Medical Justice
health rights for people in immigration detention

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Proposed expansion of Haslar Immigration Removal Centre

Medical Justice proof of evidence

30 October 2026

1. My name is Lisa Incledon and I am Head of Clinical Evidence and Casework at Medical Justice (Charity Registration Number 1132072), where I have worked since 2013, previously as Senior Caseworker from 2020 to November 2025. I am authorised to make this statement on behalf of Medical Justice.

2. Established in 2005, Medical Justice is the only charity in the UK which focuses on providing clinical assessments for people in immigration detention. We receive over 400 referrals a year and approximately one-third are accepted for clinical assessment. We provide non-legal casework support to detained persons with medical needs. We conduct research into healthcare provision and safeguards in detention and our reports highlight issues of systemic concern. Our policy and advocacy work includes membership of several Home Office stakeholder forums. Medical Justice was a core participant in the Brook House Inquiry in 2020 and provided evidence. Medical Justice previously sent clinicians to assess people detained at Haslar IRC until its closure in 2015.

3. We have been asked to provide this proof of evidence in relation to our experience of healthcare provision and safeguards across the immigration detention estate and the impact of immigration detention on those held within IRCs.

4. The Haslar Planning Statement identifies a proposed increase from 130 places in the refurbished centre to 600 places following expansion (s 3.5, Table 3.1). My evidence concerns the healthcare and safeguarding needs of the people who would be accommodated at the expanded Haslar IRC, and the information needed to assess whether those needs would be met. I draw on Medical Justice's experience across the detention estate to identify relevant risks and matters requiring examination.

Healthcare provision and safeguards

5. There is a high prevalence of mental health conditions among people held in immigration detention, along with histories of torture, trafficking and other trauma.[1] Mental health conditions include depression, anxiety and post-traumatic stress disorder, which have been found to be around twice as prevalent among detained refugees and migrants, as those not detained.[2] A 2026 systematic review found *"clear and consistent evidence that in adults, the length of time spent in detention is associated with increased mental health concerns."*[3]

6. The Royal College of Psychiatrists has stated that detention in an IRC is likely to cause a significant deterioration of mental health in most cases, and *the "only efficient way to improve […] detainees' mental health is to release them from detention."*[4]

7. Vulnerable people are often detained inappropriately in the Care and Separation Unit (CSU) [5], used for removal from association.[6] Holding vulnerable people in isolation, particularly someone with mental health issues and/or at risk of suicide or self-harm, is likely to exacerbate their distress and/or increase that risk.

8. The core safeguarding measures for vulnerable people in detention are:
   - Rule 34 of the Detention Centre Rules 2001: Detained people must be given a physical and mental examination by a medical practitioner within 24 hours of admission to an IRC, provided they consent.
   - Rule 35 of the Detention Centre Rules 2001: Medical practitioners in IRCs have a legal duty to report safeguarding concerns about people who: (1) are likely to be injuriously affected by detention or any conditions of detention; (2) are suspected of having suicidal intentions; (3) may have been a victim of torture. These reports should trigger detention review by the Home Office, which may or may not lead to release.
   - The Home Office's detention review decision is taken in accordance with the Adults at Risk in Immigration Detention Statutory Guidance (AAR SG), which provides that vulnerable adults at particular risk of harm in detention should not normally be

[1] The Brook House Inquiry (BHI) Report, Volume II, Page 178
[2] Verhülsdonk, I., Shahab, M., & Molendijk, M. (2021) "Prevalence of Psychiatric Disorders Among Refugees and Migrants in Immigration Detention: Systematic Review with Meta-analysis", BJPsych Open, 7(6)
[3] Saifeldeen, R.K., Menon, S., Glover, N., & Katona, C. (2026), "The impact of immigration detention on mental health: an updated systematic review", BMC Psychiatry, 26:541
[4] Royal College of Psychiatrists (2021), Position Statement: Detention of people with mental disorders in immigration removal centres (IRCs) PS02/21,3.
[5] BHI, Vol II, p 121-125; IMB, National Annual Report 2025, Adult prisons, young offender institutions and immigration detention, June 2026 p.33
[6] Removal from association and temporary confinement - GOV.UK

detained and can only be detained when 'immigration factors' outweigh the presumption to release.

9. In practice, as we have extensively documented (see appendices), the statutory safeguards have serious, long-standing flaws, are poorly operated, and often fail to identify a detained person's vulnerability or lead to their release. For example, in an audit of our 2024 MLR clients, 77% either did not see a GP within 24 hours of their detention or had an insufficient mental health assessment to qualify as a Rule 34 appointment. Only 6% of clients that Medical Justice clinicians assessed had been harmed by detention received a Rule 35 (1) report. [7]

10. Likewise, of 20 clients detained in relation to the UK-France Hillmore Treaty and assessed by our clinicians between mid-August and end October 2025, only two saw a GP at the IRC within 24 hours. In the same group, 12 people had suicidal thoughts, one attempted to take their own life and two self-harmed. Five were identified as at risk of self-harm and/or suicide by the IRC, with one put on constant supervision, yet only one received a Rule 35 (2) report. [8]

