Proof of Evidence of Gee Manoharan (Association of Visitors To Immigration Detainees)

Re: the Haslar Immigration Removal Centre Inquiry

Phase 2 proposed expansion - CROWN/2026/0000005

1. Introduction and basis of my evidence

1.1. My name is Gee Manoharan. I am the Co-Director of Policy and Influencing at the Association of Visitors to Immigration Detainees ("AVID").

1.2. AVID is a national network of organisations that visit and support people detained under immigration powers within the UK. Our network has visitor groups supporting all Immigration Removal Centres ("IRCs"), all Residential Short-Term Holding Facilities ("RSTHFs") and some prisons. We used to have a visitor group, called Haslar Visitors Groups supported people held at Haslar Immigration Removal Centre ("Haslar IRC") until it's closure. We are currently in the process of establishing a new group to support people at Haslar when it's reopened later next year with the phase 01 reopening plans that are underway[1]. [2]

1.3. I have worked on immigration detention, migration and related policy issues for the last 14 years and have done so while working for AVID for the last 10 years. My current role involves monitoring human rights issues within the immigration detention estate, as well as working on policy, advocacy and engagement concerning immigration detention.

1.4. Within my role, I work with AVID and their member organisations. I hear directly from visitors and people who are detained or previously detained. I was also the founding member of Larne House Visitor Groups, who support people held in Larne House Residential Short-Term Holding Facility ("LHRSTHF"). I coordinated and visited this facility as part of the group for 4 years.

1.5. I also have direct experience of immigration detention. I was detained at Heathrow IRC and LHRSTHF in 2013, approximately for one month.

1.6. Since then, I have been working for AVID. I have helped create and establish 3 different visitors' groups, witnessed 03 different centres being closed down (including Campsfield IRC, Morton Hall IRC and Verne IRC) and witnessed the reversal of government direction to expand detention by the reopening of Campsfield IRC and Haslar IRC, establishing a new centre for women (Derwentside IRC) and new types of facilities such as Manston Residential Holding Rooms. I have also provided direct support to people held in Campsfield in the last 10 months since the re-opening due to the delay in establishing a visitor group until April.

1.7. My evidence therefore comes from two sources of knowledge: my own experience of immigration detention and my professional experience where I work with people currently detained, independent visitors who see them regularly, and organisations operating throughout the immigration detention estate.

1.8. I would also like to declare that I have never visited and supported people at Haslar IRC while it was operating as I joined AVID at the beginning of 2016 and the Haslar was closed prior to

[1] Haslar IRC factsheet – Home Office: https://www.gov.uk/government/publications/haslar-immigration-removal-centre-factsheet/haslar-immigration-removal-centre-irc-factsheet

[2] https://www.aviddetention.org.uk/about

that year (2015). [3] I was able to also analyse and obtain our historic files and monitoring information from Haslar Visitors Groups, which I have used throughout this proof of evidence.

1.9. My evidence focuses on particular harms on welfare and the cumulative effects of detention, vulnerability, lack of mental health support, and healthcare provision, and violence and safety concerns. I also address physical conditions inside other current IRCs including extreme heat.

1.10. I am conscious that my own experience alone cannot be assumed to be the experience of everybody who is detained. My opinion is based on recurring patterns that I have encountered over time, informed by current evidence from AVID's network of visitors, bodies responsible for scrutinising its activities, and people detained across the immigration detention estate.

1.11. I do not treat individual cases as representative of the entire detention population of future population of Haslar. I use them to illustrate risks and experiences which are also recognised in wider independent findings across the detention estate and in recent history.

1.12. In reaching my opinion, I will refer to where the sources of opinion or evidence comes from matters I experienced personally while detained, and information reported directly to AVID visitor groups, including visitors for people detained at Haslar IRC, and current IRCs and independent published evidence from public bodies (such as HM Inspectorate of Prisons ("HMIP") and the Independent Monitoring Board ("IMB").

