A Critical Discourse Analysis into the Policy and Debate Relating to "Adults at Risk"

detained within Immigration Removal Centres in the UK

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Abstract

This research uses a critical discourse analysis to explore the discourses in a UK parliamentary debate and a policy document about "adults at risk" in immigration detention. Immigration detention centres in the UK are found to negatively impact the mental health of those detained. The processes for managing mental health or "vulnerable" adults named "adults at risk" in these institutions came into practice following an independent review into the welfare of vulnerable people in detention. This study explores the discourses used by politicians and the discourses used in policy documents about these "adults at risk". The analysis identifies 6 main discourses where detention processes are presented as fair, detention as a system is presented as a last resort and a measure of protection, people seeking asylum are spoken about in either dehumanising or humanising discourses, mental health is presented as objectively measurable, as binary or dichotomous and as intrinsic to the individual. These discourses are further deconstructed using a critical discourse analysis with a focus on the power and inequality that they perpetuate and what wider discourses and ideologies in society create the context in which these occur. Recommendations are made on what further research can be done, on what these findings can contribute and how clinical psychologists can contribute through becoming more involved in politics and policy change.

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Chapter 1 Introduction

"When I saw the union jack flag I thought 'I've arrived' and felt like I could finally relax but then the reality hits and you realise that it is that it's no different from what you're fleeing from"

Kolbassia Haoussou MBE (Lead Survivors Advocate at Freedom from torture/consultant on this research) on being detained upon arrival in the UK.

Overview

This research explores and analyses the discourses identified in a policy and a parliamentary debate. The policy is a key Home Office document used to assess and manage processes and decisions in regards to "vulnerable" (includes those with mental health difficulties) adults who have been detained within an immigration removal centre. The parliamentary debate titled "Immigration Detention: Shaw Review" dated 24th July 2018 discusses the implementation of this document and the review that preceded it.

From a social constructionist perspective (which will be introduced further in this chapter), discourse or talk plays an important role in society in shaping and constructing knowledges or "what is known" (Burr & Dick, 2017). Political and media discourse in the UK about refugees and people seeking asylum has been found to be inflammatory and negative (Leudar et al 2008., Montgomery et al., 2022) and these discourses can be used to advocate for better treatment or used to condone exploitation (Taylor, 2021). This is especially notable when used by politicians and those with power in society as their discourses play a

key role in defining and influencing public discourses about refugees and people seeking

asylum (Montgomery et al., 2022).

Immigration detention is an institution that has been described as "secretive" (Medical

Justice, 2015) and is known to negatively impact people seeking asylum who are detained

within them (von Werthern et al., 2018). Although immigration removal centres are all

directly managed by different private organisations, overall the government through the

Home Office are responsible for immigration issues within the UK[1]. They are therefore

responsible for the development of policies and guidance used within these institutions

including policies related to mental health. Mental health within immigration detention is a

key priority as listed by the Royal College of Psychiatrists (2021) due to the high rates of

mental health difficulties including suicide and self-harm risk present in those detained.

Immigration detention has been found to worsen mental health difficulties due to various

factors including exacerbating previous trauma (Priebe et al., 2016), increasing

powerlessness, uncertainty and stress due to the processes and systems in place (Lawlor et

al., 2015).

By applying a critical discourse analysis on policy that is used to inform mental health

practice within these settings, as well as the talk when discussing these settings, these

individuals and their mental health. The intention of this research is to understand and

further explore the implications of the discourse used in this official document and also by

the politicians who influence the development of these policies on the individual's

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[1] The UK government through the Home Office sets the overall framework for immigration control and issues, however in Scotland and Northern Ireland there are other influences

impacted. As per Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1977) which highlights the importance of wider systems and context on an individual (Darling, 2007) and is used to guide public mental health policy (Eriksson et al., 2018).

My Journey with the Research

Coming from an immigrant family, I was lucky enough to grow up hearing the stories of migration from my Grandparents. My maternal and paternal grandparents migrated to the UK in the 1960's during a time where the societal and environmental context was unwelcoming. There were popular negative discourses perpetuated by politicians including the infamous "Rivers of Blood" speech by Enoch Powell[2].

Working within IAPT settings as someone trained in trauma Focused-CBT and EMDR who speaks another language, I was working a lot with a population who were applying for asylum and engaging in the immigration system. I worked with two people who were experiencing Post Traumatic Stress Disorder (PTSD) symptoms as a direct result of their asylum processes. These experiences they shared included being picked up in the street by immigration enforcement officers and being detained within immigration removal centres (IRCs). They shared their stories about being detained and one man told me vividly about hearing someone crying out in pain in the centre and nobody responding, then later finding out that they had died. He also shared that he had witnessed a member of staff throwing tea at a fellow detained individual. I felt helpless hearing this as following supervision it was felt that there was no safeguarding process to follow to effectively report this. These

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[2] Speech available: https://anth1001.files.wordpress.com/2014/04/enoch-powell_speech.pdf

accounts left me feeling so horrified about the practices within IRCs and I started reading more about this and watching more documentaries.

My journey to this research topic was full of obstacles; the initial research project was intended to interview staff working within immigration removal centres in the UK about their understanding of mental health and their feelings around how equipped they feel to manage this. Through this, I had intended to apply a discourse analysis paying attention to the discourses used about those detained under their care; particularly those around mental health and people seeking asylum more generally. I wanted to analyse how these reflected broader societal discourses and this was to build on research by Bosworth (2018) who did some work on analysing informal talk of staff within IRCs.

Unfortunately after a year of preparing to complete this and seeking permission and authorisation, despite assurances that this study would go ahead I received a rejection from the Home Office stating that I could not complete my research within the IRC. There was no explanation but it was alluded that this was to do with governmental changes to policy. This drew my attention to how much immigration detention is so hidden in this country (something also expressed in the parliamentary debate). This rejection coincided with an unexpected change in supervisor due to personal circumstances, leaving me feeling like I had to start again.

Although I had initially considered working from the ground up hearing about practices and 'talk' of staff, I reflected on how much institutional practice is informed by 'top-down' policies and processes. My intention with this research is to look further 'up' and

understand what staff working within these centres are influenced by in the hopes that this can provide a contribution to understanding these broader influences and systems that staff in IRCs are situated in.

Approach to reflexivity

Reflexivity in qualitative research has been defined as "the researcher turning back on oneself to take responsibility for one's own situatedness within the research and the effect that it may have on the setting, people being studied, questions being asked, data being collected and its interpretation" (Berger, 2015). The importance of reflexivity in qualitative research has been stated by Mitchell et al (2018) as allowing for a deeper understanding of the work and to try and increase the so-called "creditability" of the research (Dodgson, 2019). As an outsider researcher to this topic it feels particularly pertinent to reflect to avoid colonial harm through speaking "for" rather than "with" communities (Cullen et al., 2020).

Willig (2001) distinguishes between "personal reflexivity"[3] and "epistemological reflexivity"[4] and I will outline briefly my approach to both. In regards to my personal reflexivity, my identity as a second/third generation immigrant racialised as South Asian whilst holding a secure British nationality without having to had navigate any immigration systems in the UK is important to note as this positions me as someone with more power than someone without a British nationality. However, in order to avoid what Newnes (2006, as cited in

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[3] Personal reflexivity refers to the way the researcher acknowledges how her own agendas, experiences, motivations and political stance contribute to the work

[4] Epistemological reflexivity involves more of an examination of our assumptions of what is knowledge
Both from Chinn (2017)

Chinn, 2007) terms as an "exercise in name-checking social location" what also feels

pertinent in regards to this research is to position my political stance. As someone who

identifies as having "left-wing" views, my views on the topic of immigration and asylum-

seeking are influenced by my identity but also by my experiences of growing up in a working

class area, working within mental health services in the NHS, and also being on a "social

justice" clinical doctoral course. I feel very strongly that those in society who have access to

more resources should use the power they have to advocate for those with less. As

someone who has worked in mental health services and will now be educated at a doctoral

level I believe that I should use my position as not only a British national but also as a

professional to advocate for those who have less of a voice in society. Given that a critical

discourse analysis approach is situated in Marxist beliefs[5] of class relations and inequality, it

is fair to say that my positionality influenced by choice of topic and choice of analysis, and

most likely my approach to this research. In order to maintain reflexivity in regards to this, I

kept a diary throughout the research process (see appendix 1) where I reflected on my

position and subjectivity throughout. I also consulted with other individuals who had

different identities and different relationships to the topic in order to maintain the process

of reflexivity throughout the research journey.

In regards to epistemological reflexivity, my approach to this will be outlined further in this

chapter but my epistemological position has influenced the approach to data analysis and

overall influences my belief about possibility of change or action within this topic area. In

order to remain reflexive in my stance, working with consultants and supervisors who were

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[5] Marxism focuses on the idea that there are two groups in society: those who control the resources and those who work. The idea around the 'class struggle' whereby those who have more control in society over production have more power over those who don't.

situated within different areas meant that the approach to knowledge was diverse. This allowed me to gain a deeper understanding into various perspectives and challenge my own assumptions at times.

Consultation/Supervision with Others

I used consultation and supervision throughout the research process as I wanted to ensure that I was capturing multiple perspectives and viewpoints other than mine; in particular those with different relationships to the topic of asylum and detention. In regards to reflexivity, it feels important to situate the perspectives that informed my approach to this project and the analysis. One aspect of this was through supervision; both my internal and external supervisors supported with the development, thinking and analysis of this project and both have different relationships to this topic and method. My internal supervisor is an experienced (yet humble) discourse analyst with a strong passion for human rights and justice, she has personal experience through providing support through homes for refugees and had noticed the discrimination inherent in system processes. My external supervisor is someone who works with and advocates for change for refugees and people seeking asylum. This is influenced by her personal context where her parents came into the UK as refugees. Her passion is more than just a job as evidenced through her constantly updating me on knowledge of current affairs pertaining to this topic. She has worked in detention centres in her capacity as a psychologist and was very informed about the

policies, mental health management within this institution and an understanding of the context of this policy and how it affects practice within this setting.

I have been fortunate enough to consult with someone who has personal lived experience of navigating the asylum system. He has experienced being detained in an IRC in the UK, and since this, he has been recognised for his continued efforts to advocate for change through his roles in organisations campaigning for change. This has included developing a service for survivors of torture and tirelessly campaigning against policies that deny human rights to refugees or people seeking asylum.

In order to account for various perspectives I have also consulted with a senior manager of some detention centres, who had previously worked within the criminal justice system. He was able to offer me some insight into the role of a manager, navigating the detention processes and therefore the day to day workings of detention staff from an insider perspective. [6] He also put me in touch with a senior officer who works within a detention centre and she kindly shared from her perspective more about the context of this policy and the impact it has had throughout the workforce. She shared that the mental health training provided to detention staff is all 'in-house' developed by other detention managers, and when and how this policy is used.

Consultations were done both formally and informally, with detention staff this was through telephone calls to get information about how the policy shapes practice, whilst the

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[6] Speaking to him was very interesting for me to challenge my assumptions, he held some strong views around 'foreign national offenders' which did not align with mine but having an insight into the responsibilities he had and context in which he was situated allowed me to gain a deeper understanding for his perspective

consultation with the individual with lived experience was both online and in person and consisted of sharing my 'findings' and shaping this through his knowledge and expertise. My consultants were asked if they would like to be named, and they were also offered financial renumeration. I hope to extend this research further in future in collaboration with my consultant with lived experience and external supervisor but this will be discussed in later chapters.

Terminology

Given that this research centralises language and sees language as a tool by which knowledge can be produced (discussed later in this section), It feels important to outline the terminology I have decided to use in this research and my rationale for doing so. Although terminology within this topic area is often used interchangeably, the terms have very different legal definitions. A full list of legal definitions of all the terms has been provided in appendix 2.

I am not suggesting that the terminology I have chosen are unproblematic descriptive terms and through discussion with my consultant he outlined that from his perspective all terms can become problematic due to the connotations that become associated with them but that they tend to be used by those with lived experience regardless. I have considered and decided I will be using the terms refugee(s) and person seeking asylum/people seeking asylum (PSA) to describe the population as opposed to the terms "irregular migrant" or "asylum seeker".

The word refugee(s) comes from the word "refugium" which in Latin means "the act of taking refuge" and was first used as an adjective in France to refer to the French Protestants who fled to other countries following religious persecution (National Geographic, 2019). The 1951 Refugee Convention (as cited in UNHCR, 2021), defines a refugee as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion."

This is different to someone who is an "asylum seeker" as this term is used to refer to someone who is seeking asylum, waiting for a decision on this asylum claim and is not legally recognised as a refugee (International Amnesty, 2023). The term "asylum seeker" has been criticised by the Refugee council (2023a) for being a dehumanising term, and the National Institutes of Health (2023) outlines that "person-first language" is a way to emphasise the person and avoids using labels or adjectives to define someone. For this reason I have adopted the use of the term person/people seeking asylum as opposed to "asylum seeker". However, within Home Office documentation, parliamentary debate and wider literature the word "asylum seeker" is used, as well as the terms "vulnerable" and "adults at risk". Therefore, when these contested terms are referred to, I will be putting them in inverted commas.

Key terms used (all full definitions available in appendix 2)

Refugee

Person seeking asylum/people seeking asylum

Host country

Immigration detention

Immigration removal centre(s)

Adult at risk

Mainstream media

Social media

Abbreviations used

PSA – people/person seeking asylum

IRC – immigration removal centre

SC – social constructionism

Ontological and Epistemological Underpinnings

A research paradigm has been defined by Kuhn (1962) as "the set of common beliefs and agreements shared between scientists about how problems should be understood and addressed". There are differing research paradigms used within the social sciences and

qualitative research including those of positivism, post positivism (including critical realism), critical theory and constructivism (*see figure 1*).

Figure 1

Guba and Lincoln's (1994) basic beliefs of Alternative Inquiry Paradigms

Item	Positivism	Postpositivism	Critical Theory et al.	Constructivism
Ontology	naive realism— "real" reality but apprehendable	critical realism— "real" reality but only imperfectly and probabilistically apprehendable	historical realism— virtual reality shaped by social, political, cultural, economic, ethnic, and gender values; crystallized over time	relativism—local and specific constructed realities
Epistemology	dualist/objectivist; findings true	modified dualist/ objectivist; critical tradition/community; findings probably true	transactional/ subjectivist; value-mediated findings	transactional/ subjectivist; created findings
Methodology	experimental/ manipulative; verification of hypotheses; chiefly quantitative methods	modified experi-mental/manipulative; critical multiplism; falsification of hypotheses; may include qualitative methods	dialogic/dialectical	hermeneutical/dialectical

"Ontology" has been defined by Crotty (1998) as "the study of being" and is concerned with the nature of existence and reality; namely "what can be known" (Guba and Lincoln 1994, as cited in Ahmed, 2008). In research, particularly in the field of sciences the principles of positivism tend to be followed. This is reflected by the idea that we can test and describe an objective reality that exists and can be observed. This is either something "universal" which can be repeated, or something that exists only in that instance (Smith and Ceusters, 2010). Epistemology is concerned with the theory of knowledge and asks questions such as "what are the sources of knowledge?". Epistemology also investigates the nature and limits of

human understanding, including the extent to which we can have knowledge of the external world or of abstract entities. (Audi, 2012).

My ontology will be rooted in critical theory which as outlined by Guba and Lincoln (1994) can be a blanket term for several alternative paradigms including those of feminism, materialism, neo-Marxism. I will use this as used by Guba and Lincoln as a more umbrella term. A critical theory ontological position suggests that a reality can be comprehended but is shaped by social, political, cultural, economic factors and is shaped into structures that are taken as "real" (Guba and Lincoln, 1994). Power plays an important role within this as dominant groups can shape norms, values and ideologies within the culture and maintain this "reality". Criticisms of critical theory can include that "they can be so tied to their vision of the truth that they fail to see themselves as one of many voices" and that this can be a "form of dominance, not liberation" (Ellsworth, 1989, as cited in The Handbook of Research for Educational Communications and Technology, 2001). In order to not perpetuate this sense of "dominance" described, I will use a first person writing style when expressing my views to ensure that I acknowledge my subjectivity.

My epistemological stance aligns with that of social constructionism, which requires challenging most of our common sense or "taken for granted" knowledge of ourselves and the world we live in (Galbin, 2014) and sees this as *constructed* rather than created (Andrews, 2012). This tends to forefront a Western imperialist stance and keeps indigenous and alternative methodologies on the margins (Gergen, 2010). A social constructionist approach sees reality and knowledge (including the categories and classifications we use in society) vary culturally between places and historically over time (Burr & Dick, 2017., Allen,

2005). This is important within this topic and context whereby labels and concepts such as "illegality" that are so commonly associated with refugees and PSA have been argued to be socially constructed and produced (Flores & Schachter, 2018).

The role of language and discourse

Social constructionism centralises the role of language and discourse in constructing and producing concepts (Burr & Dick, 2017). Rather than a more positivist view of language as a 'neutral' tool for expressing and communicating ideas, discourses from a social constructionist perspective are described as "broad meaning systems" which are sets of ideas that are culturally relevant (Speer, 2005 as quoted in Burr and Dick, 2017). Discourses are a system of texts that bring objects into being (Parker, 1992) and do not just describe but actually influence what we do and how we act (Knights and Morgan, 1991).

Discourse analysis involves the systematic study of texts to find their meaning and how this translates into a social reality (Phillips & Hardy, 2002). This cannot be done without locating them historically and socially (Hardy et al., 2004) as you cannot strip discourse from its broader context (Fairclough, 1995). Wilson (2005) outlines how when we start discussing discourse in its context including the issues of power, control or domination it can be argued as being "political discourse. Fairclough's (1989) view of political discourse is that it is a "form of social practice with a malign social purpose" which highlights that discourse and action cannot be seen as separate to one another (Jones and Norris, 2005). Their book "Discourse in Action", highlights that "meaning" does not reside in the discourse but rather the actions that people take with it. This is evident in relation to discrimination whereby Fowler (1991) outlines that language and discourse can facilitate and maintain

discrimination against particular groups of people. In the case of "asylum seekers", Taylor (2021) discusses how metaphors used to describe migration can be used to advocate for better treatment or used to condone exploitation. My view aligns with this social constructionist approach to discourse and allows for the possibility of change. By critically deconstructing ideas and concepts such as that of "illegality" when referring to people seeking refuge; there is room for reconstructions of these discourses, concepts and therefore possibility for change in action. The role of power here is also important to note as in society those with more power are more likely to influence public understanding and therefore action. This is evidenced by Kirkwood's (2017) research on humanising discourses employed in parliamentary debates where the findings showed that when politicians use 'humanising' language it can encourage empathy and legitimise support.

For the purpose of this research, when using the term "political discourse" I will be referring to the discourses used by politicians.

Brief Historical Context of Seeking Refuge

The Universal Declaration of Human Rights (1948) is a document in the history of human rights that sets out a standard of achievements for all peoples and all nations and has paved the way for other human rights treaties applied today (United Nations, n.d.). Article 14 of the 1948 Universal Declaration of Human Rights states that "Everyone has the right to seek and enjoy in other countries asylum from persecution." Following World War II, the 1951 UN Convention relating to the Status of Refugees was created in order to ensure refugees were able to find safety in other countries (Refugee Council, 2023b). This outlines basic rights of refugees that are necessary for asylum. These include the right not to be

returned to a place where they are at risk of persecution. It also includes the right not to be penalised for being in or entering a country without permission where this is necessary for them to seek and receive asylum (Amnesty international, 2023).

The United Kingdom has a long history of people seeking refuge dating as far back to 1687 with the Huguenots (French Protestants) seeking refuge in Britain following religious unrest[7] (Free movement, 2023., Girvan & Taylor, n.d.). The World Wars meant that seeking refuge across countries was at an all-time high, particularly for Jewish refugees fleeing religious discrimination. Following high numbers of refugees entering the UK, came the introduction of the "Aliens Act" (1905) this was the first legislation introduced in the UK in regards to immigration control and sought to "regulate incoming migrants" and "expel undesirable immigrants". The term "enemy alien" was used to refer to all non-British subjects and discourses around them being "invasions" and "threats" to British culture were used by politicians and the media (Girvan & Taylor, n.d.). This legislation outlined the criteria that someone would have to meet in order to not be perceived as a burden on the state, this included: entering the country by 'legitimate' means, be financially stable to support themselves and their families and they could not be suffering from 'mental illness' (Aliens Act, 1905). The later introduction of the "Aliens Restriction Act" (1914) introduced the deportation of those who were considered 'undesirable'. The power to deport was given to the secretary of state, and in the case of those who had been convicted of a criminal offence, also the criminal courts. As well as deportation, came the introduction of

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[7] The Edict of Nantes, a decree of religious tolerance that granted the Protestants substantial rights was revoked

internment, in the context of World War I where prisoners of war and civilian detainees were held in camps.

Seeking refuge in the UK

The application of seeking asylum can only be done by those who are physically in the UK (UNHCR, n.d.), the process is lengthy and involves various meetings/interviews and administrative processes (GOV.UK, n.d.). Due to a backlog there is a lengthy wait for an initial decision; in 2021 62% of people (61, 864 in total) were waiting for more than 6 months for an initial decision. Following receiving a decisions on the outcome of asylum claim, these can be appealed against and in 2021, 61% of initial decisions were appealed, and following this 59% of these were granted.

In 2022 89,398 individuals made an application for asylum in the United Kingdom (UK) (Sturge, 2023). In regards to nationality; stats from 2021 showed that 42% of applicants seeking asylum were from Middle Eastern countries and 23% were from African countries, in 2022 31% were from Asian countries and 24% from European countries. Currently there are only limited "safe and legal routes" with the only schemes for named countries being those of Afghanistan, Hong Kong (British nationals) and Ukraine, with the Home Office stating that before they explore new routes they must "first grip the rise in illegal migration and stop the boats" (Home Office, 2023a). This means that anyone from countries outside of these must enter the UK either through an "irregular" or "illegal" route or through a visa that has been issued for another person (Walsh 2020). In turn, despite there being no legal

definition they are consequently referred to as illegal" migrants which Walsh (2020) states is the phrase used to refer to someone who has breached the conditions upon which entry or stay in the UK was granted, has entered the UK 'irregularly' or through deception, doesn't leave the country after asylum claim and appeals have been rejected or who are born in the UK to parents who are "illegal" migrants. The BMJ argues that labelling someone as 'illegal' insinuates that "their very existence is unlawful" (Ingleby et al, 2018). The consequences of this have been that the issue of border crossing and refugee protection falls under the "Convention on Transnational Organised Crime" (Pickering, 2007). This is in direct contradiction with the UN convention around the right to not be penalised for entering a country.

Political context

Despite the UN convention, there have been many policies implemented within the UK context at a system level by the government which have been designed to penalise people for entering a country without permission. Pickering (2007) notes that countries of the global North have become increasingly uncomfortable with irregular migration from the global South. In order to "regain sovereignty"[8] and develop a "fair" system, the UK has prioritised issues of asylum and outlined the need to tackle "illegal immigration" (Home Office, 2022b). Walsh (2020) states that although there is no definition for an 'irregular' or 'illegal' migrant, the phrases are often used to refer to someone who has breached the conditions upon which entry or stay in the UK was granted, has entered the UK 'irregularly'

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[8] Definition of sovereignty according to Oxford Languages is the authority of a state to govern itself or another state

or through deception, doesn't leave the country after asylum claim and appeals have been rejected or who are born in the UK to parents who are 'irregular' migrants. Walsh (2020) also notes that as there is no asylum visa, a person seeking asylum must enter the UK either through an 'irregular' or 'illegal' route or through a visa that has been issued for another person, which inevitably would breach the conditions and therefore be categorised as 'illegal'. The BMJ argues that labelling someone as 'illegal' insinuates that "their very existence is unlawful" (Ingleby et al, 2018). This is in direct contradiction with the UN convention around the right to not be penalised for entering a country, which starts to illuminate the incongruities within the immigration system in the UK.

The topic of asylum seeking or "illegal immigration" has been centred in UK politics, Lochocki (2018) studies the rise of populist far-right parties in Western Europe and outlines how through political messaging, these parties have offered counter-movements to multicultural discourses and gained popularity and therefore electoral success. Van Dijk (1993) highlights that this anti-immigration movement is not limited to the far right but that even mainstream political parties reproduce systems of dominance through their political discourse and through implementing legislations that seem to be justified due to issues of unemployment, housing shortages or other "good socioeconomic reasons". This is evident in the rhetoric and policy within the United Kingdom. The implementation of the "hostile environment" was introduced by Theresa May (UK Prime Minister of the time) in 2012 and refers to a set of policies that were introduced with the "aim to create, here in Britain, a really hostile environment for illegal immigrants" (as quoted by Theresa May in Kirkup & Winnett, 2012). This involved cutting off public services (including healthcare), housing, welfare and employment from individuals without documentation. Through this policy,

responsibility was handed over from the government to the public for immigration control as members of the public including employers and landlords were required to check the immigration status of their workers or tenants. Sanders (2021) states that these policies have woven suspicion and fear into the very fabric of everyday life in the UK today. An independent review into the "hostile environment" policy looking into the impact and consequences found that people without immigration status were deterred from reporting crimes, seeking healthcare treatment and were unsurprisingly discriminated against (Qureshi et al., 2020). They note that these policies have forced people into destitution without encouraging them to leave the UK, and therefore concluded that it not only has 'poisonous' impacts but is also ineffective. Sanders (2021) has also outlined how the hostile environment policy fundamentally undermined trust in public services for those most in need. This is evidenced by rates of low help-seeking for mental health (Barghadouch et al., 2016; de Anstiss et al, 2009). Other implications of the hostile environment were that the policies mistakenly affected many with legal permission to be in the UK, including many in the Windrush generation. Since the Windrush scandal of 2018, the government changed the name from "hostile environment" to "compliant environment" although the policies remain unchanged.

More recently, the "Illegal Migration Act" (2023) has been passed which has changed the law to mean that anyone entering the UK illegally will not be able to remain here and will be removed without being able to submit appeals (Home Office, 2023b). This bill has been criticised by the UN refugee agency for undermining the right to claim asylum as per the UN refugee convention. The current Home Secretary Suella Braverman has even acknowledged that the illegal migration bill is not compatible with the Convention rights but affirmed that

the government will proceed with it[9] (an indication of the UK governments priority regarding the human rights of refugees and PSA). As will be discussed further in the literature review, the media has been found to be influential in shaping and creating knowledges especially public knowledge about "asylum seekers" and Montgomery et al (2022) has outlined the role of 'political elites' in perpetuating harmful stereotypes and narratives about issues of asylum. The discourse and language used by politicians when discussing migrants has been quite polarised and has been accused of being inflammatory (Grierson & Sabbagh, 2020) whilst making a speech in the role of prime minister, Boris Johnson described migrant crossings as "very bad and stupid and dangerous and criminal". Suella Braverman has described refugees arriving as an 'invasion', a commonly used word associated with migration and categorised as a metaphor of 'enemy' in literature (Taylor, 2021). The consequences of this are damaging and far-reaching and can perpetuate discrimination against refugees and PSA; which we know causes negative impacts on mental health of refugees (Ziersch et al 2020). Taha (2019) notes that these discourses are often unchallenged by other political discourses, media discourses and even the public resulting in the justification and legitimisation of sanctions such as detaining people in immigration detention centres.

Immigration detention

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[9] The current home Secretary Suella Braverman has made the following statement under section 19(1)(b) of the Human Rights Act 1998: "I am unable to make a statement that, in my view, the provisions of the Illegal Migration Bill are compatible with the Convention rights, but the Government nevertheless wishes the House to proceed with the Bill."

Currently, immigration detention refers to the Home Office practice of detaining individuals who are 'foreign nationals' for the purposes of resolving their immigration status. Reasons for detaining include: to remove the person from the UK (so as a holding place before deportation), to establish their identity or the basis of their immigration or asylum claim, where there is reason to believe they will abscond if released on bail or when release is not considered to be "conducive to the public good" (Silverman et al, 2022). This means that people can be detained at any point of their process and although immigration detention is defined as an administrative process rather than a criminal justice procedure (where the decision to detain is typically made by civil servants at the Home Office), sometimes it can result from a court decision regarding deportation. It is also important to note that the UK Borders Act 2007 introduced what is termed by Liberty (2019) as "double punishment" of those who are sentenced to 12 months or more in prison are also subject to automatic deportation following serving their sentence[10]. These individuals termed "foreign national offenders"(FNOs) also make up the population of those detained.

Immigration removal centres (IRCs) refer to the buildings in which individuals are detained, the day-to-day running's of these institutions are divided in responsibility between private security companies and HM Prison service (Bosworth, 2011). The HM inspectorate of Prisons is responsible for assessing the conditions of these centres and some IRCs were "built according to highly restricted Category B Prison security standards." (Bosworth, 2011). In the period from April 2022 to March 2023, a total of 20,416 individuals were admitted to immigration detention.[11] Children and families are also detained within IRCs in the UK

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[10] As per section 32 of the UK Borders Act of 2007
[11] Data available on https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-march-2023/summary-of-latest-statistics

despite calls for this to end (Bosworth, 2011). The Home Office were recently reported to have ordered for child-friendly murals to be painted over in detention settings despite them being noted by HM Chief Inspector of Prisons report as being "bright" and "cheerful". (HM Chief Inspector of Prisons, 2023).

Detention ends either in removal from the UK or release on immigration bail (Migration observatory, 2022). Figures[12] show that 19,102 people left detention in the year ending March 2023, which was 24% fewer than in the year ending March 2022. 44% had been detained for 7 days or less, compared with 73% in the year ending March 2022. A high percentage (77%) of those leaving detention in the year ending March 2023 were bailed with bail being granted due to an asylum (or other) application being raised.

Unlike most other countries in Europe, the UK does not have a time limit on how long peopled are detained, which inevitably creates feelings of anxiety in those detained (Hollis, 2019). There have been calls to create a maximum of 28-day detention (The Shaw Review which will be introduced later), and the introduction of the Hardial Singh principles[13] which outline that detention should not be used for longer than is necessary and should be continually reviewed. Despite this, not only has there not been a time limit introduced but the current Illegal migration bill (2023) grants further powers in relation to this issue to the secretary of state who can make decisions around length of detention, immigration bail and deportation.

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[12] From the Home Office, 2023c
[13] Can be accessed on: https://freemovement.org.uk/what-are-the-hardial-singh-principles/

Mental health in immigration detention

Majumder (2019) found that how refugees and PSA perceive being accepted by their host country has an impact on their psychological functioning. The psychological functioning or mental health of refugees and PSA is a key challenge in global mental health (Balon et al., 2016., Collins et al., 2011., Daar et al., 2018). The Refugee council (2023c) have found that this population are five times more likely than the general population to have mental health needs. This can be due to factors arising before, during and after migration including having experienced conflict, loss, exploitation as well as uncertainty around access to housing, finances and employment during the asylum process and potential discrimination from professionals and institutions in the host country (Royal College of Psychiatrists, 2021). Bronfenbrenner's ecological systems theory highlights the impact of the "macrosystem" on an individual, which is defined as the social values, cultural beliefs, political ideologies, laws and customs (Bronfenbrenner, 1977). Yok-Fong Paat (2013) explored how the "macrosystem" impacts immigrant families who are more likely to feel supported if the immigration laws of the host country are perceived as welcoming. Schick et al (2018) even found that daily challenges related to the post-migration environment, including immigration and refugee policies were shown to negatively impact mental health over and above the effects of traumatic experiences. In the year ending June 2022, 18% of the immigration population in the UK was made up of refugees and people seeking asylum (around 190, 000 individuals in total), outlining just how many people this affects.

