

By force of habit: How the use of force in immigration detention has lost sight of necessity and dignity

A thematic monitoring report

November 2025



Introduction from the National Chair

Robust monitoring of the use of force against people held in detention is essential to safeguard human rights, ensure accountability, and prevent abuse in settings shielded from public view. Independent Monitoring Boards (IMBs) that monitor in immigration detention facilities across the country have regularly raised concerns about the impact of force being applied inconsistently, disproportionately and without adequate justification¹. Such practices risk undermining the welfare of those detained and eroding public confidence in the integrity of detention systems.

In this report, the term ‘force’ refers to any physical intervention used on another person, which includes the use of handcuffs. At present, the Home Office and its contract service providers lack consistent and transparent definitions of what constitutes the use of force against detained people. To be considered lawful, the use of force must be necessary, reasonable, proportionate and justifiable. This means that force should only be used when all other reasonable methods have been exhausted, there is no other way of ensuring safety, and the degree of force applied is strictly limited to what is essential in the circumstances. However, the Home Office has failed to sufficiently embed these principles, and IMBs have found them to be routinely sidelined for operational convenience.

Immigration detention is a civil, administrative measure, not a criminal sanction. Its primary purpose is to support the Home Office in carrying out immigration enforcement, such as facilitating removals or resolving immigration status issues. However, practices such as the routine handcuffing of those who are sick and require hospitalisation risk the unfair criminalisation of people in immigration detention. Such measures can also foster a culture of hostility among staff and undermine the principles of dignity, fairness, and proportionality. The dangers of normalising excessive responses and eroding professional standards over time are well documented, most notably in the findings of the Brook House Inquiry.

Two years after the publication of the Brook House Inquiry’s findings, the Home Office is expected to issue guidance for staff on the use of force in detention settings. The findings presented in this report make clear that guidance alone is not enough. It must be accompanied by meaningful cultural change, ensuring the rights and needs of detained individuals are not compromised by logistical convenience. In the meantime, this report documents the lived experiences of detained people, many of whom are highly vulnerable, face language barriers, and are either unable to understand or too afraid to challenge the actions taken against them.

Elisabeth Davies

November 2025

¹ Independent Monitoring Boards (IMBs) monitor and report on the conditions and treatment of those detained in every prison in England and Wales, as well as every immigration detention facility across the UK.

Key findings

- The presumption against restraint is often ignored, leading to concerns over the justification, necessity and proportionality of force used
- Restraint is applied inconsistently and practice varies between contractors
- Opportunities for de-escalation are missed
- There is no evidence of a trauma informed approach to the use of force on vulnerable individuals
- There are serious concerns over staff attitudes and the organisational culture towards the use of force
- There are some concerns over the recording of force and the effectiveness of review processes.

The IMB has concerns over the justification, necessity and proportionality of force used

IMBs have consistently raised concerns about the necessity and appropriateness of force used against detained people. Throughout 2024 and 2025, IMBs repeatedly highlighted the routine and unjustified use of handcuffs and described observing a 'blanket approach', applied without clear identification of individual risk. Handcuffs should only ever be used as a last resort and on a risk assessed basis, yet findings from both immigration removal centres (IRCs) and short-term holding facilities (STHFs) suggest that the presumption against restraint is not only being overlooked but largely disregarded.

At IRCs across the country, it appears to have become routine for detained people to be handcuffed during moves to hospital. IMBs have been told by centre management that this practice is considered necessary due to the implications of 'Operation Safeguard', under which time-served foreign national offenders (TSFNOs) are transferred from prisons to immigration detention, and a single case involving an absconder. This rationale has raised serious concerns about whether a widespread and indiscriminate approach to the use of force has been adopted, disproportionately affecting a significant proportion of detained people largely based on one incident.

The uniform approach to handcuffing led IMBs to question whether individual risk assessments were being completed. While Boards were assured that assessments were conducted and signed off by the Home Office, some IMBs found little evidence of critical oversight. Indeed, it became apparent that concerns had never been raised by those in the Home Office reviewing risk assessments, nor had any submissions been challenged. For example, Gatwick IMB reported that nearly 100% of those taken to hospital appointments in 2024 and early 2025 were handcuffed, suggesting that restraint had become the default rather than the exception.