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

2. Harm in detention is often cumulative

2.1. The most visible harms associated with detention are incidents such as self-harm, suicide attempts, violence, use of force by staff, and medical emergencies. Even in some cases, deaths. These are extremely important, but they are not the whole picture. In my experience, these harms are cumulative. Anxiety, uncertainty, loss of control, inability to get quality legal advice, separation from family, community, prison-like conditions, fear of removal, delays in healthcare, inability to obtain clear information and the inability to leave a distressing environment do not operate independently to one another.

2.2. This has been documented extensively in academic research, NGO evidence, independent scrutiny and public inquiries.[4] A systematic review of 2777 participants found consistently

[3] AVID's statement on connecting the reopening of Haslar and Campsfield IRC: [redacted]

[4] A systematic review updated since 2018 to 2026 shows: In adults, longer durations of detention were consistently associated with a higher likelihood of experiencing mental health difficulties. F (Saifeldeen RK, Menon S, Glover N, Katona C. The impact of immigration detention on mental health: an updated systematic review. BMC Psychiatry. 2026 May 16;26(1):541. doi: 10.1186/s12888-026-08149-z. PMID: 42143283; PMCID: PMC13383136. [redacted]
Recent GRETA report: GRETA shows detention is not only harming vulnerable people but actively increasing trafficking risk. The report draws a direct connection between hostile immigration policy and exploitation. [redacted]
Shaw Review highlighted this as 'vulnerability is intrinsic to the very fact of detention' (pp8) : https://assets.publishing.service.gov.uk/media/5a8024f940f0b62305b89713/52532_Shaw_Review_Accessible.pdf
Brook House Inquiry page 1: "places of detention are the hidden spaces in our society"

high levels of anxiety, depression. And post-traumatic stress disorder among people subjected to immigration detention with longer period of detention associated with greater severity of mental health symptoms.[5] AVID and the Gatwick Detainee Welfare Group's (an AVID member support people at Tinsley and Brook House IRCs) 2015 report, rethinking vulnerability in immigration detention: a Crisis of Harm, similarly concluded from a literature review and 31 case studies that vulnerabilities and harm should not be understood as fixed category identified only at the point of detention; rather, it is dynamic and can be shaped or aggravated by the experience and conditions of detention itself. [6] This is consistent with Stephen Shaw's independent review for the Home Office, which recognised that vulnerability is intrinsic to detention itself that prolonged detention can be compound its adverse effects.[7] The Brook House Inquiry subsequently described detention as an environment in which rights and freedoms are curtailed, isolation from loved ones is part of everyday life, and mental and physical wellbeing may be affected. The Inquiry chair described detention by the state as a 'profoundly life-altering experience'. [8]

2.3. I have also experienced these effects personally, both during my own detention and in the years since, and I have observed similar patterns in people I have supported through my work over the last decade. In my experience, the harms of detention do not necessarily end at the point of release. For some people, the consequences continue in the form of anxiety, panic, hypervigilance and difficulties rebuilding trust and relationships and a continuing sense of insecurity. This is reflected in AVID's post-detention networks (3 of AVID's members run these groups - Beyond Detention, Gatwick Detainee Welfare Group, and Detention Action make up of nearly 100 people with previous experiences of detention), where people with lived experience remain engaged in support and advocacy years later.

2.4. In some cases, electronic monitoring can prolong that sense of control and stigma beyond the detention estate. In my opinion, this matters because detention should not be understood as a temporary event with effects confined to the period of incarceration; for many, its

---

and describes them as places where communication is restricted, "rights and freedoms are curtailed", isolation from loved ones forms part of life, and detention can affect mental and physical wellbeing. It concludes that detention by the State is a "profoundly life-altering experience." (emphasis added): https://webarchive.nationalarchives.gov.uk/ukgwa/20240926150427/ https://brookhouseinquiry.org.uk/main-page/

Medical Justice, *The State of Healthcare and Harm in UK Immigration Detention in 2024* (2025) [redacted] -- 73 people assessed by independent clinicians in 2024. Of those clients, Medical Justice reported that 97% experienced deterioration in their mental state while detained, 74% had an increased suicide risk after detention, 23% self-harmed, and three attempted suicide.