Being detained in an immigration removal centre (IRC) has been consistently found to negatively impact mental health (von Werthern et al., 2018), and increase risk of suicide and

self-harm (Royal College of Psychiatrists., 2021). This increase in distress can be through

exacerbating previous trauma which this population is more likely to have experienced

(Priebe et al., 2016); a study found that approximately half of detainees were suffering from

PTSD symptoms (Young and Gordon, 2016). Another reason for why there is an increase in

distress, is because being detained is a traumatic process that causes mental distress

(Robjant et al., 2009., Cleveland & Rousseau, 2013., Shaw 2016). This can be through the

experiences of uncertainty, stress (Lawlor et al., 2015) and feelings of powerlessness (Hollis.,

2019). Detention conditions and other procedural factors like the duration of claims and

negative decisions were found to be precipitating factors to self-harm incidents in detention

(Hedrick, 2017). This doesn't even take into account more everyday stress and impact that

being detained has as von Werthern et al (2018) notes that figures only represent the most

severe cases in which mental health difficulties were identified and are recorded from the

perspective of staff rather than detainees themselves.

Despite the increased risk of mental health difficulties within detention, there was no

standardised model of mental health care in detention (AVID, 2023), recent regulations

mean that NHS England has the responsibility to appoint healthcare providers (including

private healthcare) in detention centres in the UK[14] (AVID, 2023). There is a national

framework of care, standards and inspection of mental health care within detention (Royal

College of Psychiatrists 2021). Despite this, a report commissioned by the University of

Warwick and the Gatwick detainee's welfare group (Ashton & Mulqueen, 2021) outlines

how there are loopholes in these legislations[15] which mean that the quality of healthcare

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[14] Excludes Dungavel, Scotland where Home Office chooses the provider
[15] The government did not permit for the CQC to use the rating scheme which is a key component of quality assessment of services

within IRCs has been reported to be poor (Ashton & Mulqueen, 2021., Bosworth and Kellezi, 2017). Staff responsible for the care of those detained play a key role in delivering support, however Hall (2012) notes that staff working within IRCs reduce detainees under their care into "objects to be processed" which Bosworth (2017) also highlights noting that staff report emotionally withdrawing in order to cope.

The "Review into the Welfare in Detention of Vulnerable Persons" an independent report undertaken by Stephen Shaw in 2015 was commissioned to understand the policies and practices around the treatment of 'vulnerable' adults who are detained. Almost 40% of people held in IRCs in 2013 were classified as "adults at risk" (The Detention Forum, 2020). Following the Shaw report, new processes were introduced for those particularly vulnerable to harm in detention, this includes victims of trafficking, survivors of torture and those with mental health difficulties who are classified by the home office as "adults at risk".

There have been a number of cases where the High Court ruled that the immigration detention of individuals with severe mental illness had breached their rights under Article 3 of the European Convention of Human Rights which is around the prohibition of torture and inhuman and degrading treatment (Working Group on the Mental Health of Asylum Seekers and Refugees, 2013), illustrating that despite the processes there are clear harms to those with mental health difficulties in detention. Negm (2015) outlines that "the exercise of power triggers the resistance of power" and resistance in regards to harmful detention practices are demonstrated through critics who argue against detention, stating that the practice itself is "ineffective, unjust, and harmful for physical and mental health" (Shaw,

2016). Bosworth and Kellezi (2017) also comment in their research that "a commitment to safeguarding participants likewise felt hollow under conditions of forced return".

This chapter outlines a summary of the context for this research including the ontological and epistemological approach and introduces the role that discourse and language can play in mobilising action, especially when used by those who have more power in society. The historical and current context in which people seek asylum within the UK has been outlined and the power that the government plays in shaping the social context for refugees including the "hostile environment" policies and the "Illegal Migration Bill" (2023). The way in which politicians have over time continued to utilise negative words such as "illegal", "invasion" and "enemy" can justify and legitimise these processes as well as negatively impact the mental health of those who are already vulnerable to difficulties. The concept of immigration detention and the processes around this were briefly discussed, before the mental health impact of being detained was highlighted.

Chapter 2 Literature review

A literature review (LR) using a systematic search was conducted, aiming to answer the research question *What are the common discourses used in media in the UK when reporting on refugees and those seeking asylum?*

Introduction

As stated in chapter 1, discourse analysis involves the systematic study of texts to find their meaning and how this translates into a social reality (Phillips & Hardy, 2002). Discourse analysis is concerned with the "effects of discourse and, as such its primary objects of interest are talk and text" (Willig, 2012). Language and discourse can be used to determine action and shape beliefs (van Dijk, 2007); this makes it a suitable analysis for the topic of refugees and people seeking asylum. Current research has focused on analysing the discourses of the public in relation to refugees and people seeking asylum, whether this be through letters written in to newspapers (Lynn & Lea, 2003) or online discussion forums (Goodman & Narang, 2019), whilst other studies have analysed this through social media comments (e.g. Radojevic et al., 2020). However Berry et al. (2015), suggests that public opinions on immigration are often influenced by news representation and van Dijk (2005) has repeatedly highlighted the role of the mass media in constructing and creating the 'attitudes' and 'knowledges' of society. Media discourse refers to interactions that take place through a broadcast platform, whether spoken or written and is manufactures and often oriented to the audience (O'Keeffe, 2011). Khosravinik (2009) and Pearce and Stockdale (2009) point out that media becomes more influential with topics like asylum where people may not have had personal experience or much knowledge of the issue. Montgomery et al (2022) remind us that mainstream media continue to be influential venues for shaping perceptions of the issues around migration and asylum and newspapers in particular have provided an important platform for a national conversation on various aspects of British migration and belonging (Polońska-Kimunguyi, 2022).

This literature review uses a thematic synthesis to identify common discourses in mainstream media, as the question relates to discourses, it was felt that a thematic synthesis would be an appropriate methodology to provide an overview of the themes identified within the current research base. This approach is used in in systematic reviews to bring together the findings of multiple qualitative studies (Thomas & Harden, 2008) and can also be used within a social constructionist paradigm (Braun & Clarke, 2006).

Method

Search strategy

I used the SPIDER tool (Cook et al., 2012) for the planning of my search strategy (*see table 1.*). It was initially thought to complete a literature review on the discourses that politicians use when talking about "asylum seekers" and refugees, however a scoping review only found two studies looking at this (Kirkwood, 2017, Montgomery et al., 2022) so I broadened the topic further.

Table 1.

SPIDER tool

Sample	Refugees/asylum seekers
Phenomenon of interest	Mainstream media representations in the UK
Design	Analysis of existing data

Evaluation	Discourse analysis including other types - discursive analysis, critical discourse analysis
Research type	Qualitative/Quantitative

Outcome of initial scoping

After initial scoping, a Systematic Literature Review (SLR) was found comparing the media representations of migration in the UK and Brazil (Gonçalves & David, 2022). This SLR compared the 'tone' and the types of research methods used in each country, rather than outlining the specific discourses used. Gonçalves and David (2022) included references to refugees within the search but focused more broadly on migration as a topic.

I will be looking at the media discourses specific to refugees and "asylum seekers" (rather than migrants), whilst identifying and summarising the discourses in the mainstream media within the UK. An initial scoping review found a multitude of research on media discourses of "asylum seekers" and refugees in Australia, Canada and other European countries, but Berry et al. (2015) have singled out UK media discourses as particularly negative and "aggressive". In order to develop an understanding of the context in which my research is situated, I will be focusing on the public discourses within the UK which I feel will be more relevant in setting the context for my research.

Key terms

The following search terms (*see table 2*.) were decided on following an initial scoping review and consultation with my supervisor and specialist librarian. The key terms were combined using Boolean Logic with the operators AND/OR.

Table 2.

Search terms

Term 1	Term 2	Term 3
refugee* OR "asylum seeker" OR "displaced person" OR migrant* OR "illegal migrant" OR "illegal immigrant" OR RASIM	discourse* OR "discourse analysis" OR discursive OR "critical discourse" OR Foucauldian OR CDA OR narrative*	media OR news* OR press OR radio OR television OR broadcast OR print OR "digital media"

Term 1 Although I wanted to focus specifically on the refugee and asylum-seeking population, to ensure I was accessing all relevant papers, I broadened the terms to include others that are often wrongly used interchangeably within the literature. I came across the term RASIM (abbreviation for refugee, "asylum seekers" and "immigrants") in my initial scoping review.

Term 2 I was looking for discourse analysis primarily but included similar terminology that I was aware of to ensure all papers were found.

Term 3 These terms were developed in conjunction with my supervisor and from noting search terms used within the literature base (e.g. newspaper, news)

Inclusion/Exclusion criteria

Harden and Thomas (2005) argue the relevance of study to the research question is more important than confining the research to be of a specific design however I excluded any studies using solely a quantitative approach (e.g. corpus linguistics only) as in order to answer the research question, it was important for there to be a qualitative element to the study (also including mixed methods design). Although grey literature can be an important resource in systematic reviews (Paez, 2017) and can minimise publication bias (Adams et al., 2016), in this literature review I have chosen to focus on published data to narrow down my search to peer reviewed articles in order to uphold the quality standard. Through my initial scoping review, there were multiple theses that outlined this topic, however these would not necessarily have undergone the same level of scrutiny as those subjected to the peer-review process therefore I have chosen to exclude these. I considered including a date within the inclusion/exclusion criteria, however it was felt appropriate to gather all relevant papers given the small number that fit all criteria.

Although Khosravinik (2010) states that technical distinctions between immigrants, "asylum seekers" and refugees are not crucial in the production and interpretation of discourse, a corpus study looking at media representations found that there were more negative associations with the terms refugee and "asylum seeker" than with the term migrant (Baker et al., 2008) suggesting that the discourses would differ. I wanted to ensure all papers included specific findings in relation to people seeking asylum and refugees rather than migrants.

As mentioned above, other sources of media can include online media including social media or public forums. It can also include magazines or broadcast media including television and radio. My rationale to exclude less mainstream media including social media or magazines goes back to van Dijk's (2005) idea that mass media constructs the 'attitudes' and 'knowledges' of society and Berry et al's (2015) findings on how public opinions on immigration are often influenced by news representation.

Table 3

Inclusion and Exclusion criteria

Inclusion Criteria	Exclusion Criteria
- Written in English - Focus on media outlets within the UK and specific outline of UK findings - Peer reviewed journals - Explicitly about people seeking asylum and refugees not solely 'migrants' (i.e. must have specified "asylum seekers" or refugees in search terms or findings) - A type of discourse analytic research (can be qualitative or mixed methods) that includes analysis of the language/words - Analysis of mainstream media sources e.g. newspapers	- Published in a language that is not English - Media outlets outside of the UK or a study that includes the UK but does not specify and separate UK findings - Book chapters, grey literature - Focused broadly on "migrants" or "immigration" and does not distinguish from refugees or people seeking asylum - Other types of analysis e.g. visual analysis or solely content analysis without qualitative analysis of the discourse

- Analysis of non-mainstream media i.e. magazine articles, articles available online, public letters to newspapers, opinion pieces

Databases

I initially completed searches using my terms on various popular databases including PSYCHinfo and PSYCHnet however there were not many papers found. Seeing as the topic was not solely related to Psychology articles, following advice from a librarian, I broadened out the databases to ensure I was accessing a more comprehensive collection of papers. The primary databases that I used were: *Scopus*, *EBSCO host*, *Proquest: Linguistics and Language Linguistics and Language Behavior Abstracts (LLBA)*, *Pubmed* and the *Migrant HUB (by IMISCOE).* The migrant HUB database is a new database that was built during the IMISCOE-led Horizon 2020 project[16] and is a database specific to migration research.

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[16] See https://www.imiscoe.org/news-and-blog/bulletin/bulletin-1/984-crossmigration-and-the-migration-research-hub for further information

Search

For those databases such as Scopus which had options to search within title abstract and keywords, I used this setting but for databases that did not have this option I searched for my key terms within all text to ensure no articles would be missed. Where available, the following filters were used: English language and location/geography United Kingdom.

My final search on the date 10th March 2023 resulted in-

Scopus (314), EBSCO host (12), LLBA (221), PubMed (72) and Migrant HUB (30) (see appendix 3 for screenshots)

To ensure no papers were missed, searches were also completed on google scholar and cross-checking references within some key papers and a further 1 paper was included.

Analysis and synthesis method

The 'thematic synthesis' approach (Thomas & Harden, 2008) was used, this involved 3 stages: coding text, developing descriptive themes and then generating analytical themes. I went through the studies (in particular the main findings) and did line by line coding, before categorising these into themes. The final stage involved using the question: *What are the common discourses used in media in the UK when reporting on refugees and those seeking asylum?* to identify the broader themes from all the studies.

Findings

My final search (*see diagram 1*) resulted in a total of 649 papers of which 39 duplicates were removed. After initial screening using title and abstract, a further 549 studies were

removed, leaving a total of 55 studies for full text screening. These articles were read as they appeared to meet some criteria including analysing media representations of refugees and people seeking asylum, however upon reading in detail they did not appear to meet full inclusion/exclusion criteria for various reasons. Although there were some limited studies focusing on other forms of media i.e. television documentaries (Vickers & Rutter, 2018), video games (Sou., 2018), these either focused more broadly on migration or did not use a methodology to outline discourses. There were studies using visual representation analysis (e.g. Banks., 2012) and one main study using the data of British news articles (Baker et al., 2008) however this was considered unsuitable as the aims of the research were around combining methodologies rather than presenting an overview of the discourses used. Another key study involved a content analysis (Cooper et al., 2021) which although providing some associations of words, did not incorporate a qualitative analysis identifying discourses. The final 14 studies selected appeared to meet all criteria (*see table 4*).

Figure 2.

Final papers and summary

Studies from databases/registers (n = 649)

Duplicates removed (n = 39)

Studies screened (n = 592)

Studies excluded (n = 549)

Studies assessed for eligibility (n = 55)

Studies excluded (n = 42)

Studies included in review (n = 14)

Identification

Screening

Included
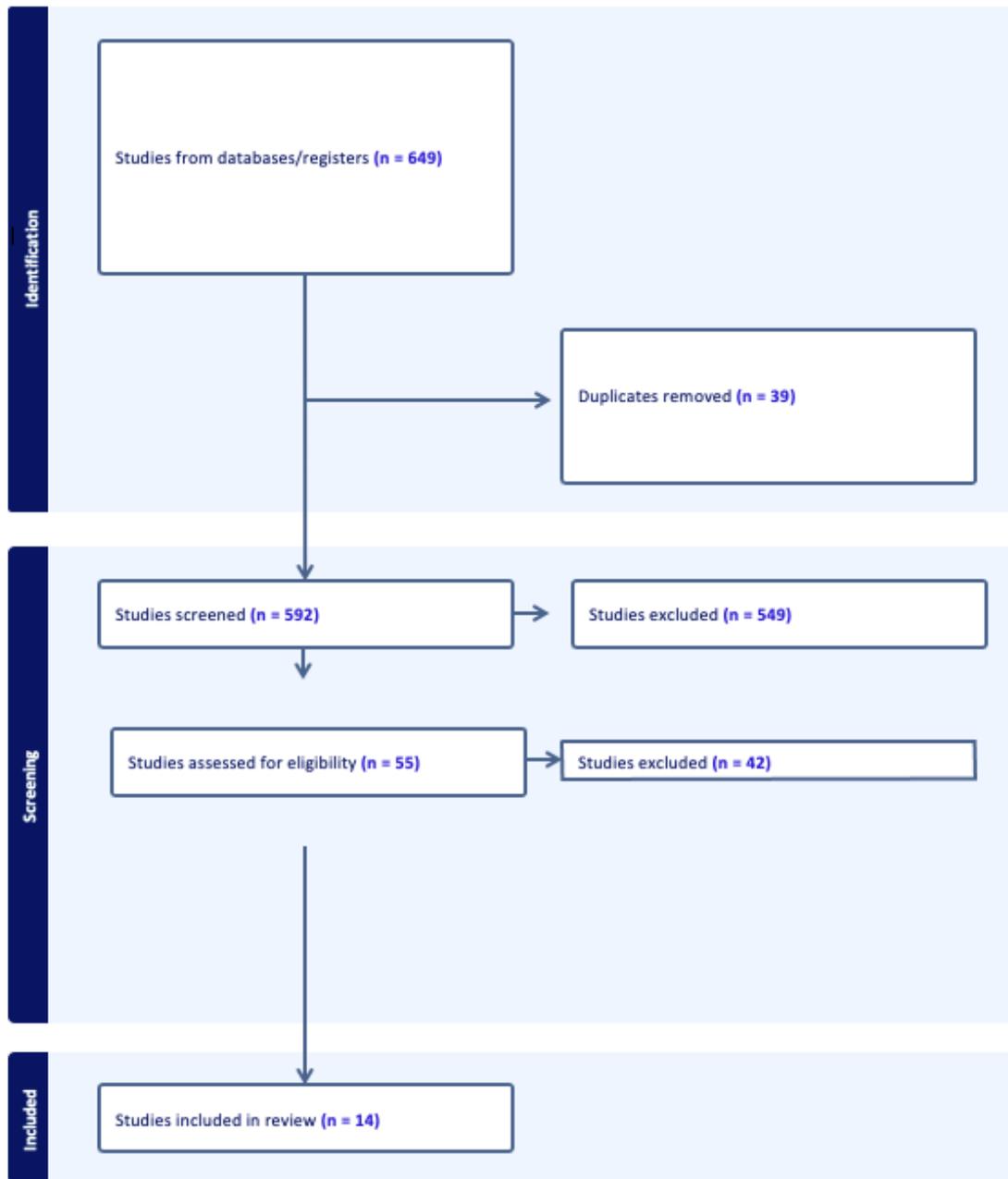
Table 4

Summary of studies

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
Goodman., Sirriyeh., & McMahon (2017)	The evolving (re)categorisation of refugees throughout the "refugee/migrant crisis"	Reporting of the 2015 '(migrant) crisis'	To address what terms were used to describe the 'crisis' and ascertain what impact the terms have for the representations of refugees and for claims on how they should be treated	Major UK news sources between 2015-May 2016	Discourse analysis of headlines and articles reporting on this event and how these representations evolved over time	- There was a conflation of the term's asylum seeker/refugee with migrant although different connotations - Migrants were presented as a threat to the UK/Britain who were presented as a 'victim' of the crisis - The dominant terms used respond and shift according to key events, and have implications for how event is presented	Strengths - Media search was done with the word 'crisis' to ensure no data would be missed - Large dataset Limitations: - Lack of transparency around what material was analysed as mentioned it was mostly headings but also some articles

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
						- Security is the predominant media frame	
Khosravinik (2010)	The Representation of Refugees, Asylum Seekers and Immigrants in British Newspapers: A Critical Discourse Analysis	Key events including: NATO invasion in Kosovo, 9/11, issues on asylum-seeking in Britain, asylum seekers' children's schooling, asylum bill, campaign for British general elections	One strand of larger study – this one was a critical discourse analysis looking at discursive strategies employed by British newspapers between 1996-2006 in ways they represent refugees, asylum seekers and immigrants (RASIM)	439 articles from The Guardian & the Observer, The Times & The Sunday Times, The Daily Mail & The mail on Sunday	Critical discourse analysis of newspaper articles	- Strategies in negative representations include groups of people constructed as one unanimous group (aggregation) - People objectified as numbers/figures are depersonalised and dehumanised - Negativising is done through incorporating numbers and threat and main topoi used in negative presentation of RASIM include – topos of numbers (along with relevant metaphors), topos of economic burden (abuse of welfare system), topos of threat (threat to cultural identify,	Strengths: - Detailed and systematic outline of selection of data process - Long period of time - Detailed and clear analysis/subheadings covering discursive strategies as we as context and power relations Limitations: - Older paper so referring to discourses during key events from over 20 years ago

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
						threat to community values and - RASIM as passive, unified, motionless and mute people or figures who merely constitute the topic of a debate -	
Tavassoli., Jalilifar., & White (2018)	British newspapers' stance towards the Syrian refugee crisis: An appraisal model study	'Syrian refugee crisis'	Qualitative and quantitative Analysis of the attitudinal language of newspaper articles and to explore whether the tone shifted in line with public/social changes	10 articles from the guardian and 10 articles from The Telegraph	Appraisal analysis derived from systemic functional linguistics, the appraisal framework and argumentation theory	- Welcoming stance included negatively characterising circumstances in which refugees were e.g. war - Unwelcoming stance included refugees as threats, not genuine and associating with criminality - Some articles could contain both welcoming/unwelcoming utterances - Left-leaning paper The Guardian had more welcoming utterances whereas Telegraph had more	Strengths: - Justification for data selection clearly outlines - Used appraisal framework to distinguish, rigorous to limit subjectivity/impression Limitations: - Only two newspapers used and only 20 articles - small data set - Data analysis categorised into 'welcoming' and

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
						unwelcoming utterances	'unwelcoming' which could be simplistic
Baker & McEnery (2005)	A corpus-based approach to discourses of refugees and asylum seekers in UN and newspaper texts	Not explicitly stated as a key event but 2003 appears to be year research is conducted	How lexical items asylum seeker and refugee co-occur and with what? What are the most significant differences and similarities in the ways in which these subjects are constructed discursively and how does this relate to authors and texts?	British Newspaper texts searched through the Newsbank (internet archive of papers) published in 2003	Corpus linguistics within CDA approach	In newspapers: - Quantification of refugees/asylum seekers - Refugees likened to heavy load or liquid metaphors - Description of movement used to construct refugees as collective group undergoing suffering - Likening of refugees to water metaphors e.g. streaming, floods. Likened to a natural disaster - No sense of own agency, linked to movement descriptors - Construction as 'tragic' - Less common a discourse of connecting refugees to crime and nuisance	Strengths: - Large dataset - Data presented clearly - Corpus methodology offers wider view of range of ways of discussing asylum seekers and refugees Limitations: - Not an in depth qualitative CDA of data - Complex to read

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
Finney & Robinson (2009)	Local press, dispersal and community in the construction of asylum debates	The dispersal policy	How the local newspaper discourses addressed questions about asylum seekers and dispersal	Local newspaper articles in Leeds (The Yorkshire Evening Post) and Cardiff (The South Wales Echo)	Critical discourse analysis and quantitative content analysis	- Terms used incorrectly - Cardiff's local paper taking a more positive stance than Leeds - Water metaphors (e.g. flood, wave, tide and swamp) used three times more frequently in Leeds paper Qualitative findings: - Leeds paper constructed asylum seekers as 'other' and stereotyped them as deviant and dangerous, criminal - Asylum seekers presented as economic migrants in Leeds paper - Associated with violence and danger - In Cardiff paper, asylum seekers presented as 'one of us', humanises and highlights good deeds	Limitations: - Uses terms interchangeably. I.e. migrant - Local press only not international - Not generalisable as case study Strengths: - Use of images in the paper to show data sets - Outlined coding process

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
						- dispersal as duty of care, Leeds externalises it as to prevent 'burden'	
Gabrielatos., & Baker. (2008)	Fleeing, sneaking, flooding: A corpus analysis of discursive constructions of refugees and Asylum Seekers in the UK press, 1996-2005	Not specific – over time period	Investigate semantic links in UK newspaper texts (c collocates) associated with refugees and asylum seekers	UK newspapers- including 6 tabloids (Sun, Daily Star, People, Daily Mirror, Daily Express, Daily Mail), their Sunday editions (Sunday Express, Mail on Sunday, Sunday Mirror, Sunday Star), 5 daily broadsheets (Business, Guardian, Herald, independent, Telegraph), 2 Sunday	Corpus linguistics within CDA approach	- Frequent element of reporting on refugees/asylum seekers is their numbers, usually linked with quantification - Water metaphors frequently associated (flood, pour stream) - Refugees reported as "problem", asylum seekers treated as already in the country - Conflation/misuse of terminology - Misplacing of legal/illegal to asylum seeker/refugee and genuine/bogus to immigrant/migrant	Strengths: - Rationale for source of texts from UK newspapers was made explicit - Corpus was representative - and large data set Limitations: - Corpus-based analysis so doesn't explain or interpret context or reasons why certain patterns found, the need for further CDA

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
				broadsheets (Observer, Independent on Sunday), 2 regional newspapers (Evening Standard, Liverpool Echo)			
Goodman., & Kirkwood. (2019)	Political and media discourses about integrating refugees in the UK	Refugee 'crisis', in particular the period that immediately followed the widespread distribution of photographs of a drowned three-year old refuse Alan Kurdi	To analyse parliamentary and media debates to explore -What is talk about refugee integration used to do, and (b) How is it used to legitimise the acceptance and rejection of refugees?	Transcripts of five UK parliamentary debates that took place between September 2015-Jan 2016 relating to European refugee 'crisis' Newspaper coverage that mentioned issues of integration which	Discursive psychological approach	Findings from newspapers only: - Refugee and migrant often conflated in the topic of 'integration' - Integration definition more similar to assimilation (losing/shedding one's own culture) - References to security and extremism (terrorism) - Islam presented as a threat and those following Islam unable to 'integrate' and uphold British values	Strengths: - Clearly justifies rationale for study - Situates the speakers and their context when referencing what they said Limitations: - Focusing specifically on Syrian refugees, not generalisable

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
				included reports, editorials and opinion pieces from the following newspapers:		- Integration good but hard to achieve, onus on refugees to adapt to British way of life but unwilling to do this	

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
Khosravinik., M (2009)	The representation of refugees, asylum seekers and immigrants in British newspapers during the Balkan conflict (1999) and the British general election (2005)	Balkan Conflict in 1999 and British general election in May 2005	Part of larger RASIM project references above but this focuses on text analyses of two events and conclusions about language use, context and qualities of representation of RASIM in British newspapers	The Guardian & the Observer, The Times & The Sunday Times, The Daily Mail & The mail on Sunday	Critical Discourse Analysis on texts during the specific time periods mentioned	- During Balkan conflict, refugees from Kosovan were presented with humanising and victimisation discourses in tabloid and more left-leaning newspapers - More negative representation of RASIM in 'conservative' accounts, more humanising in 'liberal' and negative representation in the UK draws on using numbers, threat and danger, collates RASIM as a homogenous group - Metaphors and topoi not negative in themselves but context dependent, so meanings reside within social context not language	Strengths: - Clear stategy outlined for choosing data set of newspaper articles - Broad range of newspapers Limitations: - Rationale for use of TV debate not explicitly justified - Does not outline steps in data analysis - Limited reference to implications and distribution of power

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
Balabanova & Balch. (2020)	Norm destruction, norm resilience: The media and refugee protection in the UK and Hungary during the Europe's 'Migrant Crisis'	'Migrant crisis'/'refugee crisis' 2015	How and to what extent were the norms of refugee protection undermined or sustains in media coverage in Hungary and the UK	UK newspapers – The Guardian and The Daily Mail (and weekend additions The Observer and Mail on Sunday) and Hungarian newspapers Magyar Hirlap and Nepszabadsag	Ethical framing analysis	UK results only outlined: - Dominant frames in April 2015 in *Daily Mail* were public security and disposability of lives - *The Guardian* framed public security but from a critical perspective - *The Guardian* more focused on criticism of asylum systems and *Daily Mail* more focused on 'burden sharing', how to stem the 'human tide' and complaints about refugees not being sent back	Strengths: - Clear rationale outlined for choice - Clear process for analysis outlined - Rigorous tools used for inter coder reliability Limitations: - Ethical frames selected from political theory literature so all data was fit into these frames - Difficulty measuring norm resilience
Taylor. (2014)	Investigating the representation of migrants in the UK and Italian press A cross-linguistic corpus-assisted	Not stated	Representation of migrant in the Italian and UK press – who is foregrounded and a discourse	UK broadsheets (Telegraph, Times, Guardian, Independent), tabloids (Sun, Mirror,	Corpus-assisted discourse studies (combination of corpus linguistics	UK findings only reported: - Asylum seekers were foregrounded in UK broadsheets and the focus was on them being expelled from the country	Strengths: - Procedures made transparent to aim for 'replicability' - Broad range of newspapers selected

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
	discourse analysis		analysis of the discourses associated with the groups	Daily Star, Express, Daily Mail) and Italian national newspapers (Corriere della Ssera, La Stampa), Italian Regional/local newspapers: Il Resto del Carlino, La Nazione, Il Giorno	and discourse analysis). Moral panic framework	- Foregrounding was not always corresponding to unfavourable evaluation Discourse analysis using moral panic framework findings: - Afghan refugees presented as scape goats and the object of offence is taking advantage of resources made available in the UK and small number referring to sexual assault - Reference to Afghan and Iraqi refugees refer to them being deported, representing them as a group who were being 'acted upon' and therefore non-threatening to society	- Use of the 'moral panic framework which enhances transparency and replicability - Thorough initial scoping Limitation: - Use of a framework can restrict analysis and miss other discourses - Unclear rationale on why Italy and UK were selected

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
						- Use of metaphor magnet and honeypot to dehumanise - Less common but discourse of threat was presented (threat to UK taxpayer)	
Parker et al., (2022)	'It's time we invested in stronger borders': media representations of refugees crossing the English Channel by boat	British media reporting in November 2018 that migrants attempting to cross the English Channel by boat as a 'new' perceived threat to British borders	How do the UK news media discursively construct those who have arrived in the UK by boat since November 2018?	Newspaper articles from December 2018 from The Times, The Daily Mail, The Sun, The Guardian and the Daily Star, The Telegraph, The Daily Express, Daily Mirror, The Independent, The People	Critical Discursive Psychology	Findings grouped into positively framed (using humanitarian grounds), neutral, or negatively framed (critical). Three interpretive repertoires: - 'Secure the borders' repertoire- use of water metaphors, references of words associated with criminality, use of quantification, critical of government - 'Desperate people' repertoire – use of storytelling/individualising	Strengths: - Strong rationale, adding to knowledge base - Broad range of newspapers Limitations: - Framed simply as positive, negative and neutral

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
						- 'Smuggling is immoral' repertoire – justification for stronger borders, moving blame to 'smugglers' rather than government	
Bates., D. (2017)	The "red door" controversy- Middlesborough's asylum seekers and the discursive politics of racism	January 2016 when homes of asylum seekers in Middlesborough were made identifiable through colours of the front doors	Critical discourse analysis of media texts to examine some of the hegemonic ideologies that are woven into discursive accounts of the 'red door' controversy	Newspaper articles from which the 'red door' story first emerged in the Times in Jan 2016 and secondary coverage which appeared on the website of the Gazette (Middlesborough's local newspaper)	Critical discourse analysis	The Times: - Individualising and humanising of the asylum – given names and stories seekers/refugees - Possible victimisation of refugees - Implicit and explicit accusations of racism but reluctance to identify as institutional racism Gazette: - Construction of racism as a preserve of a violent minority - Defensive posture as what is seen as negative publicity for Middlesborough	Limitations: - In reference to a specific key event so not generalisable - Not generalisable to the rest of the country and local area - Is about racism rather than representation - Unsure if analysis completed by more than one researcher Strengths: - Clear rationale and background presented - Appropriate methodology and appropriateness of undertaking of CDA in context

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
Polońska-Kimunguyi., E., (2022)	Echoes of Empire: racism and historical amnesia in the British media coverage of migration	Arrivals of migrants and refugees in the UK between 2015 and 2018 and the UK's debate on its relationship with the EU	How these newspapers make sense of human mobility, the types of migrations they choose to cover, the narratives they employ to discuss 'migrants', the representation of 'migrants' 'refugees' agency rights and needs	400 articles from two national newspapers – The Guardian and The Times	Critical discourse analysis/textual analysis Quantitative and qualitative. Textual analysis	- Refugees as 'passive recipients' - Water metaphors - As bringing crime to the host countries - In both left/right-leaning newspapers but done in different ways either through association or more explicitly connecting - Economic burden - As a security threat	Strengths: - Clear rationale for why papers were chosen - Long period of time - Outline of key events during time periods - Outlines thorough implications
O'Regan & Riordan, 2018	Comparing the representation of refugees, asylum seekers and migrants in the Irish and UK press: A corpus based critical discourse analysis	Increase in media coverage of migrants during 2015	To establish patterns in media coverage about RASIM in the UK and Irish print media and to critically analyse and	UK corpus – articles from The Guardian, The Daily Mail, The Sunday Telegraph, MailOnline, Expressonlin	Corpus linguistics then CDA on specific texts	- Representation of RASIM in Irish and UK media coverage includes preoccupation with terror and attacks (linked to Paris attacks)	Strengths: - Strong rationale for research – political context - Combination of corpus and CDA for commination of methodology - Use of database to cover large data set

Authors/date	Title	Context	Aims	Sample/Data	Analysis	Key findings	Strengths/Limitations
			compare how they are constructed	e, telegraph and mirror online. Irish Times, Irish Independent, The Irish Examiner, Irish Daily Mail, The Belfast Telegraph, The Irish news		- More "them and us" in UK compared to Irish - UK specific findings include preoccupation with enemies, migrants associated with terrorists, killers, threat overall	

Quality assessment

It was somewhat of a challenge to find appropriate quality appraisal tools for discourse methodology research, which points to a gap in the field. The Critical Appraisal Programme (CASP) Tool (CASP, 2018) (see appendix 4 for access to full checklist) for qualitative papers was used to appraise the papers using a discourse/discursive analysis (*see table 5*). The 'Guidelines for evaluating Qualitative Rigor in Critical Discourse Analysis Research' were found in Mullet (2018) who outlined a 9-criterion tool for evaluating qualitative rigor in CDA research (see appendix 5 for checklist). As most of the papers employed a CDA approach, this quality assessment tool was used for studies which specifically stated methodology of a critical discourse/discursive analysis (CDA) (*see table 6*).