The Board questioned the effectiveness of the risk assessment process, especially in cases where individuals were clearly unwell and posed no discernible risk. In one

instance, a 70-year-old man, described as small and frail, was handcuffed for a hospital visit, despite having no history of disruption in detention or during previous hospital escorts. The paperwork noted no evidence of risk, yet the duty director approved the use of handcuffs, citing risk on escort.

Some detained people have told Boards they are reluctant to attend hospital appointments due to the stigma attached to being handcuffed in public, thus limiting access to healthcare for those requiring medical attention, and evidencing the potentially harmful and humiliating nature of such an approach.

IMBs' concerns about the volume of handcuffing and the lack of clear justification prompted the Home Office to complete internal reviews

Concerned by the findings of IMBs monitoring detention centres across the country, IMB National Chair Elisabeth Davies wrote to the Immigration Detention Director regarding the use of handcuffing during escorts and transfers.

The correspondence highlighted the frequency individuals were being handcuffed during hospital transfers, the limited effectiveness and oversight of risk assessments, and concerns about the adequacy of justification provided for handcuffing.

In response to these findings, the Deputy Director of Detention Services for the Home Office stated that a comprehensive review of handcuff usage would be completed, with particular emphasis on the justification provided in risk assessments. They also confirmed that a review would be undertaken by Escorting Operations to ensure that the policy on restraint use is being applied correctly and consistently. IMBs await the outcome of these reviews.

The use of restraint is inconsistent

The use of restraint, and the requirement to assess its necessity, has been applied inconsistently at facilities run by Home Office contractors. At times, the failure to provide a safe environment has resulted in the blanket use of handcuffs on detained people.

In some settings, the operational preferences of private contractors appear to take precedence over the wellbeing of detained individuals when deciding to use handcuffs. At other short-term holding facilities, IMBs received inconsistent and sometimes contradictory justifications for when and why handcuffs were deemed necessary:

- At Luton Airport, detained people are routinely handcuffed when being escorted to removal flights, which is inconsistent with other ports. The IMB was informed that this approach is taken there because the airport authorities have expressed a preference for detained individuals to be transported in

handcuffs, a factor which the IMB does not believe should have any bearing on the decision to use force.

- At Manchester and Birmingham airports the IMB was informed that the decision to use restraints is made by contracted escort staff. At Birmingham, handcuffs are generally not used when escorting people to removal flights; however, all individuals are handcuffed when being escorted to vehicles, unless they have mobility issues.
- At Manchester Dallas Court reporting centre, all men are handcuffed when escorted to vehicles, whereas women are not. The reason provided was that vehicles are parked in an area considered only semi-secure.

Concerns raised by the IMB regarding blanket handcuffing practices resulted in a Home Office internal review

For a number of years, the IMB monitoring at the STHF at Sheffield Vulcan House repeatedly raised concerns about the safety of the vehicle loading bay, as detained people were being escorted to vans through an area used to store hazardous items.

The local IMB highlighted the fact that rather than addressing the underlying safety risks, the contractor managing the facility on behalf of the Home Office (Care & Custody) decided to implement a blanket policy of handcuffing all individuals during vehicle transfers. The responses to the IMB's queries over this practice, from both the Home Office and operational teams, were either inaccurate or insufficient.

As a result of the Board's sustained efforts, a Home Office representative visited the site and supported the Board's concerns, directly challenging the blanket use of handcuffs. The Home Office subsequently confirmed that the practice had ceased and that the loading bay was operational.

However, as of September 2025, the Board continues to observe the routine use of handcuffs at Vulcan House without evidence of individualised risk assessments. Justifications provided remain inconsistent, offering little reassurance that staff understand when the use of force is appropriate or how to conduct proper risk assessments.

The continued application of a practice already challenged by the Home Office raises serious concerns about the oversight and accountability of contractors.