See also: harm done by UK-France Agreement: [redacted]

[5] The impact of immigration detention on mental health: an updated systematic review. BMC Psychiatry. 2026 [redacted]

[6] [redacted]

[7] The Shaw Report at page 8 states: "vulnerability is intrinsic to the very fact of detention, and an individual's degree of vulnerability is not constant but changes as circumstances change": https://www.gov.uk/government/publications/review-into-the-welfare-in-detention-of-vulnerable-persons

[8] The Brook House Inquiry at page 1 states: "places of detention are the hidden spaces in our society" and describes them as places where communication is restricted, "rights and freedoms are curtailed", isolation from loved ones forms part of life, and detention can affect mental and physical wellbeing. It concludes that detention by the State is a "profoundly life-altering experience." (emphasis added): https://webarchive.nationalarchives.gov.uk/ukgwa/20240926150427/ https://brookhouseinquiry.org.uk/main-page/

consequences are enduring and shape lives well after release. In turn, this also impacts the communities and support services that they will be released into.

3. Rationale for reopening and expanding Haslar

3.1. I have followed the proposed reopening of Haslar IRC through my professional role at AVID since it was first announced in 2022 and AVID received a letter from Home Office explaining this changes including plans to reopen and expand Campsfield IRC. In my view, it is important to distinguish the original rationale for reopening Haslar from the reasons now advanced for expanding it to 600 bed spaces. [9]

3.2. When AVID was informed of the proposal in 2022, the Home Office told us that the requirement was for 600-bed space for adult men. The stated rationale was to ensure sufficient detention capacity to specifically support the then Governments' Migration and Economic Development Partnership with Rwanda. The same rationale appears in the Minister for Immigration's September 2022 letter to the Chair of the Home Affairs Committee, which stated that the Haslar proposal formed part of the Home Office's review of detention capacity and geographical footprint, "including to support the development of the Migration and Economic Development Partnership with Rwanda.

3.3. That policy no longer forms part of the justification presented for Haslar. Instead, the Home Office now relies upon a different set of policy objectives: increasing enforced returns generally; the UK–France returns arrangement; the removal of time-served Foreign National Offenders ("TSFNOs"); sentencing reform; small-boat arrivals; and wider pressure on the detention estate

3.4. This change is expressly acknowledged in the Home Office's own planning statement – paragraph 5.20 states the original "Case for change" was motivated by previous Prime Ministerial commitments and legislations. But now it motivated principally by the commitment to increase removal. In other words, the physical proposal for a 600-place detention centre has remained broadly constant while the policy justification relied upon to support that proposal has changed.

3.5. My concern is that a long-term physical development capable of detaining 600 people requires an evidential justification which is more durable than whichever enforcement policy happens to be current at a particular point in time. My concern is that a long-term physical development capable of detaining 600 people requires an evidential justification which is more durable than whichever enforcement policy happens to be current at a particular point in time. The current Planning Statement places particular weight on two factors: Foreign National Offenders and the UK–France returns agreement. At planning statement, the Home office states that time-served FNOs may be transferred from prison into an IRC where removal can occur within a reasonable period. However, the same paragraph acknowledges that changes arising from sentencing reform may reduce the volume of time-served FNOs transferring from prisons to IRCs.

3.6. I find that difficult to reconcile without seeing the underlying modelling. If one of the principal cohorts relied upon to justify additional capacity may decrease as a result of the Government's own sentencing policy, it is important to understand what assumptions have been made about the number of FNOs expected to require IRC detention, the average period for which they will be detained, and the proportion expected to be removed rather than released.

3.7. In addition to this, UK-France agreement was a pilot and has been expired since 1st October 2026. AVID network have raised issues and concerns about the policy and how it is inherently harmful to vulnerable people stuck on this. I have not identified a published replacement arrangement which would permit the Inquiry to assume that the future detention

[9] Minster of State for Immigration, letter to the Chair of the Home Affairs Committee, 21st September 2022 committees.parliament.uk/publications/30252/documents/175061/default/

flows attributed to that scheme will continue. his appears significant because the applicant itself identifies the France agreement as an assumption within its detention demand model. If a material policy assumption within that model has subsequently ceased to operate, the question arises whether the model relied upon in support of the planning application remains current.