The Crowe Critical Appraisal Tool (CCAT) is a twenty-two items scale across eight categories: preliminaries, introduction, design, sampling, data collection, ethical matters, results and discussion (Crowe, 2013). It can be useful for papers with differing methodologies (Naseralallah et al., 2020). As some of the papers combined CDA with other quantitative text or linguistic analysis (including corpus linguistics), there was no specific quality appraisal tool found for this methodology so these papers were also subject to a quality appraisal using the Crowe Critical Appraisal Tool (CCAT)(*see table 7*).

Table 5

CASP checklist

Study	Clear aims?	Methodology appropriate?	Research design appropriate?	Recruitment strategy appropriate?	Data collection	Researcher/participant relationship?	Ethical issues	Data analysis	Statement of findings	Valuable
1 - Goodman., Sirriyeh., & McMahon (2017)	Made clear	Yes	Yes – wanted to analyse headlines and articles	Yes for the time period stated and some of the year after	Yes – see recruitment strategy	Not explicitly stated, some references to own opinion but not explicitly stated as this	No active participant data, pro support stance throughout	Mainly headlines analysed	Clear themes identified and stated	Adds to knowledge base around this specific incident as well as broader
2 - Goodman., & Kirkwood. (2019)	Yes	Yes	Yes – clearly justified as wanted to analyse the talk	Time period specific to key event	Suitable to answer research qs	Not explicitly stated	Explicitly mentions ethical approval sought from authors' institutions and university	Thoroughly outlined the process	Very clearly stated	Contributes novel understanding on integration specifically

Table 6

CDA quality assessment checklist

		Criterion								
		1. Reflexivity	**2. Subjectivity**	**3. Adequacy of data**	**4. Adequacy of interpretation**	**5. Deviant case**	**6. Authenticity**	**7. Consequential validity**	**8. Accessibility**	**9. Theoretical triangulation**
Study	3- Khosravinik (2010)	Backgrounds of research and/or involvement of EbE not explicitly stated	Not explicitly stated	Yes – large dataset as part of bigger study	Talks broadly about data analysis but doesn't outline process for this study	N/A	Factual paper outlining results rather than implications	Perspectives of negative discourses are highlighted – consequences not explicitly discussed in conclusion	Readable but need understanding of methodology	Findings listed factually and some discussion about context/impact
	4- Finney & Robinson (2009)	Backgrounds of research and/or involvement of EbE not explicitly stated	Not explicitly stated	Specific data set justified	Discussed in relation to content analysis – repeated coding	Yes	Differing constructions between areas outlined, discussions of implications	Discusses Cardiff as 'hopeful' and implications of positive media representation on these individuals	Yes	Partially – discusses social context
	5- Khosravinik., M (2009)	Backgrounds of research and/or involvement of EbE not explicitly stated	Not explicitly stated	Yes	Outlines guidelines but does not state specific steps used	Yes	Yes	More factual outline of findings	Some complexity in language/terminology	Partially – linked to social context during those periods
	6- Parker.S., et al. (2022)	Backgrounds of research and/or involvement of EbE not explicitly stated	Not explicitly stated	Thorough search outlined	Outlined repeated coding and counter-checking between researchers	Used positive, negative and neutral repertoires	'Competing' constructions outlined and implications discussed	Amplifies the 'voice' of the 'disempowered' refugee and reference to the more powerful systems i.e. politics	Available in english language, simple to read	All four levels of context are discussed
	7- Bates., D. (2017)	Backgrounds of research and/or involvement of EbE not explicitly stated	Not explicitly stated	Specific incident – data justified	Outlines guidelines but does not state specific steps used	Yes	Yes – discusses institutional racism	Partially	Yes	Yes – reference to wider context
	8- Polońska-Kimunguyi., E., (2022)	Backgrounds of research and/or involvement of EbE not explicitly stated	Not explicitly stated	Yes	Yes	No due to strong pro-refugee stance	Yes – strong focus on redistribution of power	Yes	Some complexity	All four levels of context are discussed – implications in broader context

Table 7

Critical Appraisal Tool (CCAT) checklist

Criteria: Present, Absent, Not applicable (N/A)		Finney & Robinson (2009)	Polońska-Kimunguyi., E., (2022)	Tavassoli., Jalilifar., & White (2018)	Baker & McEnery (2005)	Gabrielatos., & Baker. (2008)	Balabanova., & Balck. (2020)	Taylor. (2014)
Preliminaries	Title: 1. Includes study aims and design	Absent	Absent	Present	Present	Present	Absent	Present
	Abstract: 1. Key information	Present	Present	Present	Present	Present	Present	Present
	2. Balanced and informative	Present	Absent	Present	Absent	Present	Present	Present
	Text: 1. Sufficient detail others could reproduce	Present	Present – although subjective	Present	Present	Present	Present but subjective	Present
	2. Clear, concise writing/table(s)/ diagram(s)/ figure(s)	Present – use of images	Present	Present	Present	Present	Present	Present
Introduction	Background: 1. Summary of current knowledge	Present	Present	Present	Present	Present	Present	Present
	2. Specific problem(s) addressed and reason(s) for addressing	Present	Present	Present	Present	Present	Present	Present

Design	Objective: 1. Primary objective, hypothesis(es) and aim(s)	Present	Present	Present	Present	Present	Present	Absent
	2. Secondary question(s)	Present	Present	Present	Present	Present	N/A	Present
	Research design: 1. Research design chosen and why	Present	Present	Present	Present	Present	Present	Present
	2. Suitability of research design	Present	Present	Present	Present	Present	Present – could use alternatives	Present
	Intervention, treatment, exposure: 1. Intervention(s), treatment(s), exposure(s) chosen and why	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	2. Precise details of intervention(s)/ treatment(s)/exposure(s) for each group	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	3. Intervention(s)/treatment(s) / exposure(s) valid and reliable	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Outcome, output, predictor, measure:	Absent	Present	Present	Present	Present	N/A	Present

	1. Outcome(s)/ output(s)/ predictor(s)/ measure(s) chosen and why	Absent	Present	Present	Absent	Present	Present	Present
	2. Clearly define outcome(s)/ output(s)/ predictor(s)/ measure(s) 3. Outcome(s)/ output(s)/ predictor(s)/ measure(s) valid and reliable	Absent	Present	Absent – used amalgamation of different methodologies	Present	Present	Absent – new methodology	Present
	Bias: 1. Potential sources of bias, confounding variables, effect modifiers, interactions	Absent	N/A	Absent	Absent	Present	N/A	Present
	2. Sequence generation, group allocation, group balance, and by whom	N/A	N/A	Present	Present	N/A	N/A	N/A
	3. Equivalent treatment of participants/ cases/ groups	Present	Present	Present	Present	N/A	N/A	N/A
Sampling	Sampling method: 1. Sampling method chosen and why	Present	Present	Present	Present	Present	Present	Present
	2. Suitability of sampling method	Present	Present	Present	Present	Present	Present	Absent
	Sample size: 1. Sample size, how chosen and why	Present	Present	Present	Absent	Present	Present	Absent
	2. Suitability of sample size	Absent	Present	Present	Absent	Present	Present	Present

	Sampling protocol 1. Description and suitability of target/ actual/ sample population(s)	Present	Present	Present	Present	Present	Present	Absent
	2. Inclusion and exclusion criteria for participants/ cases/ groups	Present	Partially	Present	Present	Present	N/A	N/A
	3. Recruitment of participants/ cases/ groups	Present	Present	Present	Present	N/A	N/A	Present
Data Collection	Collection method: 1. Collection method(s) chosen and why	Present	Present	Present	Present	Present	Present	Present
	2. Suitability of collection method	Present	Present	Present	Present	Present	Present	Present
	Collection protocol: 1. Include date(s), location(s), setting(s), personnel, materials, processes 2. Method(s) to ensure/ enhance quality of measurement/ instrumentation	Absent	Partial	Present	Present	Present	Present	Absent
		Present	Absent	Present	Present	Present	N/A	Present

Ethical matters	3. Manage non-participation, withdrawal, incomplete/ lost data	N/A	N/A	Absent	N/A	N/A	N/A	N/A
	Participant ethics: 1. Informed consent, equity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	2. Privacy, confidentiality/ anonymity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Researcher ethics: 1. Ethical approval, funding, conflict(s) of interest	Absent	Present	Absent	Absent	Absent	Absent	Absent
	2. Subjectivities, relationship(s) with participants/ cases	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Results	Analysis, integration and interpretation methods 1. A.I.I. (Analysis/ Integration/ Interpretation) method(s) for primary outcome(s)/ output(s)/predictor(s) chosen and why	Absent	Present	Present	Present	Present	Present	Present
	2. Additional A.I.I. methods (e.g. subgroup analysis) chosen and why	Absent	Present	N/A	N/A	Present	Present	Present
	3. Suitability of analysis/ integration/ interpretation method(s)	N/A	Present	Present	Present	Present	Present	Present

	Essential analysis: 1. Flow of participants/ cases/ groups through each stage of research	Absent	Present	Present	N/A	Present	N/A	N/A
	2. Demographic and other characteristics of participants/ cases/ groups	Present	N/A	Present	N/A	N/A	N/A	Present
	3. Analyse raw data, response rate, non-participation, withdrawal, incomplete/ lost data	Present	Absent	Present	Present	Present	N/A	N/A
	Outcome, Output, Predictor analysis 1. Summary of results and precision for each outcome/ output/ predictor/ measure	Present	Present	Present	Present	Present	Present	Present
	2. Consideration of benefits/ harms, unexpected results, problems/ failures	N/A	Absent	Present	Absent	N/A	N/A	N/A
	3. Description of outlying data (e.g. diverse cases, adverse effects, minor themes)	Present	Absent	Present	Present	Present	Present	Present
Discussion	Interpretation 1. Interpretation of results in the context of current evidence and objectives	Present	Present	Present	Present	Present	Present	Present
	2. Draw inferences consistent with the strength of the data	N/A	Present	Present	Present	Present	Present	Present

3. Consideration of alternative explanations for observed results	N/A	N/A	Present	Absent	Absent – acknowledges large dataset	Present	
4. Account for bias, confounding, interactions, effect modifiers, imprecision	Absent	N/A	Present	Absent	Absent – see above	N/A	Present
Generalisation: 1. Consideration of overall practical usefulness of the study	Present	Present	Present	Present	Present	Present	Present
2. Description of generalisability (external validity) of the study	Absent	N/A	Present	Present	Present	Absent	Absent
Concluding remarks: 1. Highlight study's particular strengths	Absent	N/A	Present	Present	Present	Present	Present
2. Suggest steps that may improve future results (e.g. limitations)	Absent	Present	Refer to small sample size - present	Present	Present	Absent	Present
3. Suggest further studies	Absent	Present	Absent	Present	Present	Absent	Present
Total score Add all scores for categories 1–8 Total the scores for all categories. To calculate the total percent, divide the total score by 40							

Analysis

Findings

Characteristics of included papers

Overall, there were differing methodologies used in the papers selected. Two of the

papers employed just a discourse/discursive analysis (Goodman & Kirkwood 2019.,

Goodman et al., 2017), with four specifying just a critical discourse/discursive analysis

approach (CDA/CDP) (Khosravinik, 2009., Khosravinik, 2010., Parker et al, 2022., Bates,

2017). Two studies (Gabrielatos & Baker, 2008., Baker & McEnery 2005) used a corpus

linguistics approach which involved a qualitative and quantitative analysis of a large body of

text using a computer-based programme. Taylor (2014) combined CDA with a corpus-based

approach whilst Finney & Robinson (2009) and Polońska-Kimunguyi (2022) combined

quantitative methods with CDA. Tavassoli et al (2018) and Balabanova & Balch (2020) used a

mixed methods approach.

The dates of publication ranged between 2005-2022 and the majority (Khosravinik, 2009.,

Goodman et al, 2017., Khosravinik, 2010., Tavassoli et al, 2018., Finney & Robinson, 2009.,

Goodman & Kirkwood, 2019., Balabanova & Balch, 2020., Parker et al 2022., Bates, 2017)

were based on key events or specified a specific social context, the other papers were

situated in that time period but did not make a reference to any specific key events.

The relationship between researcher and participant is a key point in both the CASP tool and

the CDA quality appraisal tool, but this was not explicitly stated in any of the papers. Despite

journals having word limits for published research making it difficult to cover all points,

given the methodology it feels important to have noted this. As publicly available data was used in all studies, there was no mention of ethical approval sought apart from one study (Goodman & Kirkwood, 2019). It would have been helpful for some consideration of ethics to be outlined.

Some papers used specific frameworks to categorise their discourses; welcoming vs unwelcoming (Tavisolli et al., 2018), positive, negative and neutral (Parker et al., 2022), ethical frames (Balabanova & Balch. 2020) which Halliday (1994) (as cited in Taylor 2014) identified as helpful to avoid "a running commentary on the text". Other papers however did not refer to specific frameworks and instead used a broader approach whereby they outlined overall discourses and categorised without the use of structured frameworks (Khosravinik, 2009., Khosravinik, 2010., Goodman et al, 2017., Goodman & Kirkwood, 2019).

Most of the papers did not include step by step outline or transparency around how data was analysed, one paper specifically outlined a process which included that of coding the data (Taylor, 2014). Other studies varied from either not mentioning the analytic process at all (Goodman et al., 2017) to not outlining the process used (O'Regan & Riordan, 2018) with some studies giving some detail on the discursive strategies they were paying attention to (Khosravanik, 2010., Bates, 2017) without a process in how this was done.

Thematic synthesis

In line with the social constructionist epistemology of this project, the themes outlined here are a subjective reflection of what I gathered when reading these 13 papers.

Figure 3

Summary of themes

Theme	Subtheme
1. Homogenising	1.1. Conflation of terms
	1.2. Aggregation
	1.3. Use of metaphors
2. "Us versus them"	2.1. Threat
	2.2. Illegitimate
	2.3. Victimisation

Theme 1. Homogenising

Subtheme 1.1 – Conflation of terms This theme that was noticed was around the conflation of the term's refugee and "asylum seeker" with the terms "migrant" and "immigrant" despite them having very different meanings[17]. In their study, Baker and McEnery (2005) found the grouping together of the term's "immigration" and "asylum" within most newspapers. One paper suggests that this conflation of terminology appears to be based on confusion as it was also found in text associated with more "positive" or

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[17] *Refugee:* Person who meets eligibility criteria under the applicable refugee definition
Asylum seeker: Individual seeking international protection. In the UK, someone whose claim has not yet been decided
From UNHCR (2005)

Migrant: A person who leaves their country to temporarily reside in another country
Immigrant: A person who is or intends to settle in a new country
No legal definitions but often used in this way (Anderson & Blinder., 2022)

"humane" discourses (Goodman & Kirkwood 2019), however in other papers questions were posed around the agenda of the media when conflating terms and whether this was used to create doubt in readers' minds about the legitimacy of the claims (Khosravinik, 2009, Polońska-Kimunguyi 2022) given that those who are immigrants are not seeking asylum. This is also suggested by Finney and Robinson's (2009) findings where the terms were only conflated in the newspaper that presented more "negative" discourses whilst a local paper that presented more fair and humane discourses of refugees used the terms more accurately.

Subtheme 1.2 – Aggregation The term aggregation was used in Khosravinik's (2009, 2010) research to describe a main discourse found in the media which grouped together refugees and "asylum seekers" as one collective group. He described that this aggregation constructed refugees and "asylum seekers" (and migrants, immigrants) as: *"One unanimous group with all sharing similar characteristics, backgrounds, intentions, motivations and economic status…"*. This approach was thought to deindividualise people by grouping them together despite their many differences and was described by Gabrielatos and Baker (2008) as promoting dehumanisation. This aggregation was evident in all the papers who found that reporting was often about groups rather than individuals, in both "right-leaning" and "left-leaning" papers (Khosravinik 2010) and also apparent through the mechanism of using terms such as "the issue" or "the crisis". Another way aggregation was presented was through the repeated reference and association with numbers when describing refugees and PSA (referred to as "quantification" in Baker & McEnery, 2005., Gabrielatos & Baker, 2008., Parker et al, 2022 & Khosravinik, 2009, 2010, O'Regan & Riordan, 2018).

Subtheme 1.3 –use of metaphors Metaphors when describing groups of refugees and in particular PSA, were also found by most papers. The common metaphors of water (e.g. flood or tide) or natural disasters (Baker & McEnery, 2005., Finney & Robinson, 2009., Gabrielatos & Baker, 2008., Balabanova & Balch, 2020) as well as war or army (Goodman et al, 2017., Gabrielatos & Baker, 2008), metaphors of magnet and honeypot (Taylor, 2014) or weight (Baker & McEnery, 2005) were identified as commonly used when describing refugees and "asylum seekers" in mainstream media. Between the papers there were different interpretations of this, although most papers described this use of metaphors as perpetuating deindividualisation and dehumanisation and were used in a way that is suggestive of a "threat" (Finney and Robinson 2009), Taylor (2014) and Khosravinik (2010) also argued that these metaphors were not always associated with negative representations as Taylor (2014) warned that: *"we should be careful about making this link without examining the co-text more carefully",* whilst Khosravinik (2010) found that water/natural disaster metaphors were used in the context for urgent need of help and support.

Theme 2 – "us versus them"

Subtheme 2.1 – Threat A theme noted between the papers including reference to refugees and "asylum seekers" as a "threat" in different ways. One way was as a threat to security (Goodman et al, 2017., Tavassoli et al, 2018., Balabanova & Balch, 2020., Polońska-Kimunguyi, 2022) whether that be through associations to crime and criminality (Baker &

McEnery, 2005., Tavassoli et al, 2018, Parker et al, 2022., Khosravinik, 2009., Polońska-Kimunguyi, 2022., Taylor, 2014), through being associated with terrorism (Gabrielatos & Baker, 2008, O'Regan & Riordan, 2018), particularly evident with associations to Islam (Goodman & Kirkwood, 2019) or by posing a public security threat (Balabanova & Balch, 2020) with the framing of the UK as a victim of this "refugee crisis" (Goodman et al, 2017). O'Regan & Riordan (2018) found high associations of refugees and PSA to terrorism specifically in UK media discourses. The implications of this threat discourse were also explored in some of the papers, with Polońska-Kimunguyi (2022) noting that: *"the crisis narrative allows for reconfiguration of strategies and mobilization of stricter law enforcement measures".* Another way threat was presented was refugees and "asylum seekers" posing a threat to the UK taxpayer or an "economic burden" (Taylor, 2014., Khosravinik, 2010., Finney and Robinson, 2009., Polońska-Kimunguyi, 2022., Bates et al, 2017) they were presented as individuals who were: *"taking advantage of the resources made available in the UK"* (Taylor 2014).

Another threat to the "culture" was outlined (Goodman and Kirkwood, 2019., Khosravinik, 2010,) this discourse was around refugees and "asylum seekers" posing a threat to the cultural identity of the United Kingdom. Goodman and Kirkwood (2019) found that when discussing the concept of refugees "integrating" into British society, this definition appeared to align more with an "assimilation" or losing one's own culture rather than an "acculturation"[18]

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[18] Host country culture adopted, but own country's customs and traditions are not lost

Subtheme 2.2 – Them as illegitimate Another theme was around the legitimacy of the asylum claim, referred to in the literature as "bogus vs genuine". Tavasolli et al (2018) also found this discourse of the bogus/not genuine refugee, with Gabrielatos & Baker (2008) found a common discourse around falsely claiming asylum. Baker and McEnery (2005) found associations of "asylum seeker" with terms around honesty and discussed the implications of this association in relation to priming. In Khosravinik's paper (2010), the word "illegal" was more likely to be associated with the term "immigrant" to refer to people seeking asylum. Whilst in Finney and Robinson's (2009) paper, the newspaper with more of an "anti-asylum" discourse was more like to present PSA and refugees as "economic migrants" whilst the other newspaper presenting more humanising discourses was likely to talk about individuals and the circumstances in which they fled.

Subtheme 2.3 – Victimisation This theme around "victimisation" was also present in most papers, with the implications seeming to differ between the papers. Some authors noted this as a more "positive" representation (Parker et al, 2022) with Bates (2017) categorising this as more humanising but also suggesting that this victimisation can function as a way to ignore "institutional powers". Baker and McEnery (2015) also noticed this victimisation discourse where they described this group being presented as "tragic" with no sense of agency which Khosravinik (2010) reiterates (*"described as passive and motionless"*).

Taylor (2014) suggested that this discourse presents PSA and refugees as a group who are "being acted upon" so would minimise the "threat" discourse. However, a counter interpretation offered by Polońska-Kimunguyi (2022) is that presenting refugees and PSA in this way this can mean they are seen as pitiful and incapable rather than able and competent individuals, which can be dehumanising in itself and reiterates seeing them as a "burden" (Finney and Robinson, 2009).

Strengths/Limitations

Although there was a published literature review looking at the representations of immigrants and refugees in Brazil and the UK (Gonçalves & David, 2022), the strengths of this literature review was the use of thematic synthesis to notice the discourses in media of refugees and people seeking asylum. The thematic synthesis approach outlined by Thomas and Harden (2008) was introduced to provide structure to the approach of thematic analysis in regards to using it for systematic reviews. However, newer approaches to thematic analysis acknowledge the role of the researcher and reflexive thematic analysis looks more closely at how the stance of the researcher and philosophical assumptions underpin the process of analysis (Braun & Clarke, 2019). Within this literature review I used my own subjective stance towards making sense of the themes that I identified, this meant that the findings were limited by my own perspective, did not account for bias and did not capture multiple perspectives.

Conclusion/Implications

Overall, the findings suggest that there are a multitude of negative discourses (e.g. burden, threat) employed by mainstream media in the UK when referring to PSA and refugees. The impact of this is important to note as Khan (2013) found that these negative media coverages affect PSA and refugees' mental health, leaving them feeling "demoralised". As mentioned earlier, van Dijk (2005) discussed the role of the mass media in potentially creating prejudices and this is found in other research which shows that the negative discourses outlined in this literature review were found in comments made by the general public (Goodman & Narang, 2009, Lynn & Lea, 2003). Immigration detention staff and caseworkers making decisions on the "vulnerability" of those who are detained are also situated within the context of the public and subsequently likely to be influenced by these common discourses. This is evidenced by Bosworth's (2018) findings that staff working within detention settings had internalised wider negative stereotypes to categorise those individuals that were detained and under their care.

Most papers included in this literature review were written about a key event and were situated within a context. As socio-political contexts are fluid it feels relevant to undergo a study within the current political context and specifically that of the Shaw report. The most recent paper that was written was around the channel crossings but none of the papers make reference to any mental health discourses or to the context of immigration detention despite the prominence of the "security" or "threat" discourse and Polońska-Kimunguyi's

(2022) remarks around the link between how certain discourses can perpetuate the justification and mobilisation of stricter enforcement.

The discourses found by these papers that were present in mainstream media within the UK provide a context for my research on the discourses in policy used within immigration removal centres (IRCs) and parliamentary debate about this context.

Rationale for current study

Language and discourse can be used to determine action and shape beliefs (van Dijk, 2007), particularly so when used by those considered more powerful or dominant in society. Political "rationality" refers to the "knowledges" that can capture the ways in which the government construct objects and therefore how techniques can be legitimised, in particular how political practices can become possible (Cornelissen, 2018). Michel Foucalt a French philosopher who studied how power operates through language and discourse refers to the term "governmentality" as a process by which governments and institutions use strategies to govern and regulate which includes shaping knowledge and discourse to develop norms and regulations in society.

In the UK, Politicians who are part of the government are positioned within society as those who are influential therefore are able to construct knowledges. They play a major role in developing policy and inform and implement regulations and legislations. Parliamentary debates are spaces where topical issues are discussed and this can consequently inform

policy and laws. Policy documents are legally binding documents that provide a framework for the organisation, within detention the Home Office provide these documents.

Politicians have often been found to employ negative language when discussing refugees, which can justify punitive and inhumane ways of treating them. The role of 'political elites' in perpetuating harmful discourses (e.g. of threat) has been studied by Montgomery et al (2022). The impact of this has also been researched with Schmidt-Catran & Czymara (2023) finding that the public becomes more hostile toward "foreigners" in times where political elites are more exclusionary and Kirkwood (2017) stating that within parliamentary debates, politicians could draw on 'humanising' discourses to increase accountability of the nation and government.

Overall, wider literature points to the importance of context and political context on the mental health of refugees, in particular the discourses of politicians and policy; in their systematic review Martinez at al (2013) found that immigration policy negatively impacted mental health and access to services. Local areas with anti-immigration policy had higher rates of depression, anxiety and post-traumatic stress disorder (PTSD). In mental health, illness discourses are found to have implications for how patients experience their sense of self and how they perceive others to view them (Ringer & Holen, 2016). Refugees are more likely to experience mental health difficulties but discourses do not always position them as in need of support. Refugees detained in detention centres are even more likely to be vulnerable to mental health difficulties and staff working within these centres have been found to use negative stereotypes when referring to them (Bosworth, 2018). Staff within these institutions follow policy and processes, which have a lot of influence on the broader

culture and can impact how staff including senior managers work with those under their care. Language and discourse used within policy documents for the care of vulnerable individuals in detention and within the talk of politicians when debating this topic is helpful to analyse to understand whether it reflects broader societal discourses, and the implications of this on how this vulnerable group is treated.

The aims of this research are to explore:

- What discourses, ideologies and assumptions are identified in policy and debate relating to "adults at risk" in immigration detention?

- What are the implications of these for the identity of "adults at risk" and people seeking asylum within detention and in wider society?

- What opportunities does this open up for action?

Chapter 3 Methodology

In this section I will discuss the research design which is a qualitative analysis of existing documents, and I will introduce critical discourse analysis (CDA) along with the rationale and way in which I analyse the data using this approach.

Ontological Assumptions/Epistemological Stance

As introduced in chapter 1, this research will be using a critical theory ontology and social constructionist epistemology. This is in line with my personal views around this topic and is compatible with the approach of critical discourse analysis (CDA) that I will be using. A critical theory differs from that of a critical realist ontology in that a critical realist ontology would suggest that there is an external objective world that exists independently of our perceptions. Within my critical theory ontology I view this so-called reality as having been "shaped by social, political, cultural, economic, ethnic and gender-based forces that have been reified or crystallised over time into social structures" that are then taken to be real (Cohen & Crabtree, 2006). In regards to this topic, we have reviewed how political decisions can develop social structures like immigration systems and "Illegal migration" bills which then impacts those seeking refuge who must navigate complex systems, be interviewed and be "assessed" by others.

A social constructionist epistemology then adds that the way in which we understand these knowledges or social structures is not a reflection of an objective reality but that it is constructed within society through shared beliefs including discourse. These structures are

taken to be real in that within a UK society there are so many "taken for granted" knowledges around the concept of "illegal immigration" being "illegal" when this is a production and construct (Flores & Schachter, 2018).

These both compliment a CDA approach in its approach to power and discourse, as it emphasises the role that discourse plays in maintaining these social structures, and always keeps in mind these "forces" which "shape" these structures and knowledges.

What is discourse

A discourse can be understood as "a particular way of talking about and understanding the world (or an aspect of the world)" (Jørgensen and Phillips 2002) but more than simply representing the world as introduced earlier, Locke (2004) describes discourses as actually *constructing* the world in meaning. Meaning that discourses themselves produce a material reality (Parker, 1992) bringing new ideas, objects, and practices into the world (Hardy et al, 2004).

Discourses are more than just text and refers to cultural ideologies, societal norms and assumptions that are "taken for granted". Discourse and ideology have a reciprocal relationship where they shape and influence each other, as exampled by the discourses of "threat" or "criminal" found in the literature review shaping the ideology around the need to securitise. One way of analysing discourse is through analysing text. This can take many forms including being written or spoken; it can be verbal language (Chalaby, 1996., Locke,

2004), written texts like policies and even goes beyond this to include visual images, digital media (social media posts/memes/emojis) and even non-verbal such as body language and expression. From a discourse analysis point of view, discourses can influence social structuring through either perpetuating dominance or resisting and challenging existing power structures.

Research design

This research uses a qualitative research design which van Maanen (1979) defines as, "an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world." A quantitative approach would not necessarily fit as it is more likely to be in line with a realist perspective that something is observable and measurable whereas a qualitative design allows for a more exploratory approach in line with the research topic and the aims. Qualitative analysis can be used on interviews or observations however I will be doing a document analysis on existing policy document and a transcription of a talk as in line with a CDA approach I want to explore how dominant groups (in this case the government) enact power on less dominant groups (refugees/PSA) in the context of detention.

In her book, Willig (2008) explores how the epistemological stance we use impacts how we view a text and what methodology we then apply. Crotty's basic elements of a research process (*see figure 4*) outline the steps taken when approaching research design, however

with discourse analysis these are not linear steps but rather interact dynamically with

Jorgensen and Phillips (2002) describing discourse analysis as "more than just a method of

analysis but a theoretical and methodological whole with a social constructionist

epistemology at its centre."

