardian, '[Man who died after being held at Manston asylum centre named](#)' (2022); The Guardian '[Manston health concerns raised with Home Office weeks before outbreak](#)' (2023)

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