3.8. In my professional experience of the detention estate, the relationship is considerably more complex. Bed capacity, detention length, case progression, legal barriers to removal, vulnerability, availability of travel documentation, bail, release and operational efficiency all affect whether detention actually ends in removal. Increasing the number of beds does not by itself demonstrate that the constraint on removal is the absence of physical detention space.

3.9. In the case for Haslar presents an additional difficult which does not arise in quite the same way at an established IRC. The phase 1 has yet to finalised and reopen. The Home Office currently expects it to open in 2027 with around 130 places. The present application nevertheless seeks permission now for another 470 places, taking the site to approximately 600. No one has yet been detained in the refurbished centre. There has therefore been no opportunity for HM Inspectorate of Prisons, the Independent Monitoring Board, AVID visitors, healthcare regulators or other independent bodies to assess how the new centre operates in practice; whether its staffing levels are sufficient; whether healthcare, legal advice, safeguarding and visiting arrangements function effectively; or what difficulties emerge when the centre approaches its initial 130-person capacity.

3.10. In my opinion, this makes the sequencing particularly important. The question before the Inquiry is not merely whether 470 additional bedrooms can physically be constructed at Haslar. It is whether there is a sufficiently evidenced basis for authorising a 600-person detention institution before the 130-person institution on which it is built has even begun operating. If the original policy rationale for 600 bed space changing therefore the question is to ask what current evidence demonstrate that 600 permanent places at this particular site remain necessary?

4. Vulnerability, Mental health, distress and self-harm

4.1. AVID's historical records from the former Haslar Visitors Group provide a Haslar-specific account of the welfare consequences of detention at this site. Those records are reinforced by independent scrutiny, particularly HM Chief Inspector of Prisons' unannounced inspection in February 2014. I do not rely on this material to suggest that the Haslar, when its reopened, will inevitably reproduce the same conditions. Its relevance is that many of the problems identified historically were institutional rather than simply architectural: prolonged detention, identification of vulnerability, access to legal advice, responses to mental-health crisis, communication with the outside world, transfers and preparation for release. All of these issues currently persists within the rest of detention estate.

4.2. The 2014 HMIP inspection was, overall, positive about Haslar. Inspectors described it as one of the better centres they had inspected, with particularly strong relationships between staff and detained people. Some 95% of surveyed detainees said staff treated them with respect. That context is important. The concerns identified below arose despite those strengths, rather than being attributable simply to an obviously dysfunctional institution.[10]

4.3. Prolonged detention was one of the clearest concerns. Haslar Visitors Group recorded in 2011 that several people detained for more than a year had been released, including one person who had been detained for two years and nine months. The visitor group subsequently reported the Independent Monitoring Board's concern that people detained for more than a year were at serious risk of institutionalisation. HMIP independently identified the same problem in 2014. Inspectors found that the Home Office had failed to progress some cases promptly, that some people were held for unreasonable periods, and recorded one person

[10] Unannounced inspection of Haslar Immigration Removal Centre (10-11 and 17-21 February 2014) at: http://www.justiceinspectorates.gov.uk/hmiprisons/inspections/haslar-immigration-removal-centre/

who was released only after three and a half years in immigration detention. In another case, administrative delay prolonged detention while an asylum claim took six months to decide; another person remained detained for more than a year despite there being no prospect of removal within a reasonable period.

4.4. HMIP therefore [11]made a principal recommendation that decisions to maintain detention should be based on a realistic assessment of the prospect of removal and made in accordance with the law. This closely matches the visitor group's evidence about the effect of long-term confinement and supports my broader professional view that duration and uncertainty are themselves important determinants of harm.

4.5. There were also significant concerns about vulnerability and the effectiveness of safeguards. Historical Haslar records show that visitors were encountering people with histories of trafficking and torture, as well as people whose learning disabilities or other needs were difficult to identify. The visitor group recorded two cases involving trafficked young men in the year preceding March 2012.