Figure 4

The Basic Elements of Research Process (Crotty, 1998)
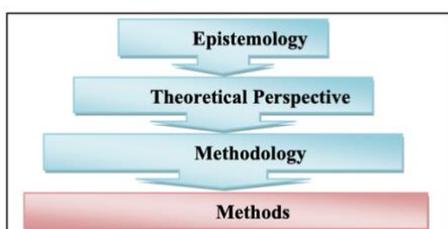
Discourse analysis

Aribisala and Walkerdine (2017) outline that what has become known as discourse

analysis reflects a distinct interest in the social, political, and psychological characteristics of

language use. According to He (2003), discourse analysis is an umbrella term. The term 'big

'D' discourse relates to the general ways of viewing the world and general ways of behaving

(including speaking), whereas the small 'd' discourse concerns actual language use. There

are different ways of using discourse analysis including using both qualitative approaches, or

mixed methods. Quantitative approaches can include content analysis, or corpus linguistics

(as introduced in the literature review) can also be a method used in CDA and will be

discussed further. There are different 'types' of discourse analysis including Foucauldian

discourse analysis (FDA) and critical discourse analysis (CDA) which is my chosen method/approach. Discursive (Edwards & Potter, 1992) or critical discursive psychology (Wetherell, 1998) which was also used by studies in the literature review is similar to discourse analysis, however as it is concerned with talk in interaction (Locke & Budds, 2020) (which the debate does do, but the policy does not) it was not deemed the best approach to this study so will not be discussed.

Why critical discourse analysis?

FDA and CDA share some similarities in that they centralise discourse as a social practice which reflects and shapes power and ideology, however they differ in their theoretical frameworks, methodological approaches, and scope of analysis. FDA is rooted in the work of Michel Foucault who focused on power relations and the production of knowledge or how ideas come to be "thinkable" in that moment and what the consequences then are. The theoretical framework is around the shaping of discourses and sees discourse as systems of knowledge that inform social and governmental practices. Foucault asks more about "how" power is exercised instead of "who" has power and "what" power is (Cole, Giardina and Andrews, 2004). The methodological approach tends to take a historical development of the discourse, and although both approaches are rooted in poststructuralist ideas of multiple realities, FDA does not consider power as necessarily belonging to a group of people (Arribas-Ayllon and Walkerdine 2017).

CDA on the other hand, draws on more critical theory including Western Marxism to specifically include macro-level structures like economic context and governments and uses this to advocate for social change (Fairclough, 1992a., van Dijk, 1993). As per its Western Marxist influence, unlike FDA, CDA is more explicit in seeing discourses as a way of serving the interests of dominant groups or elites to oppress those in society and seeks to challenge these oppressive discourses. As outlined by Fairclough (2001) "the increased importance of language in social life has meant more conscious attempts to shape and control it to meet institutional or organisational objectives". The critical approach within CDA is well suited to unveil asymmetrical relations of power, particularly relations of dominance and inequality (Ifechelobi & Ebekue, 2020), with van Dijk (1993) outlining that from his CDA perspective there is more focus on "top-down" relations of dominance rather than "bottom-up" relations of resistance or compliance. This is relevant in this topic as demonstrated in the introduction chapter around the power that the government holds over people seeking asylum in regards to detaining them and how they are then treated within detention.

CDA has been designed specifically for analysis of texts (Liao & Markula, 2009), and is recommended to be used for critical policy analysis in particular (Taylor, 2004) as researchers can "go beyond speculation and demonstrate how policy texts work within power relations". This is in line with my aims around thinking about how the policy and debate talk about mental health and people seeking asylum, and consequently the implications of this for PSA and society in relation to power dynamics.

Critical discourse analysis

The current approach to CDA is informed by Norman Fairclough, Ruth Wodak, and Teun van Dijk although when used in other research, influences from Halliday's systemic functional approach[19] and van Leewen's framework are also included (Ifechelobi & Ebekue, 2020). In regards to the influence; Fairclough's (1992) focus was on investigating language that affects social and cultural change, Wodak (2011) spoke about analysing structural relationships of discrimination, power, and control as manifested in language and van Dijk (1994) discussed the importance of situating language use and discourse in its social, cultural and political context. All these perspectives come together to form CDA approaches and when used in practice, as demonstrated in the literature review, it can be applied differently with a focus on whichever element is most relevant to the research. The concept of power is a key element of CDA, with Fairclough (2001) outlining that CDA must "seek to find out connections between language and other elements in social life e.g. how language works ideologically, how language affects identity, how language is related to power and domination" and must "be committed to progressive social change". This means that according to Fairclough (2013)"changing the world for the better depends upon being able to explain how it has come to be the way it is".

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[19] Halliday's (1978) views on language are that every cultural group has a discourse that marks its identity and that the nature of language is related to the functions it has to serve.

With this research, I will be using a mixture of the different elements, focusing on the political and cultural context as well as power. This will involve exploring how language contributes to causing harm to PSA in detention and their mental health. I will include this in my analysis through consulting with consultant(s) (especially with lived experience) to consider how the language affects the identity and lived experience and will think about possibilities and strategies for action.

CDA can also include a quantitative element like corpus linguistics (as exemplified in studies used in literature review). Corpus linguistics is the study of certain words and associations are identified usually by looking at the frequency of the word in a text. This is then often supplemented with a CDA approach which explores further more qualitatively these words or associations. The studies in SLR that used corpus linguistics spoke about the corpus linguistics being descriptive and the CDA going beyond the surface to provide a more in-depth analysis of social context. For the scope of this research in line with Van Maanen's qualitative definition above, I am not interested in the frequency of certain terms but to explore and discuss further the discourses identified in order to comment on the impact of this and relate it back to the Clinical Psychology profession.

Overall, CDA starts before the analysis stage as proposed by Fairclough's analytic framework for CDA (Fairclough, 2001) (he bases this on Bhaskar's "explanatory model"). I will outline the model and the way in which I plan to adhere to this in italics.

1) Focus on a social problem

Within this research I have outlined the social problem in the previous chapters which is that PSA are detained in IRCs which affects their mental health negatively and the talk around this (particularly by politicians and policy) perpetuates this negative impact.

2) Identify obstacles to the social problem being tackled

a) the network of practices it is located within

b) the relationship of semiosis to other elements within the practices concerned

c) The discourse itself by looking at: structural analysis (the order), interactional analysis, interdiscursive analysis, linguistic and semiotic analysis

This aspect includes keeping in mind the context more widely. Within the context of this research this has involved keeping up to date with current affairs related to the UK's immigration policy. Obstacles to the social problem being tackled in this research could include the UK governments agenda to "stop illegal immigration", the idea that those seeking asylum are a "burden" that use "resources" provided for British nationals.

Point c is labelled as the beginning of the actual analysis.

3) Consider whether the social order (network of practices) needs the problem

This would consider why there is a 'need' for negative discourses for PSA in detention and their mental health. It would ask questions around who this benefits, how it facilitates domination and justifies the need for authority.

4) Identify possible ways past the obstacles

I will make recommendations following my analysis around what can be possible ways (from my perspective and that of my research team) past these obstacles.

5) Reflect critically on the analysis

I hope to maintain a critical stance throughout the analysis

Data Collection/Documents to Analyse

As I am an outsider research to this topic, I consulted with my consultants to develop an understanding of the context of detention centres, mental health processes and policies that were relevant to this. From this, purposive sampling was used to identify suitable data; a policy document and a debate both selected for relevance to the topic of mental health within detention. Siversten (2016) talks about how representativeness is not a criterion for discourse analysis so I am not suggesting that this data is representative of the topic of mental health within detention. There are other processes specific to mental health, in particular risk and one of these is the "assessment care in detention and teamwork" (ACDT) however this process is directly imported from offender care (prison system) and is only specific to managing risk of suicide and self-harm rather than the "adults at risk" policy chosen which is a key policy around safeguarding mental health in detention overall.

There is little discussion of specific criteria that defines qualitative rigor in the field of CDA. Two quality criteria are agreed upon in most CDA approaches: completeness (new data reveal no new findings) and accessibility (the work is readable by the social groups under investigation; Wodak & Meyer, 2009). In regards to completeness, as I am focused on a specific policy this document was the most up to date and is the official version of the document relating to this policy. This policy document was found on the official government Home Office website, searches were carried out on multiple occasions to ensure the most up to date version was identified (final search carried out on 22nd April 2023).

Context

In 2015 Stephen Shaw, a former Prisons and Probation Ombudsman, was asked by the then Home Secretary Theresa May to conduct a review of the welfare of vulnerable people in detention. As part of this review, Professor Mary Bosworth completed a literature review on the impact of immigration detention on mental health and all studies across the globe found that immigration detention has a negative impact on detainees' mental health and that the impact on the mental health increases the longer detention continues. This review officially titled "Review into the Welfare in Detention of Vulnerable Persons"[20] and informally referred to as the "Shaw report" after its author was published in January 2016.

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[20] A copy of the report can be found on https://www.gov.uk/government/publications/review-into-the-welfare-in-detention-of-vulnerable-persons#:~:text=It%20examines%20Home%20Office%20policies,response%20to%20Stephen%20Shaw%27s%20review

This review concluded that detention is not a particularly effective means of ensuring that people do leave the UK and many practices and processes associated with detention are in urgent need of reform. Multiple recommendations were made and the "adults at risk" policy was implemented in response to this.

Parliamentary debate

A follow-up review was published in 2018 assessing the government's implementation of Stephen Shaw's recommendations following the initial report. Debates are reflective of political and public discourses, although this is a bit dated it is the only debate that discusses the Shaw review/"adults at risk" policy so is key in determining political discourses around "vulnerable" adults and mental health.

A search was completed on the Hansard database (which is a database that transcribes and publishes all House of Commons and House of Lords parliamentary debates). All dates were included until present (final search 25th June 2023) and the following keywords were used: "immigration detention" and "shaw review" There were two findings titled "Immigration Detention: Shaw Review", one debate in the House of Commons[21] and one in the House of Lords[22]. The House of Commons debate was thought to be more relevant in regards to power around policy change given the context.

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[21] House of Commons is where elected members of parliament (MP's) engage in political debate and make decisions

[22] House of Lords is where unelected members review and revise legislation

This debate can be accessed via: https://hansard.parliament.uk

A line numbered copy of the debate is included in appendix 6.

Adults at Risk policy

In response to the first Shaw review, the Government introduced a new "adults at risk" concept into decision-making on immigration detention with the aim that people who are "at risk" should not be detained. The policy titled "Adults at risk in immigration detention" was first published for use on 12 September 2016 (Gov.uk, 2022) and since then has been continually revised, the document I am using is the most recent version (dated 20 Apr 2023, available on:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1152054/Adults_at_risk_in_immigration_detention_GOV.pdf).

A line numbered copy of this policy is available in appendix 7

The aims of this policy were to reduce the number of vulnerable people detained. The definition of vulnerability according to the Home Office is outlined in the policy document and includes experiencing mental health difficulties. This policy document is a well-known and integral part of immigration detention; discussions with consultant led me to understand how it's used in practice (as the context in which the document is used is key in CDA). The Home Office case worker makes final decisions around whether somebody is considered an "adult at risk", and subsequently the outcome of this; whether they stay in

detention, whether they receive support and what level of support this is. I was informed by the consultant that the caseworker uses this policy document to make this decision, guided by second hand information (medical records, detention staff reports) as they never actually meet the individual face to face. This allows for an understanding of the context and importance of this document, the implications for this will be discussed in later chapters.

This policy is also used as part of induction training for care and custody officers within detention who I was informed have very "limited" mental health training as their training packages are developed in house or with the support of the Home Office rather than mental health providers. The current provider within the IRC my consultants are based in is a private healthcare service.

Data analysis

The challenges of taking a CDA approach include that CDA has no unitary theory or methods (van Dijk, 1993). In general, most approaches to CDA are characterized by (a) problem-oriented focus; (b) analysis of semiotic[23] data; (c) the view that power relations are discursive to some extent; (d) the view that discourses are situated in time and place; (e) the idea that expressions of language are never neutral; (f) analysis that is systematic, interpretive, descriptive, and explanatory; and (g) interdisciplinary and eclectic methodologies (van Dijk, 1993; Wodak & Meyer, 2009).

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[23] Semiotic: the study of language

For this research I will use both Fairclough's analytic framework for CDA (outlined above) and the three-dimensional model of CDA (Fairclough, 1992) (*see figure 5*) to analyse data. I will outline a step-by-step process that I use within the three-dimensional model however it is important to note that these steps were not linear in nature.
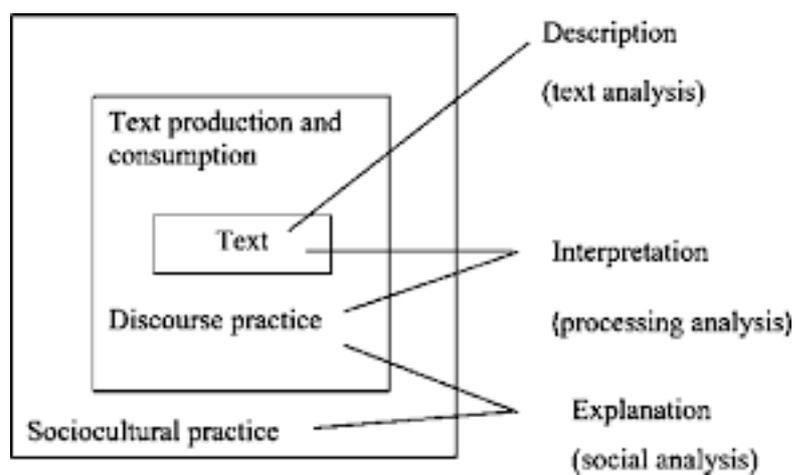

Figure 5

Fairclough's 3-dimensional model

Fairclough's three-dimensional model (*see figure 5*) outlines three levels at which discourse can be analysed: discourse as text, discourse as discursive practice, discourse as social practice.

1) In line with the five-step analytic framework described above I started by familiarising myself with the social problem and obstacles to this being tackled. This has included striving

to develop an understanding of the wider context of immigration, governmental changes to policy specifically in regards to mental health impact, and detention. This also involved developing an understanding of the lived impact of being detained and how mental health difficulties are triggered and present within this context through discussions with consultants.

2) **Description (text analysis)** is the focus on the linguistic features and asking questions about the function of this. My first step was to familiarise myself with the data set and to code them paying particular attention to noticing's/'hunches' as Wetherell & Potter (1988) outline analysis is less about following rules or recipes and more about following 'hunches'. From a CDA perspective this included familiarising myself with the different semantic categorisations developed by van Dijk, Wodak, van Leewen including which includes the use of metaphors, foregrounding/backgrounding, passive/active tone, use of extremes case formulation. This stage involved reading through, coding and then recoding the data sets while paying particular attention to identifying the linguistic resources used to describe PSA in detention and their mental health.

3) **Interpretation (processing analysis)** discourse as discursive practice includes the focus on the discourses being evoked in the text. This involves thinking about who the actors (subjects) are being spoken about, who will consume the text, what common discourses are being used and resisted against. For this step, as mentioned by Siversten (2016) it required a subjective analysis of how ideologies and discourses are being perpetuated by the text. For this part, I identified other discourses that I noticed and categorised these using the discursive strategies.

3) **Explanation (social analysis)** These was then drawn together to think about how the identified discourses/ideologies contribute to or resist against social practice including dominance and power structures in this society. This step involved thinking about the broader context in which the text was produced and how it is distributed. For this section, I noted how the discourses identified contribute to the oppression or support of PSA and their mental health in detention and in society overall.

Throughout this process, I had individual meetings with an external coach, my supervisors and consultants to shape the final discourses chosen. This involved an initial meeting with my supervisor when I had completed step 1, where we discussed strategies to try and "group" these together. Following completing steps 1 and 2, I had a meeting with an external coach whereby I checked the appropriateness of the discourses in accordance with a CDA approach, and we discussed what would constitute a discourse. Following completing steps 1, 2 and 3 I had a meeting with my external supervisor and consultant with lived experience where I outlined the discourses I had and we discussed together whether they required being renamed or adapted in accordance with their experience. Following this, I was left with 6 main discourses which will be discussed.

Ethical considerations

Although this research does not directly involve participants and uses publicly available data, Busher and James (2012) outline how research that is likely to cause greater risk of harm to participants includes the use of a sensitive topic. Although there are no

direct participants, the topic of mental health and immigration detention is a sensitive topic which impacts a huge proportion of vulnerable people and society overall. To ensure I centred this, I tried to develop a research community including consultants with different experiences and supervisors. In order to "ensure trust and respect amongst members working together for a purpose" (Busher & James, 2012), collaboration with consultants was thought through in regards to avoid it being tokenistic, transparency was ensured with all consultants (they saw the research proposal) and financial renumeration was offered.

In regards to the data, I emailed the ethics committee at UH to check the process for using publicly available data and was informed that I did not require full ethical approval (see appendix 8). Both documents were publicly available online, for the debate I emailed the Hansard database authors and received information on the ways in which the debates can be used (see appendix 9) but this information was not available for the policy document.

Reflexivity

Discourse analysis, particularly critical discourse analysis has been criticised in regards to the relationship between analysis and interpretation (Widdowson, 1995) and of course just as discourses are situated historically and socially, so are researchers and discourse analysts. It is therefore important to recognise this; as mentioned in the introduction, qualitative research acknowledges that the researcher influences and shapes the research process both as a person (referred to as personal reflexivity) and as a thinker (referred to as epistemological reflexivity) (Willig, 2008). This is even more apparent in CDA as all my interpretations are subjective. As seen in the literature review within the quality

appraisal tool used for CDA studies, researcher reflexivity is a key part of quality in research (although the published studies did not explicitly do this). I ensured that all my coding was checked, in collaboration with my consultant, fellow peers and supervisor as well as an external coach. This allowed for a multitude of perspectives.

Chapter 4 Findings

This chapter presents the interpretation of the "adults at risk" policy document and the parliamentary debate titled "Immigration Detention: Shaw Review" using a critical discourse analysis (CDA). The process involved developing mind maps to categorise and group together the concepts (see appendix).

I have used Fairclough's three-dimensional model and have presented an overview of the discourse, the textual/discursive strategies I have noticed that contribute to this discourse and a social analysis. Within the discursive strategies I have used quotes from both documents and these are labelled with the line number and identification of which document it is referring to; the full documents with line numbers are available in the appendix. Although quotes from the debate belong to different individuals and situating their political stance could be relevant, I will not be naming the quotes but may refer back to the individual and the political party they are representing if it is deemed relevant to discuss or note.

As per the three-dimensional model I have also included a social analysis whereby the wider social context and implications in relation to this discourse are outlined. Within the social analysis, I have used some references to provide information about the context. Although the discourses are presented as separate, there is overlap between the discourses and strategies used as well as the social analysis.

1. **Discourses about Detention/Detention System**

   1.1. *Detention as a fair objective system*
   This discourse has been noticed in both the policy document and parliamentary debate where the detention system has been presented as a fair and objective system with the absence of subjectivity or bias. It positions the government as a fair neutral party able to develop a system that can be replicated in a structured way by decision makers who are impartial.

   Discursive strategies Some of the discursive strategies used to present detention in this way include the overall tone of the policy document as it is written in an official detached tone laden with legal jargon. The use of intertextuality (the referencing of other sources) can present legitimacy:
   "My officials have been working with the United Nations High Commissioner and I am commissioning the Independent Chief Inspector of Borders" (Lines 45-46, debate). However

it is noted that in the policy document that the authors only reference their own sources for definitions:

The definition of torture for the purposes of the adults at risk in immigration detention policy is set out in rule 35(6) of the Detention Centre Rules 2001 (as inserted by the Detention Centre (Amendment) Rules 2018) and rule 32(6) of the Short-term Holding Facility Rules 2018 (Lines 190-193, policy)

This reads at first as credible but not using external referencing is reflective of the insular nature of detention and the detention system. On one hand this can create consistency within detention processes, however not using external references offers a limited scope and definition. This can be especially concerning in relation to a serious human rights violation such as torture where developing a closed self-defining system can create a risk of not understanding from different perspectives (e.g. a lived experience perspective and a human rights perspective).

The metaphors around balancing/weighing up were noticed in both documents and suggests a concept of an objective process that can be 'balanced' and 'weighed' up: "*better balanced decisions about the appropriateness of their detention" (Lines 27-28, debate).* The use of modality words such as 'must' or 'necessary' can suggest a sense of compulsion: "*Decision-makers must determine whether the circumstances disclosed by the individual amount to torture in the terms of this policy." (Lines 205-206, policy).* "*Period identified as necessary" (Line 370, policy)*. This can feed into this presentation of the system

as authoritative and the use of this language can imply a sense of legitimacy and certainty without allowing room for any critical questioning.

The UK is framed as fair and supportive within both the policy and primarily the debate: *"but for this Government and for the British people and our reputation for fairness and humanity." (Lines 134-135, debate)* although used in an argument to justify for better treatment of PSA who have been detained, this discursive framing of the government as fair and humane can defuse any counter discourses about any maltreatment of PSA and therefore environmental contributions to mental health in PSA.

Social analysis Presenting the system as fair, objective and lacking in bias or discrimination does not take into account the wider context and can be a strategy linked to the idea of "governmentality" introduced by Foucalt (1991) where a tactic of outlining processes as being neutral or objective can mask the underlying mechanisms of control or social regulation. A discourse that suggests decisions about detention are impartial does not acknowledge systemic factors that may be at play when making these decisions and can discourage the need for critical analysis or questioning of these processes. This discourse does not acknowledge the individual (caseworker) who is making decisions without specialist training who may hold their own biases, as outlined by Bosworth and Kellezi's (2017) interviews with staff working in detention settings where they found that staff used racialised stereotypes to make sense of their roles. By presenting the system as fair, it can minimise or ignore any issues with discrimination which could feed into someone being detained. It also frames the system as faultless, which is not reflective of the state of affairs.

Within the UK, the Home Office have been sued for the unlawful detention of people seeking asylum (Doward, 2020). There was a supreme court ruling that found the Home Office guilty of unlawful detention and people seeking asylum were entitled to compensation (Taylor, 2019) including in the case of R(Hemmati and others) v SSHD (2019) along with thousands of others between 2014-2017 (DPG, 2023). This discourse suggests that there is a supposed fair and objective system, but it begs the question around why there have been so many cases like this.

The wider constructed structures in society are key in understanding the social context in which this discourse presents. Gramsci's concept of 'hegemony' also referred to by Fairclough (2013) is used to describe the way in which dominant groups in society maintain their control over "subordinate" groups. Within the context in which this is set, where there is a socially constructed hierarchy of power with the government and representatives of the government holding authority over others (including the public), this power is maintained through fore fronting legal and official language. Taking a broader societal view we could ask why this is the case, which would encourage us to look towards the Western culture in which this is based which inherently values objective, positivist ways of knowing or being (Mazzocchi, 2006., Kincheloe & Tobin, 2009). In regards to this policy, the "adults at risk" policy is the first policy within detention processes to work towards a goal of caring for the mental health of people detained, therefore it is an important policy. On one hand, presenting the guidance as official with objective measures and checks can legitimise this process as other policies within this society are also presented in this way. However, it draws our attention to what constitutes legitimacy within a society that prioritises positivist ways of knowing. This can have the impact of delegitimising other ways of speaking/doing

and side line any positions which challenge this 'authority'. In turn, this can make it difficult

to question or critique any elements of the detention process. Despite this, not only has

detention been identified to be unlawful in multiple individual cases, but even the wider

bills governing this practice have been criticised; in a more recent context, The Court of

Appeal have ruled the Rwanda bill[24] (which was part of the current illegal migration bill put

forward by the government) as unlawful and has overturned this, with The Law Society

(2023) commenting on how the Illegal Migration Bill is "fatally flawed".

1.2. *Detention as a Last Resort and Protective Measure*

This discourse represents detention as a last resort only put in place to protect

society suggesting that it is used only in extreme situations when necessary. This discourse

was noticed in both documents and positions the government as fair and reluctant to use

measures such as detention.

Discursive strategies The discursive strategies used to present this discourse again

include the metaphors of balance/weighing up which suggests that detention has been

weighed up as the option against other options but has ultimately outweighed other risks

including risks to PSA: *"Balancing risk factors against immigration control factors" (Line 645,*

policy).

Another way in which this discourse is presented is in the debate when framing the

government as protectors of the public: *"Detention is not a decision that is taken lightly."*

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[24] The Rwanda Bill is referring to a trial announced by the UK Government in April 2022 to send people seeking asylum to Rwanda with refugee status

(Line 7, debate), "Government's starting point, as always, is that immigration detention is only for those for whom we are confident that no other approaches will work" (Lines 39-40, debate)

"I do want to see fewer people being detained. I reassure the hon. Gentleman that detention is a last resort. The default for immigration enforcement policy is not to detain. If someone is detained, it must be a last resort." (Lines 232-234, debate).

Suggesting that detention is used reluctantly by the government and officials and that their stance is around detention not being used often. Framing the government as protectors of the public and detention as a protective measure *"protects the public from the consequences of illegal migration" (Lines 4-5, debate)* presents the government as 'fair' and caring, which also ties into the framing of PSA as individuals who pose a threat to the public.

The legal language used in both documents is also suggestive of people seeking asylum as criminals, through the use of legal terminology and metaphors of the criminal justice system it can position the system as a necessary protective measure in society evoking similarities with the prison system: *"encourages compliance with our immigration rules" (lines 3-4, debate)*

Social analysis A discourse around detention being a last resort and a protective measure has many implications, it can frame the system as caring of human rights and likely to have taken all measures before detention; suggesting that detention is used sparingly further emphasising the reasonableness of the government authorities. Through

conversations with my expert by experience and through research this is not reflective of the reality of the detention system. As discussed in the introduction, statistics from year ending March 2023 show that 44% of those who had been detained were detained for 7 days or less and 77% of those in detention were bailed out (Home Office, 2023). With such a high number of individuals being released, suggesting that they were not detained as a last resort one may question how effective this is. In regards to the fairness of the system, the UK is one of the only countries in Europe with an indefinite detention time limit (Silverman et al., 2022) which has been criticised for being unfair by human rights agencies due to the impact on mental wellbeing (Liberty, n.d.).

Suggesting the detention system is a protective measure frames those in detention as posing a threat to society; a tactic which can make it hard to criticise detention practice. This excludes the perspective that those detained are victims of circumstances and can feed into wider discourses about migrants in the UK as dangerous threats or criminals (Stansfield & Stone, 2018) suggesting that they need locking away rather than needing help and support. The legal language such as "rules" or "compliance" positions PSA as those at the mercy of the authority figures and whose fate and important life decisions such as being deported or continuing detention is taken out of their hands and is dependent upon them 'complying' with rules placed on them. This highlights the power dynamics at play between the authority figures (government) and the objects (PSA), as well as the relationship between discourse, ideology, and action. By framing people who seek asylum as dangerous, or detention as a protective measure this can allow for governments to develop discourses which become public understanding or knowledges. This was highlighted in the reference to protecting the public from consequences of illegal migration despite not explicitly outlining

what these are. These discourses can then inform action which as outlined above can have harmful consequences for those who are particularly in need of support; those who have mental health needs but don't "comply" and are therefore kept detained, or those who don't "comply" and are sent back to a country where they are in danger. This highlights where people seeking asylum are placed in priority within this UK context whereby their safety is dependent upon their ability to "comply" with regulations constructed and placed upon them. This discourse activates many existing public discourses; including those of "immigration control". The reference in the policy to weighing up "immigration control" and "risk factors" introduces the governmental discourse of "controlling" immigration which is framed as a priority even amongst the left-wing labour party (Bates, 2023). Deconstructing the phrase "immigration control" further illustrates the power relations at play, the use of the word "control" highlighting the dominance of the state in "governing" over us.

When discussing "risk factors" in the policy document, they are referring to (but not limited to) mental health risk factors including the risk of continued detention on the individual's mental health. To suggest that "immigration control" could outweigh or even routinely outweigh this risk poses questions around the priority of the government/detention institution and their sense of responsibility about the mental health of people detained. "Immigration control" that is accepted in society as something that "protects the public" suggests that members of the public are more in need of protecting than those seeking asylum even though PSA are the ones seeking protection. In a neo-colonialist society where citizenship is privileged, those with UK citizenship are given access to privileges, benefits,

and resources that those without are not entitled to. Those who are considered 'stateless'[25] are denied basic human rights that those with citizenship are not such as being denied a legal identity, access to healthcare, the right to work, and a death certificate (UNHCR, 2023). This discourse of their protection being secondary to UK citizens is justified based on citizenship, this creates further inequality and oppression and can hinder progression of moving towards a protection and advocation of PSA's human rights.

Detention as a measure used to protect the public does not account for the practice of detaining children in the UK. A report by HM Chief Inspector of Prisons (2022) found that between April and June 2022, forty children were held in Manston immigration centre, five of whom were unaccompanied. This begs the question around what threat unaccompanied asylum-seeking children would pose to the public. This discourse also presents the government as fair and compassionate towards issues of detention, which is in contradiction with the politician narratives presented in chapter 1; the government have shown and continue to show an anti-refugee stance, the year in which this debate was set (2018) is 6 years after the introduction of the "hostile environment" policy that was introduced in the context of sending a message that the UK are providing a hostile environment. Despite that the Home Secretary in the debate Sajid Javid is a conservative politician, like Theresa May who introduced the "hostile environment", he presents his party as "fair" and wanting to work in the best interests of those detained. This ignores the

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[25] "a person who is not considered as a national by any State under the operation of its law". https://www.unhcr.org/ibelong/about-statelessness/#:~:text=As%20a%20result%2C%20they%20often,employment%20and%20freedom%20of%20movement.

historic and cultural context of the conservative political party and their treatment towards refugees and PSA, which is beyond the scope of this analysis to cover.

2. Discourses about People Seeking Asylum

2.1. *Humanised vs Dehumanised*

This discourse looks at how PSA are humanised and dehumanised within the two texts, not allowing much room for nuance. Within this discourse, there are subcategories around threat/criminal in the dehumanising aspect and pity/vulnerability within the humanising aspect.

Discursive strategies Within the policy text PSA are dehumanised through its cold, authoritative tone referring to people seeking asylum as 'individuals' and not referring to any specific case scenarios, unlike the debate. The policy document talks more broadly framing some PSA (specifically 'foreign national offenders') as a threat and suggesting that their wellbeing is less important to 'the public interest': "*the public interest in the deportation of foreign national offenders (FNOs) will generally outweigh a risk of harm to the detained person" (Page 6, policy).* Introducing the public as an actor and again framing the public as victims to this 'illegal migration' specifically the foreign national offenders. The

grouping of PSA as one homogenous group is apparent in both documents: "*that people who are here illegally, or who are foreign criminals" (Line 5, debate)*. Despite specifying FNOs, here they are being grouped together with those 'here illegally', again comparing those seeking refuge to those who have been charged with a crime.

A discourse around doubt/scepticism is especially apparent in the policy document: "*Given the difficulty involved in validating cases in which the only evidence available is the self-declaration of the individual concerned" (Lines 394-395, policy).* Labelling self-declaration as 'only' evidence suggests that someone declaring themselves as struggling with their mental health is not evidence enough, which does not consider how difficult it may be to express this. In the debate, this discourse also comes up: "*while avoiding abuse of these processes." (Lines 53-54, debate).* The use of the word abuse when referring to processes of declaring mental health difficulties is strong and evokes imagery of intentional aggression positioning PSA as perpetrators.

In the debate there are more humanising discourses present such as framing PSA as 'vulnerable', this included discussing specific scenarios such as those of women in Yarls Wood:

"*I found the women in Yarl's Wood living in very sad and very undignified conditions; their rooms had been searched by men in the middle of the night, and there was inadequate healthcare." (Line 120-121, debate).*

The use of emotive language by Diane Abbott, whose left-wing positioning and strong anti-detention views are important to note is used to express the dire conditions faced by those who are detained, specifically women: "*Is the Home Secretary aware of how desperate these women are*" *(Lines 107-108, debate).*

The use of the word desperate conjures up a sense of helplessness. Another important point to note is through the focus on women, and therefore the discursive silencing of men, despite the majority of PSA being male (Walsh, 2022).