11. The dangers of these failings were highlighted at the inquest into the suicide of Frank Ospina at Colnbrook IRC in 2023, following an earlier attempt to take his own life which did not lead to a Rule 35 report. The Head of Healthcare told the inquest, *"I can confidently say that if we had done the Rule 35 on the 22nd or 23rd [of March], then we wouldn't have had that outcome."* [9]

12. In December 2025, the High Court found a breach of the Article 3 'systems duty' (the duty to take measures to protect people from the risk of torture or inhuman or degrading treatment) in relation to the operation of Rule 35 at Brook House IRC, at least between 28 July 2023 and 11 March 2024. [10]

The Proposed Expansion

13. The Haslar Planning Statement describes initial healthcare screening and assessment (s 3.22), and proposed GP and nurse clinics, dentistry and mental health services (s 6.98). It also refers to a Health Needs Assessment for Haslar (s 3.25). Those descriptions do not, by themselves, enable assessment of whether healthcare and safeguarding provision would meet the needs of the expanded population.

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[7] Medical Justice (2025), Annual-Review_2024

[8] Medical Justice (2026), Politics over people?

[9] Migrants in detention 'faced month long wait for mental health assessments' when man took his life - Liberty Investigates; Frank Ospina: Prevention of Future Deaths Report, https://www.judiciary.uk/prevention-of-future-death-reports/frank-ospina-prevention-of-future-deaths-report/

[10] AH and IS v Secretary of State for the Home Department [2025]

14. Further, the Local Community Impact Assessment states that the existing refurbished medical facilities will provide sufficient primary healthcare for up to 600 residents (s 5.2.2). In light of the difficulties in identifying and responding to vulnerability described above, I consider it would be important to understand the staffing and clinical capacity underpinning that assurance, including how timely initial assessments, Rule 35 appointments and access to mental healthcare would be maintained for the expanded population.

15. We recommend the Inquiry seeks further details, including but not limited to the Health Needs Assessment, planned staffing levels, the expected availability of Rule 35 appointments and provisions for medical visits rooms, in order to properly assess the planned healthcare provision at Haslar IRC. These details would assist in assessing whether the proposed services could identify and respond promptly to vulnerability at the expanded centre.

16. There are significant limitations to the mental health care that can be provided in the context of immigration detention [11]. The Royal College of Psychiatrists has highlighted that *"the recovery model cannot be implemented effectively in a detention setting."* [12]

17. The national IMB chair recently warned that the overall situation in immigration detention is deteriorating: *"We have seen patterns repeat, warnings ignored, and risks re-emerge in different forms. The evidence available to us strongly suggests that many of these longstanding issues are not only unresolved but are becoming more acute. We repeatedly see health deteriorating in closed settings, delays in accessing medical care, rising distress, and vulnerable individuals becoming more unwell the longer detention continues. These are outcomes we observe directly, not theoretical risks."* [13]

18. There have been repeated failures to prepare for increased pressure on safeguarding mechanisms, most recently with Operation Hillmore. The IMB national chair wrote last month: *"Boards are still observing a backlog of Rule 35 health assessments yet to be conducted (over 100 at Heathrow and 125 at Gatwick in April – May 2026), despite the*

[11] See The Brook House Inquiry Report, Volume II, Page 179: *"Ms Calver [Head of Healthcare] agreed with Professor Cornelius Katona, Emeritus Professor of Psychiatry at the University of Kent and Medical and Research Director at the Helen Bamber Foundation… that detention was not an appropriate therapeutic setting to promote recovery from mental ill health, due to the nature of the environment and the lack of specialist mental health treatment resources."*

[12] Royal College of Psychiatrists (2021), Position Statement: Detention of people with mental disorders in immigration removal centres (IRCs) PS02/21,3

[13] Harm without accountability: force, failed safeguards and prolonged detention in the immigration system - Independent Monitoring Boards

extra resources allocated, and remain concerned about the lack of preparation that was made to manage such predictably high levels of vulnerability in detention." [14]

19. I confirm that the evidence which I have prepared and provide for this Public Inquiry in this Proof of Evidence is true. I confirm that the opinions expressed are my true and professional opinions.

[redacted]

Lisa Incledon

Dated: 30.10.2026

[14] IMB-National-Chair-letter-to-Minister-Operation-Hillmore.pdf

Appendices

Medical Justice (2026), *Politics over people? How the UK's "one in one out" scheme knowingly harms and forcibly removes torture and trafficking survivors to France,* Politics over people? - Medical Justice

Medical Justice (2025), Medical Justice Annual Review: The state of healthcare and harm in UK immigration detention in *2024,* Medical Justice Annual Review - Medical Justice

Medical Justice (2023),*"If He Dies, He Dies": What has changed since the Brook House Inquiry?,* "If he dies, he dies": What has changed since the Brook House Inquiry? - Medical Justice

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