4.6. A particularly instructive example concerned learning disability. A specialist working with Haslar described a detained man who repeatedly failed to collect his medication at the required time. Only after a considerable period was it discovered that he could not tell the time. The barrier was ultimately addressed by setting an alarm on his telephone. The same work identified language barriers as a significant obstacle to recognising learning disability and recorded that Haslar did not then have sufficient provision or an established assessment system for such needs. This demonstrates an important point: a safeguard cannot protect someone whose vulnerability has not first been recognised.

4.7. HMIP's later inspection showed that similar questions about identification and safeguarding remained relevant. Although healthcare was assessed as reasonably good, inspectors found that Rule 35 reports varied in quality, were not always answered within the required period and rarely resulted in release. In one case, a Rule 35 report documenting torture was made on 4 January but was not considered until 15 January, when the evidence was accepted and the person released. HMIP also recommended that healthcare professionals receive training in recognising trauma and torture.

4.8. Mental-health crisis and safety required effective institutional responses. HMIP found that levels of self-harm were generally low and that people in crisis were usually well cared for. However, inspectors were concerned that people at risk of suicide or self-harm could be placed in the special accommodation unit when it was not continuously staffed, leaving a person in crisis behind two locked doors from staff. This was particularly concerning because the issue had been raised at the previous inspection. HMIP consequently made staffing of the special accommodation unit, particularly where there was a risk of self-harm or suicide, a main recommendation.

4.9. Historical visitor evidence also illustrates the importance of interpersonal safety. One man supported by Haslar Visitors Group was subjected to bullying by other detainees because he was perceived to be gay while simultaneously facing repeated removal directions. The group recorded a significant improvement in his wellbeing after his release. HMIP found overall levels of violence and bullying to be low in 2014, but nevertheless recommended that all violence and antisocial behaviour be investigated and victims properly supported.

4.10. Access to legal advice was another recurring weakness. When Refugee and Migrant Justice closed in 2010, Haslar temporarily lost its weekly legal advice session. The visitor group reported that people were left in a difficult position because many solicitors would not travel to Haslar to take on potential clients. Four years later, HMIP found that increasing numbers of detained people still had no lawyer to assist with their immigration case or bail application. Inspectors concluded that too many people requiring an immigration lawyer did not have one and that some did not understand how the legal surgery operated. HMIP specifically recommended investigation into poor access to legal representation across IRCs.

[11] Submission to the Parliamentary inquiry into the use of immigration detention in the UK, hosted by the APPG on Refugees and the APPG on Migration by HMIP: [redacted]

We have evidence that this across the estate that the access to legal advice remain poor. We are particularly worried about DDAS lawyers' access into this center will be mostly remote.

4.11. Contact with the outside world was itself treated by HMIP as a welfare safeguard. Haslar Visitors Group had developed monitoring specifically to identify deterioration in morale and vulnerability over repeated visits. Its 2012 analysis covered 19 detained people whose periods of detention ranged from less than a month to two years and recorded how trust and engagement developed or deteriorated over time. HMIP independently found that detained people valued the Haslar Visitors Group and its role in helping them maintain contact with the outside world.

4.12. There were nevertheless practical barriers to external contact. HMIP found poor mobile-phone reception, no Skype or social-network access and inappropriate blocking of some websites. Only 56% of surveyed detainees said telephone use was easy, compared with a comparator of 67%. Historical visitor records similarly describe the introduction of internet access as something expected to make a significant difference to detained people's ability to access the outside world.

4.13. Finally, movement through the detention estate created its own welfare problems. HMIP found that people were being transferred too frequently for administrative reasons and recommended that excessive movement around the estate should stop. People being transferred to another IRC were commonly told only the day before, even where the centre knew earlier. In one striking case, a man who had spent three and a half years in immigration detention after a similar period in prison was given only three hours' notice of release and told to travel to Tyneside late that afternoon.

4.14. These independent findings substantially correspond with the historical evidence recorded by Haslar Visitors Group. The same themes recur across two very different sources: prolonged and uncertain detention; vulnerability that could be difficult to identify; weaknesses in Rule 35 and safeguarding responses; dependence on legal representation; mental-health and safety risks; disruptive transfers; and the importance of sustained relationships with people outside the institution.