Social analysis The stark contrast in these discourses reflects a lack of balance around issues concerning PSA and suggests that there are only two options in how PSA are viewed: as dangerous/threatening/liars or as vulnerable/powerless.

Dehumanising discourses of PSA are rife within the public domain including the media in the UK as demonstrated in the literature review chapter; in UK newspapers most common metaphors of migrants used over a 200-year period include "invaders" or "objects" (Taylor, 2021). This suggests that over a long period of time the public have been repeatedly exposed to these discourses over generations, the impact being that these have become normalised resulting in them becoming embedded within UK society. The impact that these can have on the treatment of PSA in this country can include discrimination from others, which can be internalised by those receiving this (Ziersch et al., 2020). Grouping and the homogenising of refugees and PSA were also noted in the literature review as a common discourse within the UK media, with the implications of this being described as

deindividuating and dehumanising (Gabrielatos & Baker, 2008). Grouping together those who have been convicted of crimes with those who have not can ignore individual circumstances and create a justification for being placed as the object in society to be "done to".

The discourses around doubt/scepticism in relation to PSA expressing mental health needs does not take into account the complexity around how difficult it can be for those within detention to express that they are struggling emotionally. Not only are there differences cross-culturally in how emotional distress presents, within the context of PSA and detention there are additional barriers including language barriers, being unfamiliar with processes which may result in worries about the implication and confidentiality which this discourse does not take into account. This suggests that mental health distress can only "genuinely" be expressed in limited pre-defined ways (this will be addressed further in the mental health discourses). The discourse around doubt is also reminiscent of the "bogus vs genuine" refugee narrative (Tavasolli et al., 2018) referred to in the literature review so can elicit wider negative discourses. Discrediting or minimising self-declaration of mental health conditions through the use of "only" despite that within a UK context, the steps towards receiving mental health support involves self-declaration is important to note. Considering power and that the outcome of being assessed as struggling with mental health difficulties within detention can result in added support or leaving detention and receiving support elsewhere brings our attention to the functions that these systems serve. It feels important to note the economics of the situation, considering that refugees and PSA are often seen as an "economic burden" (Khosravinik, 2010., Polońska-Kimunguyi, 2022) despite Taylor (2016) finding that refugees have high economic mobility and can create economic benefits for

host-countries. One could ask whether creating further barriers to reduce those receiving mental health support is likely to save money for the government and institutions, particularly the case when the healthcare providers and those running the centres are often private companies which are for-profit businesses. Going back to CDA's tenet around serving the interests of certain groups; creating a discourse around "doubt", can create more barriers to accessing support which costs money, which can allow for private companies to economically benefit and for governments to save money.

Creating and perpetuating dehumanising discourses such as those of homogenising PSA and suggesting they are not genuine creates an ideology in society which allows for the introduction of more sanctions. As noted, when over a period of time this language has been used to describe refugees and PSA, the public can become desensitised and therefore measures can be legitimised through these discourses.

Although the humanising discourse is important in drawing attention to the plight of those in difficult circumstances, as discussed in the literature review the "pity" or "vulnerability" narrative can perpetuate a power imbalance by positioning PSA as helpless and weak objects being "done to" and can continue to sanction the need for authority or more powerful figures to act as the saviour. This can maintain power relationships in keeping those who can "save" at the top and keeping PSA at the bottom of the power hierarchy as they are seen as incapable and defenceless. Not only is this in fact dehumanising, which can again go towards legitimising actions towards PSA in the name of "helping" but it also does not acknowledge the skills and ability of individuals and the benefit they can bring to society and the host-country.

What is also interesting to note is the gendered element of the discourse, whereby when referring to "vulnerability" this is explicitly only used when discussing women. Within society, male refugees have often been framed as dangerous or a threat (Gray & Franck, 2019). Judge (2010) highlights how ideas of "dangerousness" are gendered and racialised in the context of refugees and PSA, where the male body is positioned as potentially sexually violent and morally deviant. The consequences of this association with criminality can inevitably perpetuate fear which can again legitimise sanctions, even force.

3. Discourses about mental health

3.1. *Mental health as objectively measurable*

This discourse is around the measurability of mental health and how it can be objectively measured. This is especially apparent in the policy document which refers to multiple methods of objectively measuring mental health difficulties. This doesn't into account factors that can make it difficult to objectively measure mental health difficulties such as cross-cultural differences in how mental health presents and the individual differences in how mental health difficulties are experienced.

Discursive strategies The use of metaphors in relation to checks/balances and spotting is used within the debate when discussing identification and assessment of mental

health and can suggest that there is an objective process to do this: "*We now have in place the adults at risk in immigration detention policy to identify vulnerable adults more effectively and make better balanced decisions about the appropriateness of their detention*" *(Lines 26-28, debate).* They go on to say, "*We have also strengthened the checks and balances in the system, setting up a team of special detention gatekeepers to ensure decisions to detain are reviewed*" *(Lines 28-29, debate).* The use of the word "appropriateness" does not acknowledge any subjectivity but suggests an objective system in place, whilst the word "special" suggests an expertise but is also vague and does not provide further information on the context.

In regards to training provided to make these decisions around vulnerability, they state: *"all staff have some level of training to help spot vulnerable people" (Lines 314-315, debate).* The use of the word "some" is again vague and doesn't specify what this training entails, yet the key role in staff members then "observing" these mental health difficulties is also outlined: *"observations from members of staff lead to a belief that the individual is at risk, in the absence of a self-declaration or other evidence" (Lines 68-69, policy).*

The use of medicalised lexicon presents a medical model understanding of mental health: "*Individuals with a serious condition being cared for under a prescribed specialised service*" *(Lines 136-137, debate).* The use of the terms 'prescribed' and 'specialised' create a sense of legitimacy, creating criteria for measuring whether somebody has a mental health issue or not. This does not take into account the difficulties of accessing 'prescribed specialised services' especially for those who are unlikely to have an awareness about how the systems work and may have additional fears about seeking help.

Social analysis The social context for this discourse is rooted in a positivist epistemological approach viewing mental health difficulties as quantifiable which can be reductionist. This can mirror the wider UK context as the way that mental health systems are set up tend to be criteria driven through the use of clustering and diagnosis to measure and determine whether people can access services. The use of mental health clustering tools in the context of mental health systems whereby assigning a "cluster to a patient they are allocating a fixed price for that patients care for a set period of time" is centred in the payment by results model in order to "drive down the costs of service provision" (Yeomans, 2018). This suggests that although forward planning can be helpful to businesses and can create structure, in the context of mental health in detention, prioritising the development of objective processes to measure mental health can also offer financial benefits to the company. This is evidenced by the lack of detail when discussing the level or type of mental health training offered.

The use of the word "special" used to describe the "detention gatekeepers" can present a legitimacy of this role, this is also presented by fore fronting the medical model approach. These discourses around "measuring" and "assessing" mental health difficulties is perpetuated by wider ideologies which forefront a western dominated positivist view towards science or health. This can create rigidity which is problematic in itself for those not meeting criteria, let alone when the implications of deeming someone not experiencing mental health difficulties can result in them being deported. It is unlikely that somebody seeking refuge does not have some level of mental health difficulty considering what was

discussed in the introduction around the impact of migration as well as the impact of being detained on mental health (Hollis, 2019).

This discourse also negates subjectivity in the individuals responsible for "assessing" difficulties and how their own context, identity and what training they receive would impact this. This can include the work context and ideologies present; within a detention setting, as mentioned in the introduction a "culture of disbelief" has been found to be prevalent in regards to mental health (Shaw, 2016). Senior managers within detention settings were found to use words such as "manipulation" and "attention seeking" when discussing self-harm. More notably, even doctors in healthcare units within detention were found to "consistently believed that a patient is lying or exaggerating their condition" (Shaw, 2016). The impact of this is detrimental, the Royal College of Psychiatrists (2021) have reported that there are problems with the identification of "mental illness" within detention centres, leading to a deterioration of mental health difficulties and risks associated with this.

It's also important to note the impact of the wider culture on the ability or skills in "assessing" difficulties. Considering the context in which medical practitioners are trained and the assessment tools commonly used by psychiatrists in the UK, it is not clear whether this accounts for how mental health difficulties can be experienced outside of a western culture. In their literature search, Zaroff et al (2012) highlight the key role culture played in illness behaviours and presentation in individuals of Chinese descent. If the measures used to assess mental health within detention are produced from a western lens this prioritises a western understanding of mental health even for a population who are unlikely to have this

culture as a norm. This draws our attention to the power that those in authority of a country or culture can have in creating the standards and norms that influence practices.

3.2.   *Mental health as binary*

This discourse is around mental health as one extreme or the other, not taking into account the nuances in how mental health difficulties are experienced and can present. There is a suggestion in both the policy and the debate that mental health must be present as an "extreme" or not at all through the silencing and lack of mentioning of the nuance or "in between".

Discursive strategies This discourse is presented through the extreme examples in the policy document and through only using limited lists when giving examples: "*they declare that they are suffering from a condition or have experienced a traumatic event (such as trafficking, torture or sexual violence)" (Lines 60-62, policy), "the pain or suffering inflicted must be severe" (Line 213, policy)*. These examples of what constitutes a traumatic event are limited and although they as prefixed with "such as" suggesting that these are only examples. However, given that those reading the document have limited training in mental health using only examples which are particularly traumatic can create an impression that there is a high threshold for what someone experiencing trauma looks like, this negates and ignores the multitude of factors that can result in a trauma response.

The use of "must" and "severe" when discussing torture reiterates this high threshold and can be insensitive as ignores subjectivity in determining what constitutes as "severe

suffering". There are repeated references to torture and trauma, but no reference to any other predisposing factors for mental health conditions aside from these. The use of an extreme case formulation (case example) is also evident in the debate: "*We will continue that progress, ensuring that the most vulnerable and complex cases get the attention they need" (Lines 51-52, debate).* The use of "most" automatically silences the discussion around those who are not considered 'the most' vulnerable and complex.

Social analysis Seeing mental health as either being extreme or not existing at all can be reflective of wider binary categories of health in society, for example the "good and bad health" dichotomy which is explored in McCartney et al's (2019) research on defining health. They explore the definitions of health starting with the World Health Organisation (WHO) definition from 1948 which is that health is: "…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmary". (WHO, 1948, as cited in McCartney et al., 2019). Considering the influence of this organisation in setting the terms around health, although it has been adapted over time, presenting, and differentiating disease from "complete wellbeing" is criticised by McCartney et al (2019) with them stating that good and poor health occur as a continuum rather than as a dichotomy. In line with the objective measurement of mental health discourse discussed above, dichotomous categorisations can offer a simplistic process which can be followed by those who are not trained or specialised in measuring mental health difficulties. It can make it easier to develop a standardised threshold to embed within detention practices where

those working in this setting can follow a template of "good" mental health or "bad" mental health.

Seeing mental health as dichotomous – either present or absent - rather than nuanced is especially harmful in this context given that caseworkers or detention staff who are following this policy document, have limited specific mental health training, coupled with the "culture of disbelief" outlined above this discourse can create harmful implications. This could lead to a failure to recognise or consider early warning signs of mental health difficulties even though as mentioned earlier, the Royal College of Psychiatrists (2021) have outlined the importance of early identification and treatment of mental health within detention to avoid a decline in mental health. This could also lead to staff ignoring altogether any expression of mental ill health which does not fit into this boxed binary way of viewing mental health, or does not present in such an "obvious" way. Within a population who already face so many barriers to accessing help and support and given the vast number of individuals that are impacted negatively by being detained, this can be exclusionary and harmful.

What's interesting to note is also that "bad" mental health within these settings is limited to trauma-related presentations. Seeing mental health as either being extreme (only trauma-related) or not existing in PSA within a detention setting can be discriminatory in itself and has many implications; it can suggest that PSA should be more resilient to factors such as everyday stress that within a western context are acknowledged as risk factors for poor mental health (Parrish et al., 2011). Riley at al (2017) found that within the Rohingya

refugee population in Bangladesh, daily environmental stressors mediated the relationship between traumatic events and mental health outcomes, highlighting the importance of noting the impact of "daily stressors" on the mental health of PSA. Considering the context in which refugees arrive to countries there are a multitude of factors mentioned in the introduction that can increase mental health difficulties in PSA including loss, exploitation as well as uncertainty around access to housing, finances and employment during the asylum process and potential discrimination from professionals and institutions in the host country (Royal College of Psychiatrists, 2022). Those who are detained also experience uncertainty, stress (Lawlor et al., 2015) and feelings of powerlessness (Hollis., 2019). The scale looking at measuring these environmental daily stressors in Riley's study was 'Humanitarian Emergency Settings Perceived Needs Scale' which included items such as "a lack of freedom of movement" and 'concerns regarding safety'. Comparatively, daily stressors in a western context can consist of items such as 'difficulties with social obligations' (Brief Daily Stressors Screening Tool) (Scholten et al., 2020). This content can suggest that refugees compared to those who are citizens of the west are treated as having a higher threshold for coping with daily stressors.

Another possible impact of seeing mental health as presenting as "extreme" in PSA within detention could justify the use of force or sanctions by the institution or those staff who have limited mental health training; Lane (2019) completed discourse analysis research on police officer online forums discussing mental health and outlined how by seeing mental health work as outside of their jurisdiction, police officers were able to justify the use of excessive force on MH patients.

3.3. Mental health as intrinsic

This discourse is apparent in both texts with some exceptions presented in the debate. This discourse is around the idea of mental health being intrinsic to an individual which fails to take into account environmental factors that contribute to difficulties. This is presented through a medicalised model of mental health with a limited acknowledgement of the systemic factors that contribute to difficulties within this population.

Discursive strategies This discourse is presented through the use of medicalised language and medicalised models of mental health including *"suffering from a mental health condition or impairment (this includes psychiatric illness, or clinical depression, post-traumatic stress disorder…" (Lines 175-176, policy).* Some exceptions are presented in the debate, including acknowledging the impact that detention has on mental health, this can serve as a counter-discourse to mental health being intrinsic or binary:

"There is repeated evidence that the indefinite nature of detention is not only traumatising for those who are being held, but means that there is no pressure on the Home Office and immigration system to make the swift decisions that we need" (Lines 254-257, debate).

Other strategies used to present mental health as intrinsic to the individual include the discursive silencing in the policy document of any systemic factors or reference to conditions of detention. Within the debate, there is reference to environmental conditions within detention: *"On the whole issue of dignity—everything from contact with families to toilet facilities—there are so many ways in which we can make improvements." (Lines 169-*

170, debate). Also there is no explicit link here made to the impact this would have on the mental health of those detained.

Social analysis This discourse is common within UK society; Tribe (2005) suggests that Western cultural approaches to health tend to be "predicated on a model that focuses on individual intrapsychic experience or individual pathology, while other traditions may be based more on community or familial processes." Viewing mental health in PSA who are detained through a western individual model can be culturally ignorant and limiting; imposing a western individual cultural norm around mental health on those for whom these are not cultural norms can mean that presentations are missed and can disregard the part adapting to a new culture can have on mental health (Mengistsu & Manolova, 2019) can result in blaming the individual.

Within the UK context, there has been a push to move towards a more holistic and systemic understanding of mental health as this understanding of mental health as intrinsic is limiting and can contribute to stigma. This discourse ignores the context in which people seek refuge in the west and can position PSA as 'others' with internal difficulties, ignoring the external struggles that they have experienced and continue to experience. As discussed in the introduction chapter, Schick et al (2018) outline that refugee mental health is impacted by difficulties arising after successful entry to a country, something that has been echoed by my consultant. They reported that these factors including lack of resources, and that

immigration and refugee policy can have a more negative impact than past traumas. By suggesting that mental health in PSA is intrinsic can ignore these societal factors and can deflect responsibility of the state in reducing the impact of these stressors and therefore being responsible for the mental health of these individuals. By acknowledging the contribution that immigration policies shaped and developed by the UK government contribute to mental health difficulties would mean that these would have to be carefully reviewed and thought about so positioning PSA as coming to the UK with intrinsic struggles that were either caused by past traumas in another non-Western country can position the UK as doing "no wrong". It can even then position the UK as "saviour" which can perpetuate colonial discourses around other non-Western countries being uncivilised or barbaric (Mazzon, 2021). A counter-discourse to this is offered in the debate whereby Dianne Abbott referred to the UK's "reputation" as fair, on one hand perpetuating a discourse to the public around how the UK government is fair can create other difficulties for PSA and is not an accurate picture, as outlined above. However, given the positioning of Diane Abbott and her view towards PSA and refugees, within this context this could function as a plea to remind the UK public and other members of parliament (MPs) to ensure that the system is reflective of the values that the UK claims to have.

The reference to needing to improve "contact with families" suggests that there are external factors within the detention environment that impact mental health. Family separation has been consistently found to negatively impact refugees' mental health (Miller et al., 2018). Despite this, there is no explicit acknowledgement on how these conditions can negatively impact mental health in this same argument. However, a counter-discourse is offered by Yvette Cooper (Labour MP) above when she states that the "*indefinite nature of*

detention is not only traumatising for those who are being held". This explicit reference to

detention being traumatising can offer an alternative to mental health being intrinsic and

outlines that the process of indefinite detention can create traumatic conditions. Although,

this is helpful in noting given that as mentioned in the introduction, the UK is one of the

only countries in Europe that does not have a time limit on detention, there is no mention

of other factors or those conditions in detention which are also "traumatising". This

reluctance to look further into the conditions in detention and acknowledge the impact that

they have on PSA's mental health is a strategy that can maintain the secrecy that Diane

Abbott refers to in the debate: *"Immigration detention and the conditions in immigration*

detention have always existed in the shadows, without sufficient scrutiny" (Lines 89-90,

debate).

This chapter presented an overview of the findings, outlining 6 main discourses namely;

detention as presented as a fair objective system, detention as a protective measure and a

last resort, people seeking asylum as humanised or dehumanised, mental health as

objectively measurable, mental health as binary and mental health as intrinsic. These

discourses were found to frame the government and the systems as "fair" and functioned as

a way to maintain control and power and side-line any critique. These discourses were

found to be reflective of wider cultural ideologies such as those of positivism which has

historically been seen as more legitimate in Western culture. The discourses were presented

through the use of discursive strategies that reinforce this view such as the use of formal

language which within this context can be seen as a way to legitimise and create a sense of

authority. When explored further, the wider ideologies within this context were found to

maintain these discourses, and those in power were seen to benefit from these. The implications of these discourses and the harm caused to people seeking asylum in detention were outlined.

Chapter 5 Discussion/Conclusion

This study sought to identify the following aims through using a critical discourse analysis approach:

- What discourses, ideologies and assumptions are identified in policy and debate relating to "adults at risk" in immigration detention?

- What are the implications of these for the identity of "adults at risk" and people seeking asylum within detention and in wider society?

- What opportunities does this open up for action?

Overall a total of 6 discourses were outlined in the findings and a social analysis was provided whereby links to the wider context were made. This chapter will outline a summary of the findings; linking these to wider literature and discuss the strengths and limitations of the research before further delving into implications of these findings and recommendations in order to focus on the aims above around implications and opportunities.

Summary of findings in relation to wider literature

This study used a critical discourse analysis to explore the discourses in a parliamentary debate and a policy document. The parliamentary debate is titled "Immigration Detention: Shaw Review " which discusses the "Shaw review" a key report looking into the vulnerability of those in detention. Following this review, a policy was put into place and this policy document titled "Adults at risk in immigration detention" is the document used to assess those who experience vulnerability including mental health vulnerability in detention.

This was the first study to analyse these documents using this approach although discourse analysis more broadly has been used to analyse parliamentary debate in the UK (Goodman & Kirkwood, 2019). Critical discourse analysis has been used in matters of immigration; it has been used to analyse historic immigration policy in Australia (Ndhlovu, 2008) and Member of Parliament's (MPs) statements (Taha, 2019).

The aims of a critical discourse analysis as outlined by van Dijk (1995) are to "attempt to uncover, reveal or disclose what is implicit, hidden or otherwise not immediately obvious in relations of discursively enacted dominance or their underlying ideologies". Overall the following discourses were outlined in the findings: 'detention as a fair and objective system,

'detention as a last resort/protective measure', 'people seeking asylum as humanised or dehumanised', 'mental health as objectively measurable', 'mental health as binary' and 'mental health as intrinsic'. The discourses utilised various discursive strategies to present underlying ideologies about the detention system, people seeking asylum, their mental health and even the government and the public. The findings deconstructed the power and inequality acted within these and looked into the context to explore what in society perpetuates and maintains this.

The findings suggested that the Home Office and the government have the power to develop systems and processes that can be restrictive towards PSA in society, as there are already so many pre-existing negative discourses about refugees and people seeking asylum in media (O'Regan & Riordan, 2018, Parker et al., 2022, Finney & Robinson, 2009) and even in politicans' talk (Leudar et al, 2008., Montgomery et al., 2022., Hoog, 2017). This corroborates the findings of a critical discourse analysis study by Taha (2019) who concluded that unchallenged discourses about refugees serve as a justification of detaining PSA within detention centres. The current study looked further into the policy and processes used within detention and the "talk" about "adults at risk" in detention and found that the government representatives made use of widely accepted discourses such as those of "threat" in order to justify the use of detention but also to mitigate and minimise the impact this has on the mental health of those detained. The discourse of threat has been common within politicians' talk where refugees have been framed as a security threat (Hoog, 2017) or a threat to "our borders" and "our British way of life" (Capdevila & Callaghan, 2008). The discourse around detention being a protective measure for the public

that was found in this study, is similar to this threat discourse in that by framing detention

as a "protection" for the public, and that this "immigration control" was balanced up against

risk factors to PSA situates the UK citizens as higher in priority than those "vulnerable

adults". This is similar to Taha's (2019) findings that deconstructed how citizens of the state

have rights that non-citizens don't. This discourse around detention being a protective

measure frames the government as "protectors", this is in line with research which finds

that in their discourses, politicians tend to represent themselves positively especially when

the topic is around immigration (Eroglu & Köroğlu, 2020). Within the context of these

ideologies; the use of continued detention even for those for whom it has a negative impact

on their mental health can be justified as a measure of protection which is framed as

overriding the "risk" to the mental health.

The findings outlined how through the use of "official" language and other discursive

strategies such as the use of words that imply a definitiveness; policies and the talk of MPs

can present themselves, their decisions and the systems they build as "fair" and "objective".

This can create a new norm or "taken for granted assumption" with Rojo and van Dijk (1997)

defining legitimacy as a process that involves seeking "normative approval for its policies or

actions". This norm is perpetuated by wider political discourses around "fairness" in

immigration systems (Eroglu & Köroğlu, 2020., Capdevila & Callaghan, 2008) and discourses

of policies being "firm but fair" decisions (van Dijk, 1993). As outlined in the findings, one

concern about this discourse is that it is wholly inaccurate; with Silverman (2022) finding

that in the "year ending March 2022, there were 572 proven cases of unlawful detention,

for which a total of £12.7 million was paid in compensation". Unlawful detention has

involved cases of those considered "vulnerable", specifically because of severe mental health conditions (Harrison, 2019).

This study also focused specifically on mental health discourses finding that the mental health processes and the system to assess these difficulties were presented as objective, and that mental health was presented as dichotomous and intrinsic in line with a positivist view towards mental health. This study is the first to identify and critically analyse discourses around mental health of those in detention in the UK and these findings were deconstructed to further explore how having these discourses can maintain the image of those who developed the systems as "fair" and can work to create doubt in those who raise complaints, even though as outlined above there are various cases of unlawful detention and specifically those of adults who are considered vulnerable. This discourse around mental health processes within detention being objective can feed into wider discourses around refugees being "ungrateful". Schwöbel-Patel and Ozkaramanli (2017) comment on the concept of the "grateful" refugee who is presented as passive. People who are detained, not being 'passive' and therefore "ungrateful" can have negative implications; not only for their self-identity but for their identity in society and their treatment in detention. The dangers of condemning anything other than passivity in those who are detained, and those who suffer from mental health difficulties whilst detained can be dangerous. This can result in ill treatment from staff who already use negative stereotypes (Bosworth & Kellezi, 2017), and can mean that they experience additional barriers when expressing or "self-declaring" mental health needs or even when challenging injustices in the context of detention. Considering that this group already have been found to experience fear about the unknown consequences of seeking support which prevents them from accessing health services (van

der Boor & White, 2020) raising concerns about their mental health or treatment should be made easier.

Positioning mental health as something that is able to be objectively measured by those who are not trained as mental health professionals is also reminiscent of UK mental health services. One could argue that this may be needed in order to develop guidelines, on the other hand from a social constructionist perspective, even using words such as "assessment" let alone suggesting that there is an objective way of measuring is limiting and ignores the social, cultural context and subjective experience of mental health difficulties (McCann, 2016). The economics were briefly explored in the findings; developing objective systems whilst offering minimal training is economically beneficial to this "payment by results" model. The system of Improving Access to Psychological Therapies (IAPT) centres this model of payment by results and utilises diagnosis and treatment clusters, however there is substantial training and this model has been criticised for relying too heavily on diagnosis (Binnie, 2015) which can mean that those who do not fit into this model can be left without correct support. The impact of this positivist approach to mental health identification and treatment within an immigration removal centre context can affect those whose presentations do not fit "neatly" into the categories defined, meaning that those who are struggling but present this in a "different" way can be missed. The wider impact of this can feed into those mentioned above of refugees not being genuine, rather than the focus being on the limitations of this system in identifying and supporting difficulties.

The "mental health as binary" discourse also feeds into this by proposing that the presentation of mental health difficulties within PSA can only present in specific ways. A lot of the literature on the refugee/PSA population focuses on the effects of trauma (Khan and Haque, 2021) even though the impact of daily stressors has been found to mitigate this (Riley et al., 2017). Through not acknowledging less severe or non-trauma related mental health presentations in this population, despite various mental health difficulties being acknowledged within UK citizens, this can contribute to the "othering" of refugees and PSA which Taha (2019) found that in the UK as a common discourse used by politicians and can justify the mistreatment of refugees. The "othering" of refugees and PSA can contribute to dehumanising them and consequently creating another barrier to providing mental health support. Dumke and Neuner (2023) found that psychotherapists in Germany had strong negative beliefs about refugees including those of 'othering' which impacted their ability to offer therapy, further increasing barriers to therapy for this population.

The discourse around seeing mental health as intrinsic to individual is in line with normative western concepts of psychology which tend to centre around individualism. This individualised focus on mental health can be different to the way its perceived in other cultures which can create additional barriers to seeking MH support for refugees. As mentioned in chapter 1, using a Bronfenbrenner's ecological systems model (Bronfenbrenner, 1977), wider ideologies, laws and norms impact an individual. Byrow et al (2020) conducted a systematic review and found that a barrier for refugees when in a new country to seeking mental health support was not being familiar with the dominant models of mental health used. Seeing mental health as intrinsic can also be quite blaming towards

the individual and can increase stigma and discrimination. With already so much stigma with being a refugee and with having mental health difficulties (Silove et al, 2017) the impact of the additional stigma on PSA who are detained is even more detrimental.

The discourses of PSA as either humanised or dehumanised are reflective of the wider literature base which tends to find quite polarising discourses on refugees within political discourse (Grierson & Sabbagh, 2020). As outlined in the social analysis the common discourses found in the media have been around migrants posing a threat to the receiving society (Stansfield & Stone, 2018). Other British media discourses outlined in the literature review included refugees as criminals or as not genuine (Tavassoli et al., 2018) and homogenised them (Khosravinik, 2010). The dehumanising discourses found in this study included strategies of homogenising and grouping together those who are referred to as "foreign national offenders" and those who aren't. In the policy dehumanising was illustrated through reducing people seeking asylum and "vulnerable" adults specifically into "individuals" and did not refer to any personalised or individualised cases.

On the other hand, humanising discourses of refugees and PSA can often be attributed to those of victims as found in wider literature (Baker & McEnery, 2005). In relation to the policy and debate, the "victim" narrative offered a counter narrative to the other "dehumanising" discourses presented and offered a way to humanise the PSAs. This is in line with Taylor's (2014) perspective which suggests that the "victim" discourse can actively counteract a "threat" discourse. However, as Polońska-Kimunguyi (2022) outlines being seen as a victim can position PSA as "pitiful" and suggest incapability. In the context of detention whereby staff in immigration removal centres can hold negative views about

those detained in order to emotionally detach and cope with the role (Bosworth, 2019), drawing on a more victim discourse could help humanise PSA which could increase their sense of wanting to help and support them. Kirkwood's (2017) findings support that humanising discourses can impact how refugees are treated and also found that using "us" to describe the public increased the sense of moral responsibility. An increased sense of moral responsibility in staff, the public and the government towards those detained, specifically those "vulnerable" adults would be beneficial in fostering an ideology of empathy, and therefore hopefully more ethical practices.

Critical evaluation

Strengths and Limitations

As mentioned in the methods section, CDA is more than an analysis tool and is a whole research approach in and of itself. To assess and outline strengths and limitations of my work I will start by using the CDA critical appraisal tool outlined by Mullet (2018) (*see table 8*) which looks at each aspect of the CDA research paper (see figure 6 for critical appraisal of this research).

Table 1. Guidelines for Evaluating Qualitative Rigor in Critical Discourse Analysis Research.

Criterion	Objective	Evidence of rigor
Reflexivity (Morrow, 2005)	Transparent view of whose reality is represented in the research	Self-reflective journal, peer debriefing, asking for clarification, member checking, focus groups.
Subjectivity (Morrow, 2005)	Transparent view of researcher bias	Researcher's articulation of own positionality, monitoring of self, and rigorous subjectivity.
Adequacy of data (Lincoln & Guba, 1985)	Adequate evidence (completeness)	Data gathered to the point of redundancy; new data reveal no new findings.
	Adequate sample	Purposeful sampling strategy.
	Adequate variety of data	Use of multiple data sources.
Adequacy of interpretation (Morrow, 2005)	Analytical framework	Clearly articulated analytical framework.
	Immersion in the data	Repeated forays into the data (e.g., repeated readings of transcripts).
Deviant case (Miles & Huberman, 1994)	Disconfirming evidence	Deliberate search for potentially disconfirming instances; comparisons of disconfirming with confirming instances.
Authenticity (Guba & Lincoln, 1994; Seale, 1999)	Educative authenticity	Participant's understandings of others' constructions expand.
	Catalytic authenticity	Action or change that redistributes power from the dominant to the disempowered.
	Fairness	Different constructions are represented.
Consequential validity (Patton, 2002)	Social or political change	Increased consciousness; perspectives of those who are silenced or disempowered are amplified.
Accessibility (Wodak & Meyer, 2009)	Audience for the research includes the participants	Findings are readable and comprehensible by the social groups under investigation.
Theoretical triangulation (Wodak & Meyer, 2009)	Four levels of context: Immediate language; Interdiscursive relations; Immediate social context; Broad social context	All four levels of context are represented and discussed in the analytical framework and the analysis.