Opportunities for de-escalation are missed

Too often, the needs of detained people are ignored and reasonable adjustments overlooked. IMBs report that translation and interpretation services are not always utilised prior to the application of force. Given that the vast majority of those detained do not speak English as a first language, many are left unable to understand what is

happening in the lead up to the use of force. In one case, force was used on a detained person because they refused to stand when asked. Had translation services been used this may have negated the need for any use of force, as what was perceived as non-compliance may have simply been a misunderstanding.

In another instance, a woman with a history of repeated self-harm and who had been removed from association was subjected to force. The local IMB raised concerns with the Home Office over force being used without appropriate explanation or discussion, as better communication potentially could have prevented the escalation. The use of force team at the centre agreed with the IMB's assessment and questioned some of the restraint techniques used. This resulted in a wider review by Serco and refresher training for staff.

There is no evidence of a trauma-informed approach to the use of force on vulnerable individuals

A significant proportion of those held in IRCs are identified as vulnerable, with many having experienced trauma, including torture and trafficking. Despite this, IMB monitoring has found no evidence of a trauma-informed approach to the use of force. IMBs have also observed a concerning tendency to underestimate the psychological impact of trauma on individuals subjected to restraint.

IMBs have also noted a lack of awareness around the inherent power imbalance between staff and people in detention, particularly during planned interventions. It is commonplace for teams of officers to arrive without notice, fully equipped in PPE, including shields and helmets, to remove someone from their room. Individuals are often caught off-guard, barefoot, half-dressed, or in their underwear, exacerbating feelings of vulnerability and distress.

There is also concern that mental health considerations are not consistently factored into the planning of force interventions – in several cases the use of force may have been avoided had the mental health needs of individuals been accounted for. One IMB conducted a small survey over a week at the IRC it monitors, which found that force had been used disproportionately against people recorded as vulnerable. For example, a man with mental health difficulties had a Vulnerable Adult Care Plan outlining how to avoid causing him distress. Officers ignored this guidance when entering his room, resulting in the man becoming distressed and force being used against him.

In addition, Gatwick IMB reports that healthcare staff are not always notified quickly enough when force has been used. In one case, it took staff more than four hours after force had been used to notify medics. The man involved had been banging his head against a wooden bed frame. No explanation was provided for the delay.

IMBs have also raised concerns about the treatment of vulnerable individuals during removals from the UK on charter flights. In one deeply troubling case, a man on an

open ACDT plan, used to manage those identified as at risk of self-harm or suicide, who had also been on constant watch, was collected under restraint from detention and transferred to a van for the airport. He removed his trousers during the journey and was carried naked from the waist down onto the aircraft, soiling himself in the process. He was screaming and resisting the escorts, who attempted to cover him with a blanket, which he repeatedly threw off. Once on board, staff took turns kneeling or standing on the seat in front to push his head against his own seat, while two escorts sat behind him to prevent the seat from breaking. After take-off he was escorted to the toilet and given anti-bacterial wipes and a bio suit to change into.

This case starkly illustrates the extreme vulnerability of some individuals and the extent to which their removal relies on the use of force. The impact on their dignity is profound and the long-term consequences for their mental health remain unknown.

There are serious concerns over staff attitudes and organisational culture towards the use of force

Although IMBs have observed numerous instances where staff demonstrated empathy and skill in de-escalating incidents rather than resorting to force, the attitudes exhibited by some staff and members of management have raised serious concerns about the prevailing culture surrounding the use of force in detention settings.

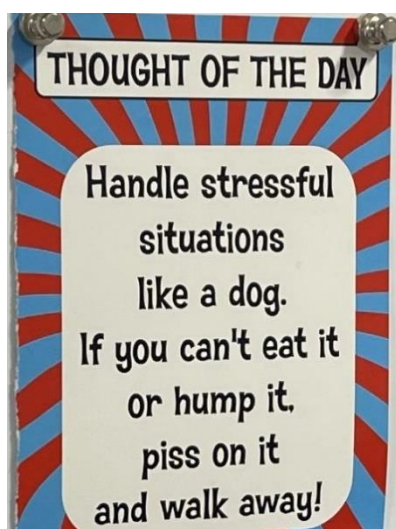
For example, concerns have been raised regarding the use of handcuffs during hospital transfers. At Brook House IRC, staff informed the IMB that handcuffing individuals for hospital appointments was not considered a use of force because they had 'consented'. However, detained people were told that they would only be taken to hospital if they agreed to be handcuffed. The local IMB described this practice as highly inappropriate and, in their view, a form of coercion. The notion that handcuffing could be considered 'consensual' under such circumstances demonstrates a fundamental failure to understand the nature of informed consent. Requiring individuals to accept restraints under the threat of being denied necessary and often long-awaited healthcare cannot be considered voluntary. This practice has had a detrimental impact on detained people's access to medical treatment.