4.15. In my opinion, that correspondence is important to the present proposal. The lesson from Haslar's history is not simply that the old buildings were worn and therefore need replacing. Indeed, HMIP acknowledged that the former centre had strong staff relationships and performed comparatively well while still identifying these concerns. The historical evidence demonstrates that many of the most significant risks arose from the operation of immigration detention itself and the systems surrounding the detained person.

4.16. A refurbished centre may address damp walls, worn accommodation or outdated facilities. It does not by itself answer whether detention will be kept short; whether vulnerability will be identified quickly; whether a Rule 35 report will result in meaningful reconsideration of detention; whether people will obtain lawyers; whether someone experiencing a mental-health crisis will be safely supported; or whether meaningful connections with family, visitors and the outside world will be maintained.

4.17. That distinction is particularly important where the present proposal would ultimately create a centre capable of holding approximately 600 people. Before expanding to that scale, the relevant question is not merely whether the buildings will be newer than those inspected in 2014, but what evidence demonstrates that the institutional problems previously identified at Haslar will not be reproduced at a substantially greater scale.

5. Potential effect of scaling up Haslar bed spaces

5.1. There is a further concern in the reasoning of section 5. At paragraphs 5.7–5.10, the Planning Statement moves from Government announcements about increasing enforcement and returns to the conclusion that expansion of detention capacity is urgently required.[12] At paragraphs

[12] Planning Statement

5.28–5.30 it states that expansion would support immigration enforcement, create resilience and enable higher removal volumes, before asserting that failure to grant permission would have serious consequences for border infrastructure and Government policy.[13] This reasoning risks becoming circular: Government wishes to increase removals → therefore more detention is needed → therefore Haslar must expand → therefore national need outweighs the harm. It should not be accepted merely because the policy objective itself is politically important. This is especially significant where claimed "need" is being relied upon to justify development which would otherwise carry substantial planning harms.

5.2. Overheating is a significant concern. The Home Office's own Detention Services Order requires accommodation to remain within defined temperature standards, including a maximum room temperature of 28°C. During recent heatwaves, AVID and the local visitor groups including that at Campsfield, experienced cancelled or disrupted visits, while detained people reported extremely hot bedrooms. In my view, the applicant(Home Office) must demonstrate that the expanded centre can maintain safe conditions during prolonged heat, taking account of secure windows, restricted movement, night-time temperatures and failure of mechanical cooling. If it cannot, the risk is not simply discomfort but an unsafe living environment for people who cannot remove themselves from it.[14]

5.3. AVID has particular expertise in visiting across the detention estate. About 5100+ estimated people in detention were visited by our visitor groups network in year ending October 2026. Independent visitors provide something the institution itself cannot: a sustained human relationship outside the Home Office and detention contractor. For many detained people, that relationship is a vital link to family, legal advice, community organisations and life beyond detention. The issue is therefore not simply whether the plans include a visitors' building, but whether visiting provision is genuinely sufficient for a centre of 600 people — in terms of capacity, privacy, accessibility and practical access. If visiting infrastructure does not expand in proportion to the detained population, the proposed expansion risks deepening isolation precisely where outside contact can be most protective against the harms of detention.

6. My professional opinion and conclusion

6.1. The central harm I identified is not simply poor accommodation. It is the combination of loss of liberty, uncertainty, dependency and lack of control.

6.2. In my professional opinion, expanding to 600 places creates a foreseeable risk that more people will be exposed to the harms associated with detention while greater pressure is simultaneously placed on the systems intended to mitigate those harms. Furthermore, the Home Office has not produced clearer modelling of the need for increasing the overall detention bed spaces and how they are going to meet the needs of the detained population and local services to the community nearby.

6.3. That is the principal conclusion I ask the inquiry to consider.

---

[13] Planning Statement

[14] See also my previous evidence: https://find-crown-development.planninginspectorate.gov.uk/applications/7fe2266a-f9a0-4e95-a294-54c363c7821d/written-representations/52EAE-135FA



Gee Manoharan

Co – Director of Policy and Influencing

Association of Visitors To Immigration Detainees