Figure 6

CDA critical appraisal tool

Table 8

Critical appraisal of current research study using Mullet's (2018) tool

Reflexivity	• Own positionality included but only at the beginning not throughout • Use of consultants, supervision and external coach

Subjectivity	• Reflexive diary used • Own positionality mentioned in relation to political views, bringing my own views from being a CP in training on a social justice course
Adequacy of data	• Very specific data set, could have used other policies/compared and contrasted
Adequacy of interpretation	• Data set limited • Analytic framework outlined • Coded multiple times
Deviant case	• Did not discuss disconfirming evidence • Did not compare disconfirming evidence against discourses
Authenticity	• References to power and how to redistribute • Fairness not addressed as much, constructions are similar theme
Consequential validity	• Tried to amplify perspectives of PSA in detention
Accessibility	• Some chapters read by consultant who is member of the group,

	although epistemology sections use philosophical jargon
Theoretical triangulation	• Tried to incorporate all but limited by my own knowledge of context

Overall, CDA studies used within the literature review were critiqued as being quite strong in their political stance with limited explicit mention of researcher positionality. Through the use of a reflexive account and an overview of researcher positionality in the first chapter there was an effort to monitor the self. However, in the following chapters especially the findings there was not an explicit mention to my own personal reflections, despite the acknowledgement that researcher political stance was likely to influence the findings. As this research involved a CDA approach and Fairclough (2001) outlined that CDA must "be committed to progressive social change" the researcher's position was in solidarity with PSA and refugees who have less power. This meant that the consideration of other perspectives such as those of detention staff were limited. This was also evident through the support of supervision there were more counter-discourses identified suggesting that these may have been missed by the researcher. Wilson (2005) notes that those who write about political discourse are likely to reveal their own political bias their own perspective and stance but "as long as this is either made clear or accepted as a possibility then it seems acceptable".

A strength of this study is the use of consultation; varying views were incorporated in order to have an understanding of multiple perspectives. One criticism of CDA is that the approach too easily allows for a researcher to uncover the findings that he or she expects or

wants to find, (Frantz, 2003). Given that the consultation of the findings was completed in collaboration with a consultant with lived experience and supervisor working within this setting with a personal investment in this topic, there was a similar stance towards this topic. To ensure multiple perspectives were being outlined, the findings could have also included the voice of those who work in these detention settings and who manage these to account for their perspectives. These could have then been outlined more explicitly within the findings.

This research adds to the wider literature as it was the first of its kind to analyse this "adults at risk" policy which is important given that it is such a key document within IRC practice. However, this also means that this research cannot necessarily be generalised due to the data being limited to a very specific topic. Another limitation is that the parliamentary debate is dated 2018, five years old upon writing this up and given that CDA focuses on social context this could suggest that that the findings from this are no longer applicable to the current day. However, given the latest government rhetoric outlined in the first chapter and the introduction of the "Illegal Migration Act" (2023) it is likely that this context is quite consistent. Additionally, in regards to the "theoretical triangulation", an important facet of Mullets (2018) CDA appraisal tool is the situating of the data within the current context. Although the external supervisor to this project provided ongoing information about current affairs, this meant that the researcher could only situate the context based on information available in that moment in time.

In regards to the epistemology, although there was a reference to social constructionism and how it lends itself to the thinking around this topic, there is a difficulty in maintaining a

social constructionist stance whilst also discussing power and inequality which has material consequences for PSA such as being cut off from public services and housing (the hostile environment policy discussed in the introduction). One limitation of this research is the use of a social constructionist lens without deconstructing the topic of detention. A strength of this study was the reference to power and equality within the findings; however given that this was the researcher's first foray into CDA, some limitations may be the approach to the linguistic analysis. Wodak's (2005, as cited in Ramanathan et al., 2020) discursive strategies is a tool that a lot of research has used to outline and structure the linguistic features in a discourse (Ramanathan et al., 2020). This research did not use a specific tool and combined linguistic features available from previous CDA studies.

Recommendations

As outlined in the methodology, Fairclough (2001) outlines how a key tenet of CDA is to "be committed to progressive social change", given the centralising of social action the recommendations are an important part of this. I will outline recommendations for different stakeholders I have identified through this research but it is important to note that this "social change" within society can also include generally a reflection and critique of discourses and language used. In regards to the topic of detention and immigration removal centres more of an interest and questioning into the practices and policies could also constitute social change.

Recommendations for further research

Given that discourses can "uncover ideologies that are not immediately obvious" (van Dijk, 1995) it would be interesting to further explore discourses used in the field of detention. A field study interviewing staff who write and who use these policy documents could further explore how these translate to real life settings. These could be examined further to think about their role and their power and how this interacts with other authorities such as the Home Office and government. It could also be helpful to try and explore how the discourses in written documents used are different or similar to the discourses used verbally in practice, this could help further understanding around the impact of written policy on practice. An idea for further research could be to compare and contrast the discourses identified in the policy and debate with those of the staff working in the field. It could be helpful to explore the impact on those who are detained through exploring discourses used in policy, by MPs and by staff and the perceptions of treatment in people detained. The ethics of this would need to be carefully considered as during interviews with those who are detained, Bosworth and Kellezi's (2017) outlined some of the concerns that participants had about them asking questions whilst they were detained: "*she does nothing for us. All she does is take our stories (Nigeria, YW)*" and "*anything in it for me? Will it get me out of here? Why should I participate if there is nothing in it for me? (Jamica, YW).* Having the perspectives of those who are detained would be so helpful to add to the research base so this could perhaps include an analysis of discourses pertaining to strength and resilience and empowerment. It would have to be carefully considered in regards to what they are getting from the study to avoid colonial practices of contributing to

oppression (Wane and Todd 2018) or "taking from" that psychological research can often perpetuate.

The process of writing the policy could be further explored, the Public Sector Equality Duty (2011) applies to all public sector organisations within England, Scotland and Wales and outlines conditions in which policymaking (amongst other duties) requires stakeholder engagement. It was noted that this policy document did not refer to any stakeholder engagement. The process of developing the "adults at risk" policy could be further explored; this could involve interviews with policy writers and analysing processes through the use of specific frameworks. In her book "Analysing policy" Carol Bacci outlines a "what's the problem represented to be" (WPR) framework as a way of systematically exploring the discursive aspects of policy (Bacci, 2012). This approach would further expand the findings within policy including the use of self-reflection and would embody a social constructionism epistemology.

Recommendations for clinicians

Considering the nature of the policy being around mental health vulnerability, attention is drawn to the lack of psychological input into the policy document. As per the BPS (2019) drive to have psychology present within policy making it would be helpful to have Clinical Psychologists involved in consulting with policy writers to think about how the document can communicate psychological understanding within it. Historically the field of clinical psychology has been seen that the field of politics is not within the scope of practice, and Strous (2007) argues about the dangers of psychologists becoming involved in their capacity as professionals in the field of politics. However, from the perspective of this

research there is a need highlighted around the importance of psychological input within policy in detention, especially when pertaining to mental health.

Rahim and Cooke (2020) recommend that psychologists can be part of the wider systemic change which provides the context for mental health distress by taking a more political stance and they say its "impossible to divorce psychology from politics". This can mean organisations such as the British Psychological Society (BPS) having a special interest group in this arena, or even services becoming more aware and offering training to CPs around the impact and processes involved in detention. This can also mean the increased use of critical discourse analysis as an approach in psychological research to embed the social action stance within the field.

Other recommendations at a ground-level are around CPs having a stronger presence in the field of detention, either direct or this can also be indirect through a consultation basis. The stronger presence of CP's within detention centres could offer the opportunity for staff working in these centres to be supported and develop more critical awareness of these topics through the use of reflective practice sessions and training on the impact that discourses can have on our view's and how we treat those under our care. This would have to be done carefully as outlined further in the recommendations for detention staff section below.

In regards to 1:1 therapy settings, as noted above in a German setting psychotherapists were found to have developed "othering" stereotypes about refugees which impacted their ability to offer therapy support. Within a UK setting, it could be important to offer more

education on the refugee experience as well as training on noticing and minimising bias so that when refugees or PSA seek support they are not experiencing further barriers. This could be specifically pertaining to the harm that certain discourses can perpetuate, again noting the importance of embedding within training to CPs the important role discourse can play in harming the mental health of PSA and refugees (Khan, 2013).

Recommendations for policy makers/government

What was noted was the lack of case studies within the policy document, given that the guidance is read by a case worker who has no opportunity to meet with the person they make decisions about, it is important to humanise them through the text. Bates (2017) found that following a key event which resulted in negative perceptions of PSA, providing personalised names and stories in the media when reporting helped "humanise" them.

Stakeholder consultation would be a strong recommendation, this project benefitted from stakeholder consultation which was so valuable especially given the outsider researcher stance. Given the impact this policy document has within detention, contributions from those with lived experience of detention could increase the legitimacy through presenting other perspectives.

Stakeholder involvement could also impact the references used within the policy document which were limited to their own internal sources. The inclusion of someone with lived experience, mental health professionals and human rights organisations could mean that

wider references from different organisations are used within the document and can create a context in which those reading the document are given a wider, more balanced perspective. This would be especially helpful as external mental health training is not provided to detention staff which will be discussed in the next recommendation.

In regards to the debate, alternatives to detention were mentioned but considering the current context in the UK for with refugees in regards to the "Illegal Migration Act" (2023) this does not appear to be followed up. The recommendations for the government would be for them to understand how the discourses negatively impact the lives of refugees and PSA and to consider the financial cost to them for this (through additional mental health support needed). This could act as a motivator to consider how they can continue to challenge harmful narratives given the power they hold over shaping these and the direct impact this has on the lives of PSA and refugees. Given that the average cost to hold one person in immigration detention was around £107 a day in 2022 (Walsh, 2022), this could also motivate the government to expand on and prioritise implementing alternatives to detention such as community schemes.

Recommendations for detention staff

Considering that detention staff are accessing policy which has been identified as having dehumanising discourses, and that they are living in a society and a context in which these discourses are rife, the importance of humanising those they are working with becomes a priority. Given Hall (2012) and Bosworth's (2017) findings that staff working within detention centres emotionally withdraw and reduce those detained into "objects", a

priority would be to try and introduce counter-discourses. This could be done through incorporating mental health training from stakeholders other than those employed by the detention system. This could include developing training through collaboration between mental health professionals and those with lived experience. When discussing suicide and self-harm the Public Health Agency (n.d.) noted how having someone share their own personal experience can "enrich the audience's understanding of the topic" and they talk about how this can reduce stigma. Specific training to reduce stigma in staff working within these settings, or writing policy could include engaging in training around the detrimental impact of negative discourses. Further training to reduce stigma could be around "implicit bias", Hagiwara et al (2020) calls for implicit bias training to be reviewed and delivered especially to health care providers. As per Kirkwood's (2017) findings language to propose and increase engagement in this training could be framed in a way to increase moral responsibility, which would hopefully work towards change in the culture of the organisation. It is important to note though, as per Bosworth's (2017) findings that staff attitudes worked as protective functions to enable them to cope with the emotional toil of the role, therefore it would be important to ensure that further training is centring staff wellbeing and that organisational demands are reviewed before applying further demands on staff. Clinical Psychologists working within these settings could highlight the need for staff wellbeing and the impact of poor staff wellbeing on the individuals receiving care. Staff-wellbeing can be measured and audited within this setting and then following this, programmes to enhance wellbeing can be implemented. Wharton et al (2021) found that within nurses working in intensive care settings during the COVID-19 pandemic, self-reflective practice which involved identifying one's own motivations, thoughts, feelings and

behaviours enhanced personal and professional growth, increased resilience and therefore well-being.

Dissemination

In order to meet Mullet's (2008) criteria around amplifying the perspectives of those detained it would be important for this research to be disseminated. There are plans to broaden this research in both academic and field settings. In regards to the academic field, there are plans publish this work in order for it to be read by a wider group of researchers. This research will also be presented at a University research presentation. Discussions have been had around the reach of this research and the migration observatory at the University of Oxford have been contacted in regards to whether there is an opportunity to offer a seminar to those specialising in migration research.

In regards to the reach outside of academic settings, this research will be summarised and presented at the directors empower survivors meeting at "Freedom from torture" an organisation where my supervisor and consultant are based. This is a leadership and influencing meeting where we can discuss practical suggestions around taking this forward. This will also be presented at the unaccompanied asylum-seeking children working group as part of a local authority where staff will be asked to reflect on their own discourses and power. Other refugee organisations such as REAP have been contacted in regards to offering a zoom presentation to outline the findings.

Conclusion

In conclusion, this study uses a CDA approach to analyse a policy document which is used within immigration removal centres within the UK to outline how to support adults who are vulnerable to mental health difficulties within detention, and to analyse a parliamentary debate which discusses the mental health of adults in detention. This research contributes to the wider literature by identifying discourses specific to the mental health of those detained within immigration detention system in the UK.

The findings suggest that the discourses identified in the policy and debate are very narrow and limiting and do not allow for a broader understanding of the complexities of the processes around detention, and of mental health difficulties. The implications of this were discussed and include that these limiting discourses can contribute to further marginalisation in a group that already experience the double stigma of being refugees and having mental health difficulties (Silove et al, 2017).

The lack of stakeholder consultation or input in these policy documents and limited representation of the voices of those with lived experience in the debate highlight the the importance of integrating professionals such as clinical psychologists (CPs) and those with lived experience into the practice and structures of policy-making development in the field of mental health in detention. The importance and necessity of CP's becoming involved

in advocacy in this arena has been highlighted, and further recommendations for

embedding and encouraging more CDA research were made.

REFUGEES

They have no need of our help
So do not tell me
These haggard faces could belong to you or me
Should life have dealt a different hand
We need to see them for who they really are
Chancers and scroungers
Layabouts and loungers
With bombs up their sleeves
Cut-throats and thieves
They are not
Welcome here
We should make them
Go back to where they came from
They cannot
Share our food
Share our homes
Share our countries
Instead let us
Build a wall to keep them out
It is not okay to say
These are people just like us
A place should only belong to those who are born there
Do not be so stupid to think that
The world can be looked at another way

(now read from bottom to top)

Brian Bilston

Figure 7.

Poem

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Appendices

Appendix 1: Some reflexive diary entries

Reflexive diary:

April 2022:

Receiving this email from Paul about not being able to do my research is so disappointing. I feel like all my hard work so far has amounted to nothing and it just makes me feel frustrated and scared at the lack of change in the system. I'm wondering what they have to hide and why he promised me that I would be allowed access when the Home Office have just gone ahead and rejected it. Back to the drawing board.

5th January 2023:

Since doing this research I have started to notice, working in a council building I noticed this sign up and drew my attention, I'm noticing everything immigration related now.

22nd April 2023:

The process of qualitative research in particular using a CDA approach has been so different and unfamiliar. I am so used to procrastinating for a long time then doing loads of work in a short space of time but with this project I have really valued the 'thinking time'. I have noticed that it takes me a long time to get something done and a lot of the time is spent just staring at the work, reading, thinking about things and less time is spent on writing. This has been so unsettling as its felt like I really have to immerse myself and sometimes it feels like there's not enough time or space to cover it all, but I am trying to get comfortable with the uncomfortableness

Meeting with Kolbassia 15th May 2023:

I was so excited to meet him as I had seen videos of him talking on television and I knew about how much he had done for survivors of torture and he's a big name in the field. When we met I was so in awe of his courage, strengths and transparency in being so open and talking to me about his experiences. I was conscious that I was bringing up difficult experiences and kept telling him this but he reassured me that he had done a lot of work and did not feel triggered when discussing these.

Appendix 2: Key terms and definitions

(references provided in main reference list)

Refugee: The 1951 Refugee Convention (as cited in UNHCR, 2021), defines a refugee as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion." Hoffstaedter (2017) notes that this definition excludes those fleeing from situations of endemic violence, environmental disasters or major infrastructure despite issues being similar. The word comes from the Latin word which means to 'take refuge' however over time as will be discussed further in the SLR, has become associated with negative connotations including that of a threat to fear.

Person seeking asylum/asylum seeker: Someone who has left their country and is seeking protection, but who hasn't yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim (International Amnesty, 2023).

Irregular migrant (replacing the term "illegal immigrant"): In the Global context, someone who has crossed borders without complying with necessary requirements for legal entry, or breaching conditions of entry, or their legal basis for entry has expired (European Commission, n.d.).

Host country (in the context of migration): The term used to describe a nation or state which receives individuals from other countries for various reasons. In the context of this research referring to the United Kingdom receiving individuals for the purpose of seeking asylum. Important to note that host countries are responsible for providing certain rights and protection (this will be discussed further in this chapter).

Immigration detention/immigration removal centre: A facility whereby individuals are held in the purpose of resolving their immigration claim. Within the UK, these facilities are managed by private companies or the prison system with the home office overseeing this.

Adults at risk: As per the 'adults at risk' policy developed by the home office, an 'adult at risk' is someone who declares/is considered to be at risk of a condition or would vulnerable to harm if detained. The policy in this research further defines this and is an aid used by home office staff to assess and determine whether somebody is considered an 'adult at risk'. These individuals are then put on further care plans which may include additional support or reasonable adjustments, or release.

Vulnerable adult: This term is used within the parliamentary debate to refer to those who are then classed as "adults at risk" as per the policy.

Mainstream media: Defined by Cambridge dictionary as "forms of the media, especially traditional forms such as newspapers, television, and radio rather than the internet, that influence large numbers of people and are likely to represent generally accepted beliefs and opinions"
Cambridge University Press. (2023). Mainstream media. In *Cambridge Dictionary*. Retrieved Oct 5, 2023 from https://dictionary.cambridge.org/dictionary/english/mainstream-media

Social media: Defined by Cambridge dictionary as "forms of media that allow people to communicate and share information using the internet or mobile phones"
Cambridge University Press. (2023). Social media. In *Cambridge Dictionary*. Retrieved Oct 5, 2023 from https://dictionary.cambridge.org/dictionary/english/mainstream-media

Appendix 3: Screenshots of search terms on chosen databases

History and Search Details				⤓ Download	🗑 Delete
Search	**Actions**	**Details**	**Query**	**Results**	**Time**
#7	⋯	>	Search: ((discourse* OR "discourse analysis" OR discursive OR "critical discourse" OR foucaldian OR cda OR narrative* AND (english[Filter])) AND (refugee* OR "asylum seeker" OR "displaced person" OR migrant* OR "illegal migrant" OR "illegal immigrant" OR rasim AND (english[Filter]))) AND (media OR "social media" OR news* OR press OR radio OR television OR broadcast OR print OR "digital media" AND (english[Filter])) Filters: English	72	13:17:04

Pubmed

EBSCO Host

LLBA

Scopus

Migrant HUB

Appendix 4: Link to access CASP checklist

 https://casp-uk.net/images/checklist/documents/CASP-Qualitative-Studies-Checklist/CASP-Qualitative-Checklist-2018_fillable_form.pdf

Appendix 5: CDA appraisal tool

Table 1. Guidelines for Evaluating Qualitative Rigor in Critical Discourse Analysis Research.

Criterion	Objective	Evidence of rigor
Reflexivity (Morrow, 2005)	Transparent view of whose reality is represented in the research	Self-reflective journal, peer debriefing, asking for clarification, member checking, focus groups.
Subjectivity (Morrow, 2005)	Transparent view of researcher bias	Researcher's articulation of own positionality, monitoring of self, and rigorous subjectivity.
Adequacy of data (Lincoln & Guba, 1985)	Adequate evidence (completeness)	Data gathered to the point of redundancy; new data reveal no new findings.
	Adequate sample	Purposeful sampling strategy.
	Adequate variety of data	Use of multiple data sources.
Adequacy of interpretation (Morrow, 2005)	Analytical framework	Clearly articulated analytical framework.
	Immersion in the data	Repeated forays into the data (e.g., repeated readings of transcripts).
Deviant case (Miles & Huberman, 1994)	Disconfirming evidence	Deliberate search for potentially disconfirming instances; comparisons of disconfirming with confirming instances.
Authenticity (Guba & Lincoln, 1994; Seale, 1999)	Educative authenticity	Participant's understandings of others' constructions expand.
	Catalytic authenticity	Action or change that redistributes power from the dominant to the disempowered.
	Fairness	Different constructions are represented.
Consequential validity (Patton, 2002)	Social or political change	Increased consciousness; perspectives of those who are silenced or disempowered are amplified.
Accessibility (Wodak & Meyer, 2009)	Audience for the research includes the participants	Findings are readable and comprehensible by the social groups under investigation.
Theoretical triangulation (Wodak & Meyer, 2009)	Four levels of context: Immediate language; Interdiscursive relations; Immediate social context; Broad social context	All four levels of context are represented and discussed in the analytical framework and the analysis.

Appendix 6: Mindmaps
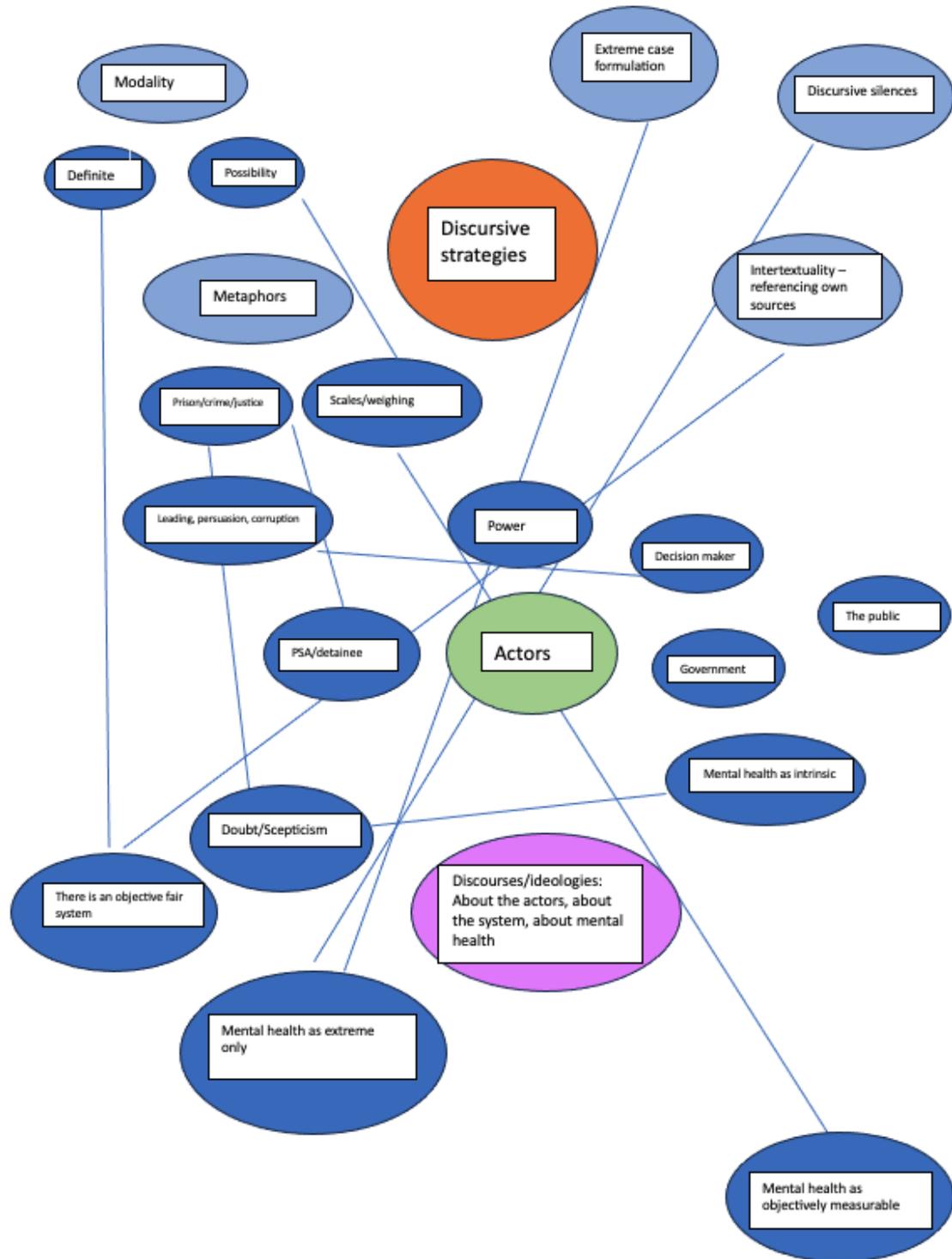
Mindmap 1 – policy
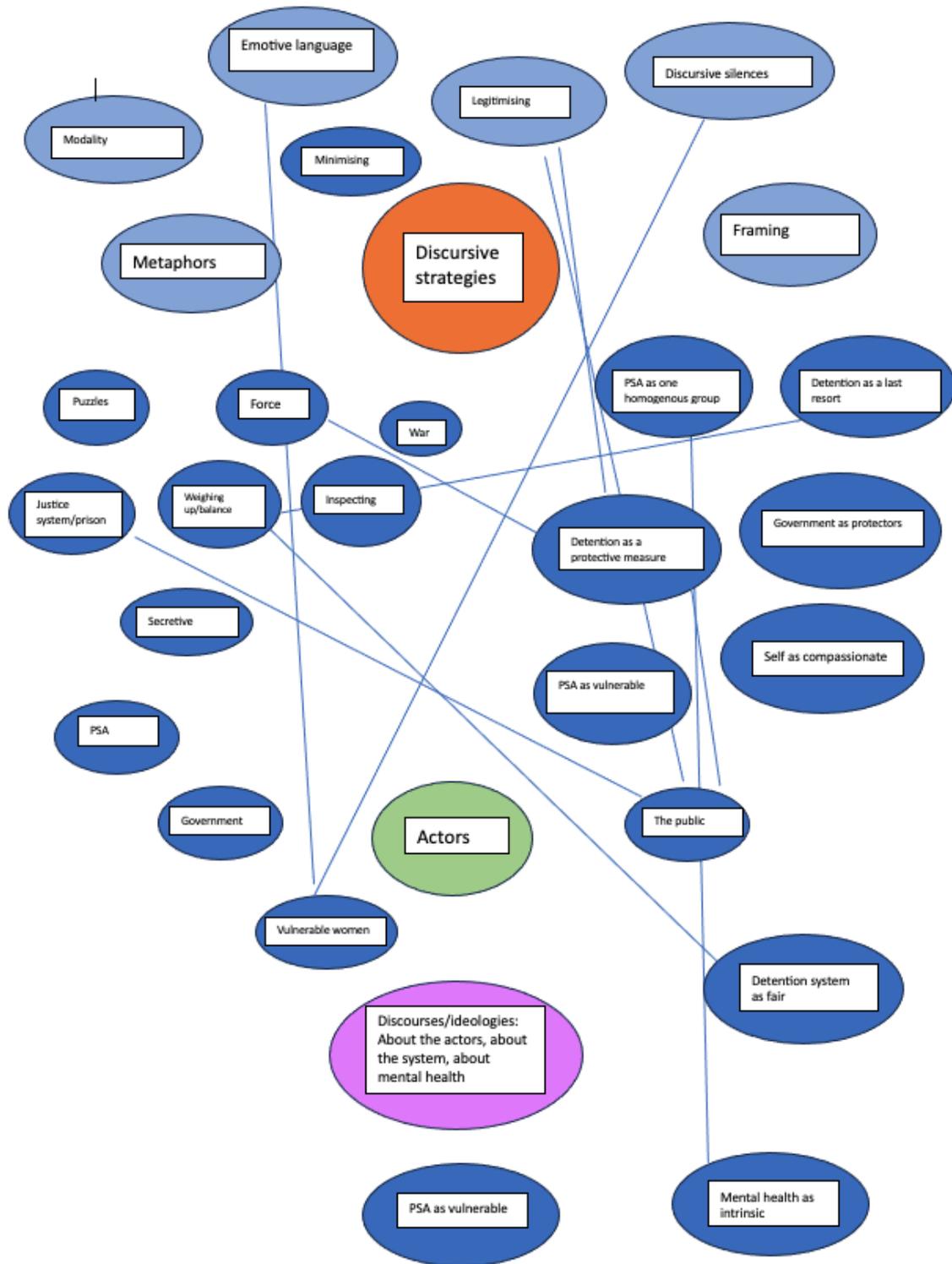
Mindmap 2 - debate

Appendix 7: Line numbered copy of debate

1   With permission, Mr Speaker, I will make a statement on *immigration* *detention*. As the
2   House knows, our *immigration* system is made up of many different and interconnected
3   parts. *Immigration detention* is an important part of that system, and it encourages
4   compliance with our *immigration* rules, protects the public from the consequences of illegal
5   migration and ensures that people who are here illegally, or who are foreign criminals, can be
6   removed from this country when all else fails.

7   *Detention* is not a decision that is taken lightly. When we make the decision to detain
8   someone, their welfare is an absolute priority. The Windrush revelations have shown that
9   our *immigration* system, as a whole, is not perfect, that there are some elements that need
10   much closer attention and that there are lessons we must learn.

11   That is why I welcome Stephen Shaw's second independent review of *immigration detention*,
12   commissioned by this Government and which I am laying before the House today. Copies are
13   available from the Vote Office and on gov.uk. I am grateful to Mr Shaw for his
14   comprehensive and thoughtful report, which recognises the progress this Government have
15   made in reforming *immigration detention* since his last report in 2016 but challenges us to go
16   even further.

17   As the review notes, we have made significant changes to *detention* in the UK in recent years.
18   Over the past three years, we have reduced the number of places in removal centres by a
19   quarter. We detained 8% fewer people last year than the year before. Last year, 64% of those
20   detained left *detention* within a month, and 91% left within four months. And 95% of people
21   liable for removal at any one time are not in *detention* at all but are carefully risk assessed
22   and managed in the community instead.

23   In his report, Stephen Shaw commends the "energetic way" in which his 2016
24   recommendations have been taken forward. He notes that conditions
25   across *immigration* removal centres have "improved" since his last review three years ago.
26   We now have in place the adults at risk in *immigration detention* policy to identify vulnerable
27   adults more effectively and make better balanced decisions about the appropriateness of
28   their *detention*. We have also strengthened the checks and balances in the system, setting up a
29   team of special *detention* gatekeepers to ensure decisions to detain are reviewed. We have
30   also created panels to challenge the progress on detainees' cases and their
31   continuing *detention*. We have taken steps to improve mental health care
32   in *immigration* removal centres, and we have also changed the rules on bail hearings. Anyone
33   can apply for bail at any time during *detention*. In January, we further changed the rules, so
34   that detainees are also automatically referred for a bail hearing once they have been detained
35   for four months. All of that is good work. However, I agree with Stephen Shaw that these
36   reforms are still bedding in, and that there have been cases and processes we have not always
37   got right. Now I want to pick up the pace of reform and commit today to four priorities going
38   forward.

39   First, let me be absolutely clear that the Government's starting point, as always, is
40   that *immigrationdetention* is only for those for whom we are confident that no other
41   approaches will work. Encouraging and supporting people to leave voluntarily is of course
42   preferable. I have asked the Home Office to do more to explore alternatives to *detention* with
43   faith groups, with non-governmental organisations and within communities. As a first step, I
44   can announce today that we intend to pilot a scheme to manage vulnerable women in the
45   community who would otherwise be detained at Yarl's Wood. My officials have been

46   working with the United Nations High Commissioner for Refugees to develop this pilot,
47   which will mean that, rather than receiving support and care in an *immigration* removal
48   centre, the women will get a programme of support and care in the community instead.

49   Secondly, the Shaw review recommends how this Government can improve the support
50   available for vulnerable detainees. Mr Shaw describes the adults-at-risk policy as "a work in
51   progress". We will continue that progress, ensuring that the most vulnerable and complex
52   cases get the attention they need. We will look again at how we can improve the
53   consideration of rule 35 reports on possible cases of torture, while avoiding abuse of these
54   processes. We will also pilot an additional bail referral at the two-month point, halving the
55   time in *detention* before a first bail referral. We will also look at staff training and support to
56   make sure that the people working in our *immigration* system are well equipped to work with
57   vulnerable detainees, and we will increase the number of Home Office staff
58   in *immigration* removal centres.