During training sessions for detention centre staff, IMBs noted that some trainers were seen placing a strong emphasis on de-escalation techniques and the importance of listening to detained individuals during incidents involving force. However, despite these positive elements, the attitudes of certain staff and trainers raised significant concerns. In particular, some officers undergoing personal protection training appeared to hold what members described as a glamourised view of the use of force, which was reinforced by trainers who adopted a notably 'macho' approach.

In one session, a trainer told officers that *"If someone's coming at me, I'm going to keep myself safe. I don't worry about what's proportionate, I won't worry about Serco*

or my job, my priority is to look after myself". Such remarks reflect a complete disregard for the core principles of proportionality and accountability, which are essential to the lawful and ethical application of force and the safeguarding of detained individuals' wellbeing.

In some settings, the development of a healthy staff culture, both in relation to the use of force and the broader responsibilities for the wellbeing, dignity, and safety of those in their care, was found to be seriously compromised. One illustrative example is a poster displayed on a whiteboard in an office used by duty managers at a residential short-term holding facility, which offers little reassurance that the principles guiding staff conduct align with the core values expected, such as respect and professionalism.



There are some concerns over the recording of force and the effectiveness of review processes

Robust governance and assurance mechanisms are essential to ensure that any use of force is lawful, proportionate and appropriate, and accurate and complete documentation is critical to enabling effective oversight and accountability.

IMBs have identified examples of good practice, including use of force reviews that incorporated meaningful commentary and considered the perspectives of detained people. However, IMBs have also raised concerns about the accuracy of records and the effectiveness of review mechanisms. In many cases, paperwork has been found to be incomplete or inaccurate, with little evidence of follow-up through Home Office assurance processes. Common issues include unticked boxes, missing body-worn camera serial numbers and incorrect identification of staff involved in incidents. In one instance, healthcare staff recorded their presence during a use of force incident despite not having been there.

Significant gaps were also observed in the recording of force and restraint during charter flight removals. For instance, one man was subjected to rigid bar cuffs, a

waist-restraint belt, thigh and ankle restraints (retained for over four-and-a-half hours) and was twice subjected to a four-person carry. The IMB noted this as the most significant level of force they had observed for some years. Yet, the documentation lacked key details, including any recorded evidence of non-compliance, despite this being the justification given to the IMB for the continued use of restraints. The absence of clear and accurate justification raises serious questions about the necessity and proportionality of the force used.

Home Office processes for reviewing use of force incidents were, at times, ineffective. The quality of some reviews was insufficient to detect or prevent unlawful or inappropriate practices. Examples include:

- An IMB member observed a review where video footage clearly showed an officer threatening a detained individual (*“Do you want to feel a big pain behind your ear?”*), yet this was not addressed in the review.
- Force was used in response to a reported threat to a member of staff, who then went on to conduct the review of the incident themselves.
- Another review was carried out by the officer who had led the transfer operation in question and been physically handcuffed to the detained person during the incident.

The recurring issues identified by IMBs, ranging from incomplete documentation to ineffective review processes, highlight systemic weaknesses in the governance of use of force within detention settings. Without consistent transparency, rigorous oversight, and accountability, there is a risk that unlawful or disproportionate practices may go undetected or unchallenged. Strengthening assurance mechanisms and ensuring that all incidents are accurately recorded, available for independent review, and appropriately followed up is essential to safeguarding the rights and dignity of detained individuals.