59   Thirdly, in his report, Stephen Shaw also rightly focuses on the need for greater transparency
60   around *immigration detention*. I will publish more data on *immigration detention*, and I am
61   commissioning the Independent Chief Inspector of Borders and *Immigration* to report each
62   year on whether and how the adults-at-risk policy is making a difference.

63   Fourthly, and finally, I also want to see a new drive on dignity in *detention*. I want to see an
64   improvement to the basic provision available to detainees. The practice in
65   some *immigration* removal centres of having three detainees in rooms designed for two will
66   stop immediately. I have also commissioned an urgent action plan for modernising toilet
67   facilities. We will also pilot the use of Skype so that detainees can contact their families
68   overseas more easily.

69   I am aware of the arguments that are made on time limits for *immigration detention*.
70   However, as Mr Shaw's review finds, the debate on this issue currently rests more on slogans
71   than on evidence. That is why I have asked my officials to review how time limits work in
72   other countries and how they relate to any other protections within their *detention* systems, so
73   we can all have a better-informed debate and ensure our *detention* policy is based on not only
74   what works to tackle illegal migration, but what is humane for those who are detained. Once
75   this review is complete, I will further consider the issue of time limits
76   on *immigration detention*.

77   The Shaw review confirms that we are on the right track with our reforms
78   of *immigration detention* and that we should maintain a steady course, but Stephen Shaw also
79   identifies areas where we could and should
80   do better. So my goal is to ensure that our *immigration* system, including our approach
81   to *immigrationdetention*, is fair and humane. This is what the public rightly expect from us.
82   They want rules that are firmly enforced, but in a way that treats people with the dignity they
83   deserve. The changes I have announced today will help to make sure that that is the case, and
84   I commend this statement to the House.
85
86   I am grateful to the Home Secretary for giving me prior sight of his statement. In a way, it is
87   telling that we are having this statement as the last one of this parliamentary Session. Some
88   may be concerned it will not get the attention it deserves, but, in a way, that is
89   symptomatic. *Immigration detention* and the conditions in *immigration detention* have always

90 existed in the shadows, without sufficient scrutiny, but that lack of scrutiny has been partly
91 addressed by the Shaw review.

92 I have the slight advantage over Home Office Ministers on the question
93 of *immigration detention* because I was an MP in the 1990s, when *immigration detention*, as
94 we know it, was introduced. One thing Ministers insisted was that *immigration detention* was
95 always meant to be for short periods prior to removal, but the system Stephen Shaw had to
96 look at in 2016 had morphed into something much more disturbing and inappropriate.

97 The Home Secretary will be aware that the first Shaw review said:

98 "*Immigration detention* has increased, is increasing, and—whether by better screening, more
99 effective reviews, or formal time limit—it ought to be reduced."

100 Is the Home Secretary aware that some people will believe that the fact we have managed to
101 reduce the number of people in *immigration detention* by only 8% since the first Shaw review
102 is not satisfactory? We need to move to a position where people are assured that only the
103 minimum number of persons are detained in this way and only for the minimum time. This
104 Home Secretary needs to be aware that that is what MPs were promised in the 1990s and that
105 is what the Government should be moving towards.

106 However, I welcome the look at alternatives to *detention* for vulnerable women who might
107 otherwise be held in Yarl's Wood. Is the Home Secretary aware of how desperate these
108 women are? I visited Yarl's Wood earlier this year—it took a year for me to be allowed in—
109 and I was shocked at how desperate and unhappy these women were. Some of them were
110 victims of trafficking and of sexual abuse, and should never have been in Yarl's Wood in the
111 first place. So I welcome our looking at alternatives, working with faith groups and the
112 community, through care in the community. Is the Home Secretary aware that Yarl's Wood
113 currently costs £10 million a year? That money would be better spent on giving support to
114 our anti-trafficking strategy and on action to help these vulnerable women. Is he aware of the
115 concern about vulnerable detainees? In particular, Stephen Shaw said in his first review
116 that *detention* is linked to poor mental health outcomes. So this is not just a question of
117 humanity in the way we treat detainees; we need care for their mental health.

118 I welcome what the Home Secretary said about more data. As I said at the beginning, I
119 deprecate the extent to which *immigration detention* and its conditions have

120 lain in the shadows. I welcome what he said about dignity in *detention*. I found the women in
121 Yarl's Wood living in very sad and very undignified conditions; their rooms had been
122 searched by men in the middle of the night, and there was inadequate healthcare. We also
123 need to address this question of the feeling that they were detained indefinitely. Whenever it
124 is put to Ministers that this system constitutes indefinite *detention*, they say, "No, of course
125 not." But someone in prison has a date for release, whereas these people in *detention* centres
126 do not know when they are going to be released. I am glad that there will be some
127 examination of the question of time limits, because the notion of indefinite *detention* is one of
128 the things about our current *immigration detention* system that is the hardest to defend.
129 The Opposition understand that some type of *immigration detention* must form part of
130 our *immigration* system, but we believe that the sooner *immigration detention* moves back to
131 the system that Members of Parliament were promised in the 1990s, the sooner we are talking
132 about short-term *detention*, the sooner there is more care for people's mental health, the

133   sooner there is more care for people's dignity and, above all, the sooner women are taken out
134   of Yarl's Wood, it will be a better day—not just for the detainees but for this Government
135   and for the British people and our reputation for fairness and humanity.
136
137   I thank the right hon. Lady for her remarks. She has been very thoughtful and constructive
138   and has welcomed some of the initiatives that I announced today, which I hope to build on
139   further. As always, I would be happy to sit down with her to discuss further some of the
140   announcements that I made today, because she can add to what we plan to do. I assure her
141   that, although we are about to start the summer recess, the work of the Home Office and all
142   the work that I talked about in my statement continues. I want to make sure that, when we are
143   all back in Parliament, we can properly probe further the report and some of the
144   announcements I made today, whether that is through Select Committees or otherwise.

145   The right hon. Lady was right to talk about the problems with *immigration detention* over a
146   number of years. I think she would be the first to agree that there have been problems for
147   many years under successive Governments. In preparation for delivering this statement, I
148   looked back at a 2009 Home Affairs Committee report, which talked about many similar
149   problems. More than 1,000 children were in *detention* that year. The right hon. Lady referred
150   to Yarl's Wood; that report said that

151   "Yarl's Wood remains essentially a prison."

152   That was in 2009. I hope that she agrees that, with the work that has been done, particularly
153   Stephen Shaw's two independent reviews, changes are beginning to be made. I am the first to
154   accept, though, that more needs to be done. That is the purpose of the most recent report and
155   the action that I have announced today.

156   That action includes making improvements across the board, including in the number of
157   people detained, which I would like to see fall further. The right hon. Lady rightly pointed
158   out that the number has fallen by 8% year to year. The number of places available
159   for *detention* has been cut by a quarter. Whether they are women or not, we should be
160   working to get even more people looked after in the community. At the moment, around 95%
161   of people who could have been detained are not, but I would like to see that percentage go up
162   even more, because 5% being detained is too high.

163   On Yarl's Wood, we will be piloting the alternative to *detention*. It is worth pointing out that
164   women make up a much smaller proportion of the total number of people in *detention*. That
165   proportion is currently around 9%, which is around 260 women, but I would like to see that
166   come down much more. As I mentioned in my statement, we will focus on the vulnerable
167   cases. Despite the actions that have already been taken, I welcome Mr Shaw's scrutiny, and
168   we should do more there, too.

169   On the whole issue of dignity—everything from contact with families to toilet facilities—
170   there are so many ways in which we can make improvements. I recently visited
171   a *detention* centre and heard that there are still some cases—very limited cases—in which
172   the *detention* room was designed for two but three people were being kept in it. I thought that
173   that should end immediately, and that is what I announced today. We can continue to build on
174   things such as that.

175 Finally, the right hon. Lady referred to *detention* time limits. It is worth pointing out that 95%
176 are not detained and, of the 5% who are detained, 64% are detained for only two months.
177 Otherwise, 91% have left the *detention* centre within four months. That said, there has been a
178 debate and there are clearly limits on *detention* in many other countries, including many
179 European countries. Those countries have different checks and balances from the ones we
180 have, but it is worth giving the matter a closer look. I am sure that the right hon. Lady would
181 agree that we should all focus on the evidence available to see what changes can be made.
182 The review that I have commissioned my Department to do will help to bring about more
183 evidence. As I said, I very much welcome her comments.
184
185
186 I congratulate my right hon. Friend and his predecessors on their leadership on the difficult
187 issue of getting progress in a humane and decent direction, which has undoubtedly happened.
188 There can be no more eloquent testimony than the fact that the shadow Home Secretary, the
189 right hon. Member for Hackney North and Stoke Newington (Ms Abbott), who has worked
190 assiduously in this policy area for all her time in Parliament and can be seen as something of
191 an authority on it, has in effect welcomed the direction of travel and much of my right hon.
192 Friend's statement. This is a good day for an improved *detention* system in the United
193 Kingdom.
194
195
196 I very much agree with my hon. Friend and thank him for the attention that he has given to
197 this issue over several years. I join him in commending the work of the right hon. Member
198 for Hackney North and Stoke Newington (Ms Abbott) and the focus that she has provided on
199 this very important issue.
200
201 I thank the Home Secretary for advance sight of his statement. However, I think you would
202 agree, Mr Speaker, that it is totally unacceptable, even if entirely predictable, that the
203 Government waited until the final few hours of the parliamentary term to release the new
204 Shaw report and their response to it. I want to welcome some of what the
205 Secretary of State has laid out in the report and in his statement, but I think we would all
206 agree that *immigration detention* is a fundamental question of human rights, liberty and the
207 rule of law, and it is outrageous that the Government are running away from scrutiny on this
208 issue. Will the Secretary of State ensure that a full debate on the issue is scheduled for the
209 first week back after recess?
210 As Scottish National party MPs have said in this Chamber time and again, the large-scale and
211 routine *detention* of tens of thousands of people in large-scale private prisons, simply for the
212 Home Office's administrative convenience, is an affront to the rule of law and a stain on this
213 democracy. In the light of the second Shaw report, will the Secretary of State accept that the
214 time for tinkering is over and that we need radical reform of *detention* policy? Will he
215 commit to a programme of closure of large-scale *detention* facilities and to ensuring
216 that *detention* is a matter of last resort, rather than routine, with a goal of drastically cutting
217 the numbers held in such facilities? I hear what he has said today, but I urge him to
218 implement a time limit on *detention* similar to what we see in other EU countries. If he will
219 not, will he allow the House to vote on the issue?
220
221 I welcome the hon. Gentleman's remarks, but say gently that he was a little ungenerous to
222 start by suggesting that the Government have waited until the last day before the recess. We
223 have not been in possession of the report for long and it takes a few days for us to respond to

224   it properly and to come forward with progress on it, so I ask him to reflect on that and
225   approach this issue in a more constructive spirit if he really does want to help, rather than
226   trying to score cheap political points.

227   The hon. Gentleman asked about an opportunity to debate the issue; I think that would be
228   good and will raise it with the Leader of the House. The work of Select Committees and
229   others will be very welcome scrutiny. He mentioned the size of the *detention* estate; I hope he
230   welcomes the fact that the total number of available places, rather than of
231   individual *detention* centres, is falling. As I said, the number of places has fallen by a quarter
232   in the past year, which shows the direction of travel. I do want to see fewer people being
233   detained. I reassure the hon. Gentleman that *detention* is a last resort. The default
234   for *immigration* enforcement policy is not to detain. If someone is detained, it must be a last
235   resort.
236
237   I welcome the Home Secretary's statement, particularly the various pilot projects and
238   especially the management of vulnerable women in the community rather than at Yarl's
239   Wood. Will the Home Secretary explain how that will work in practice and how many
240   women we are talking about?
241
242
243   The total number of women currently in *detention* in Yarl's Wood is roughly 260, which as I
244   said earlier is around 9% of the total of number of people currently in *detention*. We will be
245   working on the pilot project with the UNHCR and possibly with a non-governmental
246   organisation. Those organisations will lead the design of the pilot, but its aim will be, in cases
247   in which the individual may ordinarily have gone to
248   Yarl's Wood, to work with them on a plan instead, with a contract to which they agree, and
249   for them to be settled in the community and therefore kept out of *detention* centres.
250
251   I welcome the measures that the Home Secretary has announced today and look forward to
252   scrutinising them in our ongoing *immigration detention* inquiry. I should say to him that we
253   have heard some quite shocking evidence in that inquiry, including recognised torture victims
254   still being locked up for many months. There is repeated evidence that the indefinite nature
255   of *detention* is not only traumatising for those who are being held, but means that there is no
256   pressure on the Home Office and *immigration* system to make the swift decisions that we
257   need, so I join the shadow Home Secretary in urging him, as speedily as possible, to bring an
258   end to indefinite *detention*.
259
260   I look forward to the Select Committee's scrutiny. The right hon. Lady is right to point out
261   that, sadly, some vulnerable people will have been victims of torture. Where those claims are
262   made, they should all be properly looked at, which is why I said in my statement that I want
263   to look again at how rule 35 works, so that when people make those claims, they are properly
264   and thoroughly assessed and taken seriously. On time limits and *detention*, I hope that she
265   welcomes what I have said about doing more work and about having a proper review. I also
266   want to reassure her that challenges have been built into the system. For example,
267   independent panels will challenge whether someone still needs to be detained, and there are
268   gatekeepers when someone arrives at the *detention* centre. We have learned from the
269   Windrush cases that those systems have not always worked, so there will be more lessons to
270   learn, and I look forward to working with her on those issues.
271

272 I am a former member of the Joint Committee on Human Rights, and we were given access to
273 two of the case files of the Windrush generation who appear to have been illegally detained. I
274 very much welcome the Home Secretary's response to the Shaw report today. Will he
275 confirm that he is putting in place systems to ensure that no one is detained against the
276 evidence?
277
278
279 I know very well the two cases to which my hon. Friend refers. As we are still working on
280 Windrush cases, there may well be further cases, sadly, from which we will need to learn
281 lessons as well. I can give my hon. Friend confidence that we are doing everything we can to
282 make changes to ensure that the evidence is followed. For example, I have announced a
283 change today to pilot an automatic bail process of two months, rather than waiting for four
284 months. We need to learn more from the Windrush cases, which is why the lessons learned
285 review will be important, and I am sure that it will show us what more we can do to
286 improve *detention*.
287
288
289 I thank the Home Secretary for his statement. He mentioned the role of *detention* gatekeepers,
290 but will he look at how screening can be made more proactive and less dependent simply on
291 information that the Home Office
292 already holds so that those *detention* decisions are made with the fullest possible information
293 and at the very earliest stage of the process?
294
295
296 The hon. Lady makes a very good point. Following the question asked by my hon. Friend the
297 Member for Brentwood and Ongar (Alex Burghart), I referred to two reasonably well known
298 cases from Windrush of two individuals who were unlawfully detained. Those cases showed
299 that a number of lessons needed to be learned. One was that the gatekeeper process was not
300 working well enough. Part of that was to do with a lack of information. Had information been
301 accessed from other sources—perhaps public sources where information was held—we might
302 have had a different outcome. She makes a very important point and it will be looked at.
303
304
305 Can the Home Secretary offer further detail on the support that the Government intend to
306 provide for vulnerable detainees, particularly in terms of training and support for staff
307 working in the *immigration* system?
308
309
310 One of my announcements today was about more support for vulnerable detainees. They
311 included a number of things such as looking again at how rule 35 works, the bail referral
312 process and, as my hon. Friend mentioned, staff training. We are looking at exactly how that
313 can work within the Department, but we want to make sure that not just the gatekeeper staff
314 and those who are at the entry point when someone comes into *detention* but all staff have
315 some level of training to help spot vulnerable people. The reality is that if someone is
316 vulnerable, they may not always come forward; in many cases, they do not. There are things
317 that one can look for to help to spot people in that situation and try to help.
318

319 Shaw's foreword says:

320   "The time that many people spend in *detention* remains deeply troubling…over half of those
321   detained are…released back into the community."

322   It also says that the number of vulnerable detainees has actually increased. Is that not a record
323   of the Home Office failing to act swiftly on Shaw's first report, and is not the most damning
324   part of Shaw's report his criticism of the total failure of the Home Office in the past two years
325   to examine properly alternatives to *detention*? Is the Secretary of State today accepting
326   Shaw's recommendations 43 and 44 on alternatives to *detention*—yes or no?

329   That is a very partial reading of Mr Shaw's report by the right hon. Gentleman. I appreciate
330   that he has not yet had much time to read the whole report, but I do encourage him to do so. I
331   think that he will find that, as well as rightly finding issues and challenging us to do more,
332   which I am and which we will continue to do, Mr Shaw talked about the progress that we
333   have made, including on alternatives to *detention*. One example of how we intend to take that
334   recommendation forward is the one I gave earlier about piloting a new programme to do with
335   women in *detention*.

338   I welcome the report as a step in the right direction, but as with
339   all reports, it is the implementation that matters. Has the Secretary of State set a timescale for
340   its implementation, and does he have the resources?

343   On the timescale, I have announced four broad measures today. Internally, we are working on
344   what can be implemented. Some of them are much more immediate. Some of the policies
345   need amending. Others will take time to put in place, such as starting some of the new pilot
346   projects about alternatives to *detention* in the community. On resources, I am sure that I have
347   the resources from now until the end of this spending round. I will then need to have further
348   discussions with my right hon. Friend the Chancellor.

351   There is so much to welcome in the Home Secretary's announcement today. I am particularly
352   pleased to hear about the pilot and evaluation of the new system for vulnerable women. I urge
353   him to take that evaluation very carefully and make sure that we get it right. He mentioned a
354   lack of evidence on the question of a time limit. Will he look, or look again, at the report
355   on *detention* written by my predecessor as chair of the all-party group on refugees, the
356   previous hon. Member for Brent Central? The co-chair is my hon. Friend the Member for
357   Sheffield Central (Paul Blomfield). That report was carried out in 2014 and published in
358   2015. I think that the Home Secretary will find that there is a great deal there to recommend
359   it. Will he meet me and my hon. Friend to discuss the findings of that report?

362   I thank the hon. Lady for her comments and for her welcoming of the pilot regarding
363   vulnerable women. I will happily take a proper look at that report. I have seen a summary of
364   it, but as I am looking for some more summer reading to do, that is a very good suggestion.
365   When Parliament is back after the summer, I would be very happy to meet her and her
366   colleague.
367   I visited Yarl's Wood a few weeks ago. The overwhelming sense that I got was that the
368   indefinite nature of *detention* is what makes it such a mental torture. People literally do not

369   know how long they will be there or why they are there. It is a Kafkaesque nightmare. Will
370   the Secretary of State acknowledge in particular that the adults at risk policy is fundamentally
371   flawed because *detention* itself makes people more vulnerable? May I echo those others who
372   have called on him to make it a priority to end
373   administrative *detention* for *immigration* purposes, perhaps starting with a 28-day limit, but,
374   ultimately moving to end it, because it makes vulnerable people more vulnerable and it does
375   not work.
376
377

378   It is good that the hon. Lady has visited Yarl's Wood, because that is the kind of scrutiny that
379   we need. *[Interruption.]* I have just heard her say that it took time to get permission. I am
380   sorry to hear that. However, it is good that she has visited and seen the centre at first hand.
381   That does not necessarily mean that I agree with her entire assessment following her visit, but
382   I am very happy to listen to her experience and her thoughts. Although I said at the start of
383   my statement that administrative *detention* plays an important role when done properly in
384   our *immigration* system, I do think—this is where we could agree—that there should
385

386   be more alternatives to *detention* so that people can be held in the community, rather than in
387   a *detention* centre, while their cases are being looked at. I hope that she welcomes some of the
388   announcements that I have made today, but I am looking to do more and would be happy to
389   hear her ideas about alternatives.
390
391

392   I welcome this Home Office-commissioned review. I also welcome the Secretary of State's
393   words on the women in Yarl's Wood, who often do not know what they have been detained
394   for. I have a letter from the Home Secretary in which he rightly condemns harassment and
395   intimidating behaviour towards women, but regarding a Home Office review into women
396   seeking abortion healthcare he also says:

397   "I will…make an announcement before the summer recess"

398   and that he will do so

399   "with a view to making recommendations".

400   That review was announced by the Secretary of State's predecessor in November, and it
401   closed in February. It took 160 Members from both sides of the House, including the Father
402   of the House and the Chairs of the Select Committees on Home Affairs, on Public
403   Administration and Constitutional Affairs and on Health and Social Care, to get the
404   undertaking in this letter. There are four hours left until the recess. Will the Secretary of State
405   be able to deliver on his word for vulnerable women everywhere?
406
407

408   I am happy to write the hon. Lady about the issue that she raises, but I am afraid that it has
409   nothing to do with the statement that I made today.
410
411

412   I welcome the Home Secretary's statement. He refers to Stephen Shaw's focus on the need
413   for greater transparency

414 and promises to publish more data. I was surprised to discover in an answer to a
415 parliamentary question in May this year that the Department does not collect data on people
416 who are re-detained, so we have no information at all about how many people may be re-
417 detained within one month or six months of their initial period of *detention*. Does the
418 Secretary of State agree that it would be really useful to have that information so that we have
419 a much clearer picture of what is happening?
420
421
422 The hon. Gentleman makes a good point, following on from my point about transparency and
423 Mr Shaw's point in his report. I hope that he welcomes some of the measures that I
424 announced today. I will take a closer look at his point regarding data on re-*detention*.
425
426
427 Last but certainly not least, I call Mr Jim Shannon.
428
429 Thank you, Mr Deputy Speaker. The good book says that the first shall be last and the last
430 shall be first, so I am pleased to be called at any time. I thank the Secretary of State for his
431 statement. He has given a commitment to review the imposition of a limit on the amount of
432 time for which an asylum seeker can be detained. I welcome that, but what specifically can be
433 done for pregnant women—not in a long-term review, but now?
434
435
436 I thank the hon. Gentleman for his comments. Just to be clear, I talked about a review of time
437 limits, but this is not just for asylum seekers; we do not detain asylum seekers as a matter of
438 policy at all. The intention is always to deal with cases in the community. I just want to
439 clarify that I am talking about looking at the time limit for detentions full stop, regardless of
440 who is in *detention*. I will look into the hon. Gentleman's further question and write to him.
441

Appendix 8: Line numbered copy of policy

1 About this guidance

2 This guidance tells you how to assess whether a person either in immigration detention
3 or being considered for immigration detention is an 'adult at risk'.

4 Contacts

5 If you have any questions about the guidance and your line manager or senior
6 caseworker cannot help you, or you think that the guidance has factual errors, email
7 Detention Policy. If you notice any formatting errors in this guidance (for example,
8 broken links and spelling mistakes), or if you have any comments about the layout or
9 navigability of the guidance, email the Guidance Rules and Forms team.

10 Publication

11 Below is information on when this version of the guidance was published: • _version **8.0**
12 • _published for Home Office staff on **01 November 2022**

13 Changes from last version of this guidance

14 • _guidance added on detention decision making for individuals with a serious health
15 condition being cared for under a prescribed specialised service • _amendment to 'use
16 of an interpreter' standard in the standards for external medical reports

Adults at risk in immigration detention

The information in this guidance applies to all cases in which consideration is being given to detaining an individual in order to remove them. It also applies to cases of individuals who are already in detention though, in those cases, the consideration will be about whether continued detention is appropriate. There is an existing presumption in immigration policy that a person will not be detained. The adults at risk in immigration detention policy strengthens this presumption against the detention of those who are particularly vulnerable to harm in detention. However, detention may still be appropriate in an individual case when immigration control considerations outweigh the presumption of release, even for a person considered to be at risk. Although there is no statutory time limit on immigration detention in the UK, it is not lawfully possible to detain people indefinitely. Domestic case law is clear that the detention power can be exercised lawfully only if there is a realistic prospect of removal within a reasonable timeframe. In all cases in which an individual is being considered for immigration detention in order to facilitate their removal, an assessment must first be made of whether the individual is an 'adult at risk' in the terms of this policy and, if so, the level of evidence (based on the available evidence, which may be limited to the individual's account) indicating the level of the policy into which they fall. If the individual is considered to be at risk, a further assessment will be made of whether the immigration considerations outweigh any risk identified. Only when they do will the individual be detained. An assessment of known risk factors in every case must be made: • _as part of planning for operational enforcement activities • _on encountering individuals during enforcement operations • _when consideration is being given whether to detain • _regularly throughout detention and on an ad hoc basis in light of new information or evidence, reflecting the dynamic nature of vulnerability

Assessment: general principles

The decision maker should answer the following questions to inform their decision: • _does the individual need to be detained in order to effect removal? See Detention – general guidance o if the answer is no, they should not be detained o if the answer is yes, how long is the detention likely to last • _if the individual is identified as an adult at risk, what is the likely risk of harm to them if detained for the period identified as necessary to effect removal given the level of evidence available in support of them being at risk? If the evidence suggests that the length of detention is likely to have a harmful effect on the individual, they should not be detained unless there are public interest

concerns which outweigh any risk identified. For this purpose, the public interest in the deportation of foreign national offenders (FNOs) will generally outweigh a risk of harm to the detained person. However, what may be a reasonable period for detention (in line with the Hardial Singh principle (Singh, R v Governor of Durham Prison [1983] EWHC 1 (QB)) will likely be shortened where there is evidence that detention will cause a risk of serious harm. Where the person in detention is not an FNO, detention for a period that is likely to cause serious harm will not usually be justified.

Who is regarded as an adult at risk?

An individual will be regarded as being an adult at risk if: • _they declare that they are suffering from a condition, or have experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention • _those considering or reviewing detention are aware of medical or other professional evidence which indicates that an individual is suffering from a condition, or has experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them

67 particularly vulnerable to harm if they are placed in detention or remain in detention,
68 whether or not the individual has highlighted this themselves • _observations from
69 members of staff lead to a belief that the individual is at risk, in the absence of a self-
70 declaration or other evidence The nature and severity of a condition, as well as the
71 available evidence of a condition or traumatic event, can change over time. Therefore,
72 decision makers should use the most up-to-date information each time a decision is
73 made about placing someone into detention or continuing that detention. Before
74 referring individuals to a particular immigration removal centre, decision makers must
75 confirm that a particular centre has adequate healthcare facilities to accommodate that
76 individual's needs. Immigration removal centres do not provide inpatient facilities and
77 can provide primary healthcare only.

78 ## Indicators of risk

79 Indicators of whether an individual may be particularly vulnerable to harm, and therefore
80 at risk in detention, include the conditions or experiences (referred to as 'risk factors') set
81 out below.

82 ## Serious physical disability

83 An individual may be suffering from a serious disability. Such a disability may inhibit their
84 ability to cope within a detention environment and should be factored into any
85 consideration of detention and, indeed, into consideration of their general management
86 through the immigration process.

Serious physical health conditions or illnesses

An individual may be suffering from a serious health condition or illness. Such conditions may inhibit their ability to cope within a detention environment or may make them particularly vulnerable within a detention environment. This should be factored into any consideration of detention and, indeed, into consideration of their general management through the immigration process. If a condition is considered to be serious (on the basis of the considerations set out below) the individual will fall within the scope of the adults at risk policy. If a condition is not considered to be serious, the individual concerned will not fall within the scope of the policy (unless one of the other indicators of risk set out in the policy applies). When considering whether any given condition qualifies as serious for the purposes of the policy decision-makers must give thought to whether the physical manifestation of the condition puts the individual at risk of harm in immigration detention. Therefore, consideration should be given, on the basis of the available information, to whether the condition or illness can be managed by the individual themselves within detention through medication or through other aids. Whilst the need to take medication could be indicative of a more serious condition, it does not automatically place an individual within the scope of the policy. Decision-makers must assess the severity of the condition based on the information at the point at which the detention decision is made, and should not make an assessment of the potential for it to become more severe, unless there is professional evidence which indicates that detention will be likely to have the effect of worsening the individual's existing condition. In some cases, it will be obvious that the individual is suffering from a serious health condition. In other cases, it will be obvious that their physical health condition is not serious. Where there is doubt, and in order to assess whether the condition is serious at the time of making the detention decision, and whether the individual therefore falls within the scope of the policy, decision-makers must take into account a number of factors. These are set out below, although there may be other relevant considerations: • _does the individual take medication?: o do they need assistance in taking their medication? o what happens if they do not take their medication? o medicated conditions will be more likely to be serious, however, if the condition is well managed by the individual through medication, it may not fall within the 'serious medical condition or illness' indicator of risk • _does the condition adversely impact on the individual's mobility or significantly reduce their range of movement? • _does the condition significantly hinder the individual's ability to provide adequate self-care (for example, washing, dressing or eating), severe mobility issues are more likely to indicate that the condition is serious? • _are there other related complicating conditions, such conditions may be an indication of a serious physical health condition?

• _where conditions fluctuate, or involve sudden attacks, such as asthma or epilepsy, how long ago was the most recent episode or attack? o how severe was it, did the last episode or attack require medical intervention, such as a change in medication or hospitalisation • _has the individual been hospitalised recently, if so, when? This is a non-exhaustive list of factors which may suggest that an individual has a serious physical health condition that renders them at risk of harm in immigration detention. See also Rule 35 and rule 32 - Special illnesses and conditions. There may be some conditions which will almost never be serious, but which are particularly infectious or contagious. Whilst the presence of such conditions may affect the general management or risk assessment of an individual in detention facilities, it will not normally impact on the consideration of whether the condition constitutes a 'serious physical health condition'.

Individuals with a serious condition being cared for under a prescribed specialised service

138 Some individuals with a medical condition considered to be serious (on the basis of the
139 considerations set out above), may be on a specialised treatment plan which requires
140 specialist clinical support, or specialist medication that is prescribed by specialist
141 prescribers and not GPs in commissioned healthcare services within detention. If so, all
142 reasonable efforts must be made to support continuity of the individual's current
143 treatment plan. If healthcare services are unable to satisfy the clinical support required
144 (including medication) within the timescale necessary to maintain the individual's current
145 treatment plan, then it is unlikely that the person will be suitable for detention. Factors to
146 consider: • _is there professional evidence that the individual is suffering from a serious
147 health condition, or mental health condition as defined under the Adults at Risk policy? If
148 so, is the individual under the care of a prescribed specialised service, on a specialised
149 treatment plan and currently taking medication? Specialised services cover rare and/or
150 complex medical conditions and often involve treatments provided to patients with rare
151 cancers, genetic disorders or complex medical or surgical conditions (for example, HIV)
152 • _if an individual has recently completed a custodial sentence and is being considered
153 for detention within an IRC, are there any practical considerations that may impact the
154 ability to support continuity of care? It is important to consider logistical implications of
155 treatment plans, such as frequency and location of essential external appointments • _if
156 the individual is entering a place of detention from the community or at a port of entry,
157 what information about their condition and treatment plan is
158 known? Are there any practical considerations that may impact the ability to support
159 continuity of care if they are detained (for example, feasibility of enabling travel to a
160 specialist clinic if required)? • _what are the clinical impacts if an individual's treatment is
161 disrupted? • _does the individual have enough medication supply to enable treatment to
162 continue without interruption if they are detained? • _if not, how quickly can it reasonably
163 be expected that further medication will be able to be sourced, so as to provide a
164 reasonable amount for continuation of care? o you should consider whether the
165 medication can ordinarily be prescribed by IRC/prison healthcare services or whether a
166 specialist prescription is required o additional prescribed medication, from a clinic
167 engaged in the individual's treatment within the UK, can usually be obtained within 48
168 hours • _has the individual paused, stopped or not started a treatment plan for a
169 condition that would normally fall under a prescribed specialist service? If so, the
170 continuity of the current treatment plan may not be a relevant consideration, because the
171 plan will already have been disrupted. If this is the case, please document any
172 information and reasons available to provide the rationale for detention decisions
173 Responses should be documented to support the rationale for detention decisions.

174 ## Mental health conditions
175 An individual may be suffering from a mental health condition or impairment (this
176 includes psychiatric illness, or clinical depression, post-traumatic stress disorder and
177 more serious learning difficulties depending on the nature and severity of the condition).
178 Such conditions may inhibit their ability to cope within a detention environment and
179 should be factored into any consideration of detention and, indeed, into consideration of
180 their general management through the immigration process. There may be complex
181 mental health conditions which fall under prescribed specialised services. If this is the
182 case, please refer to Individuals with a serious condition being cared for under a
183 prescribed specialised service outlined above. There may also be specific experiences
184 to which the individual has (or claims to have) been subject, or which indicate that they
185 may suffer particular harm or detriment if detained, because those experiences may
186 have affected the individual's mental state. Indicators can include: • _having been a
187 victim of torture having been a victim of sexual or gender-based violence, including

188 female genital mutilation • _having been a victim of human trafficking or modern slavery

189 ## Torture victims

190 The definition of torture for the purposes of the adults at risk in immigration detention
191 policy is set out in rule 35(6) of the Detention Centre Rules 2001 (as inserted by the
192 Detention Centre (Amendment) Rules 2018) and rule 32(6) of the Short-term Holding
193 Facility Rules 2018 and is defined as: "any act by which a perpetrator intentionally inflicts
194 severe pain or suffering on a victim in a situation in which- (a) the perpetrator has control
195 (whether mental or physical) over the victim, and (b) as a result of that control, the victim
196 is powerless to resist." For the avoidance of doubt, please note the following: There is no
197 difference between 'powerless to resist' and 'powerlessness'. The proper approach is to
198 consider whether the individual was in a situation of powerlessness. The process of
199 determining whether an individual meets the definition of torture will be contingent on the
200 evidence available. A declaration from an individual or their legal representative to the
201 effect that they have been tortured should be accepted at face value and they should be
202 regarded as falling within Level 1 of the adults at risk policy. Where professional
203 evidence is available, a 2-stage approach should be applied:

204 **Stage 1**
205 Decision-makers must determine whether the circumstances disclosed by the individual
206 amount to torture in the terms of this policy. If they do not, that individual will not be
207 considered to be a victim of torture, but they may still fall into one of the other indicators
208 of risk set out in the policy. If, however, the circumstances described do amount to
209 torture, decision-makers must go on to consider stage 2 below. There are 3 elements to
210 the definition of torture that must be met in each case: severity, intent and
211 powerlessness.

212 Severity
213 In order to constitute torture, the pain or suffering inflicted must be **severe**. It may be
214 physical or mental. The impact on the individual is relevant in any assessment of the
215 severity of the pain and suffering. Therefore, when determining severity, the following
216 factors should be taken into account, though there may be other relevant considerations:
217 • _the duration of the pain and suffering: o there might be a single act of significant
218 duration, or a series of acts carried out over an extended duration o a short, one-off
219 event involving pain and suffering (such as a beating in the street) is less likely to
220 constitute torture than a sustained period of pain and suffering o a sustained period of
221 pain and suffering could take a number of forms, for example, it could be if an individual
222 was confined or held for some hours and
223 regularly subjected to physical or mental violence, alternatively, it could be abuse or
224 violence which takes place over a number of years, this could include a domestic
225 violence situation • _what were the physical effects of the treatment o the greater the
226 physical impact, the more likely it is that the pain and suffering has been severe • _what
227 were the mental effects of the treatment o the greater the mental impact, the more likely
228 it is that the pain and suffering has been severe • _what were the respective ages of the
229 perpetrator and victim o a child or an elderly person may be more likely to be
230 susceptible to severe pain and suffering than a fit adult • _what was the state of health of
231 the victim at the time of the act
232 o an individual in a poor state of health may be more susceptible to severe pain and
233 suffering than an individual in good health

234 Intent
235 In order to constitute torture, the perpetrator must **intend** to inflict severe pain and
236 suffering. Cases in which an individual has, for example, sadly been accidentally
237 knocked down by a vehicle, or has otherwise been the victim of an accident, should not
238 be regarded as torture (though the impact of the accident may mean that the individual

239 falls within the scope of one of the other indicators of risk set out in the adults at risk
240 policy). If, however, it is apparent that the perpetrator has intended to cause severe pain
241 and suffering to the victim, then the act should be regarded as torture (assuming that it
242 also meets the severity and powerlessness limbs).

243 Powerlessness

244 In order for an act to constitute torture, the victim must have been placed in a situation of
245 **powerlessness**. The courts have recognised that 'the situation of powerlessness must
246 be something somewhat over and above that which is inherent in the mere fact that the
247 individual has been unable to prevent the infliction of severe pain and suffering' (Medical
248 Justice & Ors v Secretary of State for the Home Department & Anor [2017] EWHC 2461
249 (Admin)). Decision makers must consider powerlessness in the context of immigration
250 detention. That is, what are the types of previous experiences which are likely to have a
251 detrimental impact on how the individual will now respond to being placed in immigration
252 detention? Will detention render that individual at risk of harm as a result of their
253 experiences of situations of powerlessness? The key elements of powerlessness are: •
254 _was severe pain and suffering inflicted against a person whilst they were in the
255 perpetrator's custody or physical control, that is, were they deprived of their liberty or
256 were their movements constrained or were they are coerced into staying • _was any
257 psychological control exerted
258 • _was a degree of power exercised by the perpetrator over the individual to the extent
259 that they could not escape or defend themselves If any one of the above elements is
260 apparent, the victim should usually be regarded as having been in a situation of
261 powerlessness, provided it is something somewhat over and above that which is
262 inherent in the mere fact that they were unable to prevent that situation. This,
263 essentially, is the difference between an assault and torture. Control is the key element
264 in rendering an individual powerless. For example, physical powerlessness could be
265 constituted by physical restraint, such as being detained in a particular place from which
266 escape is blocked, such as a vehicle, a room or a cell. Mental powerlessness could
267 emerge from the kind of control asserted by an abusive individual over their spouse or
268 partner, or by an abusive adult over a child. It could also be related to being persistently
269 degraded or humiliated such that the individual's sense of self and personal autonomy
270 has been damaged - for instance, if they have been subjected routinely to sexual
271 violence. In some circumstances (particularly, but not exclusively, in a domestic setting)
272 the relationship between the perpetrator and the victim may be a key factor in
273 determining whether control has been exerted. It is most likely to be a factor if there is a
274 subordinate relationship, for example between a moneylender and a debtor, between
275 migrant smugglers and their victims, or in some marriages. The relative ages of the
276 perpetrator and victim may also be a key factor in determining whether a situation of
277 control existed (see the section on severity above).

278 Other considerations

279 The purpose for which the act was committed should not be regarded as a key
280 consideration in the determination of whether the act should be regarded as torture. It
281 may form part of the consideration of the case, particularly if the purpose of the act was,
282 for example, to extract a confession, to extract information, or to punish an individual.

283 **Stage 2**

284 The decision maker must assess what evidence there is to support the individual's
285 account by using the levels of evidence referred to below in this guidance. Where there
286 is professional evidence of torture, the individual should be regarded as being at level 2
287 in the terms of this policy. Where the professional evidence indicates that a period of
288 detention would be likely to cause harm they should be regarded as being at level 3.
289 There will not always be documentary evidence of every aspect of the individual's
290 account and cases must therefore be considered in the round.

292 Evidence that an individual is a victim of torture may emerge from a rule 35 (in relation to
293 those detained in immigration removal centres) or rule 32 report (in relation to others in
294 residential short-term holding facilities (STHFs) or a medico-legal report supplied by
295 Freedom from Torture, the Helen Bamber Foundation or another reputable medico-legal
296 report provider. Individuals with such a report which indicates that the individual has
297 been a victim of torture will be regarded as meeting level 3 evidence under the policy,
298 providing the report meets the required standards. In cases in which an individual is
299 detained during the consideration of their asylum claim and is accepted by Freedom for
300 Torture or the Helen Bamber Foundation for a pre-assessment appointment,
301 caseworkers must apply the Medical evidence in asylum claims guidance unless there is
302 a subsequent negative credibility finding. This section of the guidance applies to the
303 consideration of all Detention Centre rule 35 or Short-term Holding Facility rule 32
304 reports and medico-legal reports from 2 July onwards, regardless of when the reports
305 were completed. However, no rule 32 reports will have been submitted before the
306 coming into force of the Short-term Holding Facility Rules 2018 on 2 July 2018.

307 ## Potential victims of trafficking or modern slavery

308 For the purposes of this policy, an individual who has received a positive reasonable
309 grounds decision under the National Referral Mechanism (NRM), and has not yet
310 received their conclusive grounds decision or otherwise left the NRM, is considered a
311 potential victim of trafficking or modern slavery and will fall within the scope of the adults
312 at risk policy. A positive reasonable grounds decision alone from one of the competent
313 authorities will be regarded as official documentary evidence amounting to level 2
314 evidence (see evidence levels). There are particular protections afforded to potential
315 victims of trafficking or modern slavery. For the full guidance and process to follow for
316 managing the detention decisions of potential victims of trafficking or modern slavery,
317 please see: Adults at risk: Detention of potential or confirmed victims of modern slavery.
318 For guidance on the process to be followed when making detention decisions for
319 individuals who have received a Conclusive Grounds decision under the NRM, see:
320 Adults at risk: Detention of potential or confirmed victims of modern slavery.

321 ## Age

322 For the purposes of this policy an individual aged 70 or over (regardless of any other
323 considerations) should be regarded as being at risk. The fact of their age alone will
324 automatically be regarded as amounting to, at least, level 2 evidence (see evidence
325 levels). In the cases of documented individuals, their age will be apparent from the
326 documentation. When the individual is undocumented, however, and there is no
327 definitive information available that indicates their age, a judgement may need to be
328 made on the basis of a visual assessment.

329   In cases in which an undocumented individual claims to be aged 70 or over, but in which
330   there is no documentary confirmation, the following process should be followed: • _the
331   decision maker (or an officer acting on their behalf) should carry out a visual assessment
332   of the individual • _on the basis of this visual assessment, if the individual is clearly, or is
333   probably, aged 70 or over, they should be treated accordingly for the purposes of this
334   policy • _if there is doubt about whether the individual is in fact aged 70 or over: o all
335   existing documentation should be double-checked to ensure that there is no information
336   which indicates the individual's age o the individual should be asked whether they have
337   any additional information relevant to the determination of their age o the decision
338   maker should reach a view on whether or not the individual is 70 or over o if the view is
339   taken that the individual is likely to be under 70, and that the individual is to be detained
340   (or their detention continued), this assessment of age must be corroborated by the
341   decision maker's line manager, who should be of at least the grade of higher executive
342   officer (HEO)

343 ## Pregnant women

344   There are particular restrictions on the detention of pregnant women for the purposes of
345   removal, see Chapter 55a Detention of Pregnant Women. In all cases in which a
346   pregnant woman is being detained for removal, the fact of her pregnancy will
347   automatically be regarded as amounting to level 3 evidence (see evidence levels) for the
348   purpose of this policy and the pregnancy will therefore be afforded significant weight
349   when assessing the risk of harm in detention. The instruction on detention of pregnant
350   women for the purpose of removal provides guidance on establishing or accepting a
351   claimed pregnancy, which would be applicable in all cases.

352 ## Transsexual and intersex people

353   An individual who has transitioned, or is transitioning, from one gender to the other, may
354   be at particular risk of abuse and mistreatment from others in detention. The
355   same could apply to a person who is intersex.

356 ## Other conditions

357   The list of indicators in the adults at risk in immigration detention statutory guidance is
358   not intended to be exhaustive. Caseworkers should note that there may be other
359   unforeseen, conditions and experiences that do not fall within the list of indicators and
360   which may render an individual particularly vulnerable to harm if they are placed in
361   detention or remain in detention. Caseworkers must consider such conditions and
362   experiences in the same way as the indicators in that list. In addition, caseworkers
363   should note that the nature and severity of a condition, as well as the available evidence
364   of a condition or traumatic event, can change over time.

365 Assessing risk: weighing the evidence

366 ## Evidence levels

367 Once an individual has been identified as being at risk, by virtue of them exhibiting an
368 indicator of risk, consideration should be given to the level of evidence available in
369 support, and the weight that should be afforded to the evidence, in order to assess the
370 likely risk of harm to the individual if detained for the period identified as necessary to
371 effect their removal:

372 **Level 1**
373 A self-declaration (or a declaration made on behalf of an individual by a legal
374 representative) of being an adult at risk should be afforded limited weight, even if the
375 issues raised cannot be readily confirmed.

376 **Level 2**
377 Professional evidence (for example from a social worker, medical practitioner or non-
378 government organisation (NGO)), or official documentary evidence, which indicates that
379 the individual is (or may be) an adult at risk should be afforded greater weight. Such
380 evidence should normally be accepted and consideration given as to how this may be
381 impacted by detention. Representations from the individual's legal representative acting
382 on their behalf in their immigration matter would not be regarded as professional
383 evidence in this context.

384 **Level 3**
385 Professional evidence (for example from a social worker, medical practitioner or NGO)
386 stating that the individual is at risk and that a period of detention would be likely to cause
387 harm, for example, increase the severity of the symptoms or condition that have led to
388 the individual being regarded as an adult at risk, should be afforded significant weight.
389 Such evidence should normally be accepted and any detention reviewed in light of the
390 accepted evidence. Representations from the individual's legal representative acting on
391 their behalf in their immigration matter would not be regarded as professional evidence
392 in this context. When considering the likely risk of harm for the period identified,
393 decision-makers are entitled not to place decisive weight on assertions that are
394 unsupported by medical evidence. Given the difficulty involved in validating cases in
395 which the only evidence available is the self-declaration of the individual concerned, the
396 distinction between such cases and cases of those who are not considered to be at risk
397 may not be great. However, the expectation, where the weight of the evidence is at level
398 1, is that this will act as a flag to all those involved in managing the case, and that
399 particular attention will be paid to pursuing voluntary return options and progressing the
400 case. The flag should also act as an alarm should additional risk issues emerge as the

401 case progresses, particularly if the person is already detained or, if not, following their
402 detention. However, caseworkers should not usually disagree with medical evidence
403 unless there are very strong reasons for doing so - for example, a finding by an
404 independent tribunal that rejects the same evidence or credibility concerns arising from
405 other sources (such as an asylum casework decision). Such matters may be taken into
406 account in deciding the weight that should be afforded to evidence and could result in a
407 reconsideration of the weight of the evidence.

408 **Weighing the evidence**

409 **External medical reports**

410 The standards covered in the following paragraphs will apply to medical reports
411 commissioned by an immigration advisor, or solicitor, resulting from a consultation
412 between an external healthcare professional and their client whilst their client is detained
413 under immigration powers. These standards are not intended to be applied to all forms
414 of professional evidence, which may arrive through a number of routes. For example, the
415 standards would not apply to evidence from professional sources based on interaction
416 with the person relating to a pre-existing condition, which may have been managed in
417 the community prior to detention. In such cases, evidence to verify the history and
418 treatment of a pre-existing condition could be submitted, thereby aiding consideration of
419 how that condition might impact decisions related to detention. However, in some cases,
420 a medical report may be submitted which does not evidence any previous interaction
421 with healthcare services in the community and the Home Office receives no recorded
422 history of how a health issue may have been managed prior to arriving in detention. In
423 order to assess whether an individual may be particularly vulnerable to harm, the
424 following standards must be applied to medical reports commissioned by an immigration
425 advisor, or solicitor, resulting from a consultation between an external healthcare
426 professional and their client whilst their client is detained under immigration powers.

427 **Baseline requirement**

428 **Regulation** - Reports should be accepted only from a qualified healthcare professional,
429 who is registered with the relevant healthcare professionals' regulator in the UK. For
430 doctors/psychiatrists this is the General Medical Council (GMC) and for psychologists
431 this is the Health and Care Professions Council (HCPC). The report must list the
432 professional's registration number, qualifications and experience in the relevant field.
433 Without this information, the Home Office cannot be satisfied that the opinions
434 expressed are from a qualified source who is accountable to a professional

435 regulatory body. **Failure to meet this requirement will lead to the rejection of the**
436 **report, unless evidence of regulation is provided through the legal representative**
437 **or immigration advisor within two working days of notification by the Home Office.**
438 **Further standards**
439 **Instructions underpinning the report** - The report must include an explanation of the
440 healthcare professional's understanding of the purpose and scope of the consultation
441 commissioned by the legal representative. The healthcare professional should not be led
442 to reach specific conclusions by the advisor or legal firm. Without this information, the
443 Home Office cannot be satisfied that the report has been commissioned to provide
444 independent advice within the healthcare professional's scope of practice. Failure to
445 meet this standard may contribute to the report being given limited weight. **Use of**
446 **supporting documents** - The legal representative should have requested access to the
447 detained individual's medical records and all other documents of relevance relating to
448 their case and immigration history and have provided these to the healthcare
449 professional. All documents relied upon should be listed and those sources should be
450 referenced where relied on throughout the report. Failure to meet this standard may
451 contribute to the report being given limited weight. **Location of the assessment** - If
452 medical examination facilities are required, the consultation should have been
453 conducted in a suitably equipped room. Guidance on how to book such a room may be
454 found in the link above. If such facilities are not expected to be required for the
455 assessment, it must nevertheless take place in a private area (not a communal space).
456 The location of the consultation should be clearly stated in the report. Where facilities
457 are available and required, they should be utilised. Failure to meet this standard may
458 lead to the report being given limited weight. **Basic examination requirements** - Unless
459 prevented from doing so by circumstances beyond the healthcare professional's control,
460 the consultation must have been conducted face-to-face with the detained individual, in
461 person. Aside from exceptional circumstances, for example, the cancellation of visits on
462 grounds of public health, or other sudden exceptional reasons, the report must be based
463 on a face-to-face consultation. Any explanation as to why this could not be satisfied
464 should be noted in the report. Failure to meet this standard may contribute to the report
465 being given limited weight. Whilst reports completed remotely may be accepted, in
466 exceptional circumstances, those reports completed by telephone, or via video-link, must
467 state the limitations (if any) attached to forming opinions through such methods of
468 assessment. The evidential weight accorded to the report should be considered in light
469 of this. Upon the request of the person being assessed and given their consent, an
470 appropriate third party may also be present. This must not be the legal representative, or
471 a fellow detained person. The role of any third party should be strictly limited to that of
472 an observer and purely in the interests of safeguarding the person assessed.

473 **Use of an interpreter** - Where there is no shared language between the healthcare
474 professional and detained person, an independent professional interpreter should be
475 relied upon, strictly in their capacity as an interpreter. This must not be a fellow detained
476 person. The healthcare professional must confirm that both parties have stated that they
477 understand each other and must state whether an independent interpreter was used to
478 achieve this. Failure to meet this standard may contribute to the report being given
479 limited weight. **The report must be specific to the individual** - Reports must deal only
480 with the circumstances relating to the person in question, their condition and any
481 contributory factor of detention upon their condition. Purely generic statements about the
482 impact of detention (or related matters), whether these are based on the healthcare
483 professional's own opinion or on academic research, will not be regarded as being
484 pertinent. Evidential weight should only be given to those sections of the report that
485 relate specifically to the person in question. **Concerns should be raised immediately**
486 **with the on-site healthcare team** - Should the healthcare professional be concerned
487 for the health of the individual following the consultation (and especially when they
488 consider that detention is having, or is likely to cause harm), they should raise the matter
489 immediately (that is, during their visit to the IRC/prison, or immediately following the
490 appointment) and directly with the healthcare team within the place of detention. The
491 healthcare professional should confirm whether such concerns have been referred to the
492 on-site healthcare team when drafting the report. This reporting facility is essential in the
493 interests of the detained person and all concerns, (subject to the consent of the person
494 in detention, where required) should be communicated at the soonest possible time. Any
495 failure to do this without reasonable explanation may lead to the report being considered
496 with limited weight, particularly if the report raises concerns which are not supported by,
497 or conflict with the existing facts and history of the case. **Consideration of the existing**
498 **standard of care** - The report should consider that primary care is available in all IRCs
499 and prisons and any specialist conditions needing attention will be referred by the
500 healthcare team for secondary care according to need. Mental health teams work within
501 IRCs and prisons and treatment will involve psychiatrist visits in appropriate cases. A
502 failure to engage with the fact that primary care medical facilities are available means
503 that the report may not have accurately considered the impact of detention on the
504 individual's health. A report which fails to evaluate how access to these facilities might
505 affect the management of the individual's health in assessing the impact/harm of
506 detention may lead to it being treated with limited weight. **Remit of the healthcare**
507 **professional** - Opinions expressed in the report must be confined to the healthcare
508 professional's own scope of practice. The healthcare professional must confine their
509 report to matters within their area of practice. Where opinions are judged to be outside
510 their expertise, whilst their conclusions may be properly reasoned, the Home Office may
511 conclude differently, on the basis that they are not experts in that area. Page **19** of **29**
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514 **Statement of assurance** - The report must be verified by a statement from both the
515 healthcare professional and the immigration advisor or solicitor that commissioned the
516 report, to confirm that the report has been prepared and completed in line with the
517 aforementioned standards. A failure to meet this requirement will prompt an urgent
518 request from the Home Office to obtain this confirmation, which should be satisfied
519 within 2 working days.

520 ## Considering the standards and evidential weight

521 Whilst a continued failure to comply with the baseline regulation requirement will
522 ultimately lead to the rejection of the report under the policy, the caseworker in receipt of
523 the report must, as with all reports received, refer it to the on-site Healthcare team within
524 the Immigration Removal Centre or prison for their information, in order that they may
525 take any action deemed appropriate in the interests of the person in detention. A failure
526 to satisfy the further standards, as set out above, may impact the evidential weight that
527 the report would otherwise be granted. In such cases where 'limited weight' is referred
528 to, this means considering whether the report should be placed at a lower evidence level
529 than it would usually be set absent the standards; level 1 or 2. In all cases, the failure to
530 meet particular standards should be considered alongside other factors, where present,
531 such as factual inaccuracies, or information presented which is inconsistent with other
532 known facts in the case, such as any existing healthcare records or previous judicial
533 decisions. In such cases, discretion is encouraged in considering the extent to which
534 such failures, or factual information, might impact the reliability of the report as a whole.
535 By way of illustration, the combination of a failure to meet a single standard or
536 combination of standards, with other known factual information, may mean that limited
537 weight would be attached to any statement that the person would suffer harm in
538 detention and thus a decision might be made to assign evidence level 2 rather than 3.
539 Alternatively, a report which fails to satisfy the standards sufficiently to establish a
540 particular mental health condition, might not qualify as acceptable professional evidence
541 and be classified as level 1 evidence, the equivalent of an individual self-declaring a
542 condition. In circumstances where a caseworker proposes to reject a report, or to give a
543 report a reduced level of weight, the decision to do so must be authorised at senior
544 executive officer level or above and it must be fully documented within case details and
545 on CID/Atlas. A letter should be drafted in response to the report, providing full reasons
546 for the consideration of its content. The letter should be sent to the immigration advisor,
547 or legal representative and person concerned. Similarly, where the standards have been
548 satisfied and barring information from other sources that might impact the reliability of
549 that evidence, the caseworker should assign the evidence level with the appropriate
550 weight as noted in the section on evidence levels. Again, a letter should be drafted to
551 explain the decision and Page **20** of **29 Published for Home Office staff on 01**
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554 should be sent to the immigration advisor, or legal representative and person concerned.

555 ## Assessment of immigration factors

556 In all cases in which the detention of an individual is being considered, the decision
557 maker deciding on detention should first assess whether there is a realistic prospect of
558 removal within a reasonable timescale. If there is not, the individual should not be
559 detained. In cases in which there is such a prospect, and in which the individual is
560 determined to be at risk in the terms of this policy, the decision maker should carry out
561 an assessment of the balance between the risk factors and the immigration factors. This
562 should involve a weighing of the evidence-based level of risk to the individual against: •
563 _how quickly removal is likely to be affected • _the compliance history of the individual •
564 _any public protection concerns An individual should be detained only if the immigration
565 factors outweigh the risk factors such as to displace the presumption that individuals at
566 risk should not be detained. This will be a highly case specific consideration taking
567 account of all immigration factors. In each case, however, there must primarily be a
568 careful assessment of the likely length of detention necessary and this should be
569 considered against the likely impact on the health of the individual if detained for the
570 period identified given the evidence available of the risk to the individual. The likely
571 length of detention prior to removal should be quantified in days, weeks or months and
572 this predicted timeframe should be recorded when making detention decisions. For
573 people detained in immigration removal centres the timeframe should also be
574 communicated to individuals in documentation concerning detention decisions, including
575 IS.151F and rule 35 responses. Individuals can be detained in a STHF for an **absolute**
576 **maximum** of 7 days. People detained in residential STHFs will be informed of the
577 outcome of any review of their detention and rule 32 responses using CID Doc Gen form
578 'IS.151F (STHF)'. In deciding whether to detain, the likely risk of harm (as assessed in
579 accordance with the risk factors identified and the evidential weight that has been
580 afforded to them), must be weighed against any immigration control factors, set out
581 below:

582 ## Length of time in detention

583 In all cases, every effort should be made to ensure that the length of time for which an
584 individual is detained is as short as possible and, as stated above this should be
585 quantified in days, weeks or months. In any given case, it should be possible to estimate
586 the likely duration of detention required to effect removal. This will assist in determining
587 the risk of harm to the individual. In balancing risk issues against the prospect of
588 removal, the basic principle is, the higher the level of risk to the individual (on the basis
589 of the available evidence), the Page **21 of 29 Published for Home Office staff on 01**
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592 shorter the length of detention that should be maintained. In each case there should be
593 a careful assessment of the likely length of detention and this should be considered
594 against the likely impact on the health of the individual given the evidence available.
595 Individuals who arrive at the border with no right to enter the UK are likely to be
596 detainable notwithstanding the other elements of this policy, on the basis that such
597 individuals are likely to be detained for only a short period of time before being removed.

598 ## Public protection issues

599 Consideration will be given to whether the individual raises public protection concerns.
600 The following issues should be taken into account in assessing the level of public
601 protection concern represented by the individual: • _is the individual a foreign national
602 offender (FNO) • _if so, how serious was the offence or offences • _is there available
603 police or National Offender Management Service (NOMS) evidence on the level of public
604 protection concern • _is the person being deported on national security grounds • _has a
605 decision otherwise been made to deport (or remove through administrative means) the
606 individual on the basis that their presence in the UK is not conducive to the public good

607 ## Compliance issues

608 An assessment must be made, based on the previous compliance record of the
609 individual concerned, of whether that individual is likely to leave the UK voluntarily or
610 whether the individual is likely to be removable only if they are detained for that purpose
611 (in line with the principles set out in Assessment: general principles). All reasonable and
612 proportionate voluntary return options should be pursued before consideration is given
613 to detaining individuals at risk. Where there are reasonable grounds to believe that the
614 individual would not return without the use of detention to support enforced removal (for
615 example, they have previously been offered the chance to pursue a voluntary return and
616 not taken it up or complied with the process, or, they have been living and working
617 illegally in the UK for some time, or they have made attempts to frustrate their return),
618 this should be regarded as a matter of non-compliance. By definition, all individuals who,
619 for example, enter the UK illegally or who stay in the UK beyond the date of expiry of
620 their leave, will have been non-compliant with immigration law. However, some acts of
621 non-compliance are more significant than others, and the level of non-compliance
622 should be regarded as indicative of the appropriateness of detention for the purpose of
623 removal. Positive indicators of compliance will include:Page **22** of **29 Published for**
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626
627 •
628 • _having fully complied with conditions of leave or any restrictions attached to
629 temporary admission, immigration bail or release on restrictions • _having been
630 compliant with attempts to effect voluntary return • _having made any immigration
631 applications at the earliest opportunity Negative indicators of compliance will include: •
632 _having previously absconded • _having failed to comply with conditions of stay,
633 including having failed to comply with conditions of temporary admission, immigration
634 bail or release on restrictions: o take into account any health conditions (particularly
635 mental health conditions) that may have affected the individual's ability to attend
636 reporting events • _having failed to comply with attempts to effect voluntary return •
637 _having made a protection or human rights claim only after having been served with a
638 negative immigration decision unless there is good reason for them to have delayed the
639 claim, see Assessing credibility and refugee status • _having been in the UK illegally for
640 a protracted period of time without having come into contact with the authorities •
641 _having engaged in 'nationality swapping' • _having failed to comply with re-
642 documentation processes The level of non-compliance will be considered against the
643 level of risk and alongside any other relevant immigration factors.
644

645 ## Balancing risk factors against immigration control factors
646 Consideration of the risk and immigration issues set out above should result in a
647 determination of whether the risk factors are outweighed by the immigration factors. An
648 individual should be detained only if the immigration factors outweigh the risk factors
649 such as to displace the presumption that individuals at risk should not be detained. The
650 guidance below is designed to assist decision makers in weighing the evidence.
651 ## Evidence assessment
652 As in any case of potential detention, in order to detain there must be a realistic prospect
653 of removal within a reasonable period. In cases of adults at risk in which this condition is
654 met, the following is a guide to balancing any identified risk issues relating to the
655 individual concerned against the immigration considerations. In all cases, the primary
656 consideration should be based on the length of time for which detention is expected to
657 be required and the likely impact of the length of detention on the individual given the
658 evidence of risk.
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661 Where there is no independent evidence that a person is at risk as claimed, the
662 individual will be suitable for consideration for detention if one of the following applies: •
663 _the date of removal can be forecast with some certainty and if this date is within a
664 reasonable timescale given the logistics involved • _any public protection issues are
665 identified, for example, someone whose presence in the UK is not conducive to the
666 public good • _there are indicators of non-compliance with immigration law which
667 suggest that the individual will not be removable unless detained

Level 2

669 Where there is professional and/or official documentary evidence indicating that an
670 individual is an adult at risk but no indication that detention is likely to lead to a
671 significant risk of harm to the individual if detained for the period identified as necessary
672 to effect removal, they should be considered for detention only if one of the following
673 applies: • _the date of removal is fixed, or can be fixed quickly, and is within a
674 reasonable timescale and the individual has failed to comply with reasonable voluntary
675 return opportunities, or if the individual is being detained at the border pending removal
676 having been refused entry to the UK • _they present a level of public protection concerns
677 that would justify detention, for example, if they meet the criteria of foreign criminal as
678 defined in the Immigration Act 2014 or there is a relevant national security or other
679 public protection concern • _there are negative indicators of non-compliance which
680 suggest that the individual is highly likely not to be removable unless detained Less
681 compelling evidence of non-compliance should be taken into account if there are also
682 public protection issues. The combination of such non-compliance and public protection
683 issues may justify detention in these cases.

Level 3

685 Where on the basis of professional and/or official documentary evidence, detention is
686 likely to lead to a risk of harm to the individual if detained for the period identified as
687 necessary to effect removal, they should be considered for detention only if one of the
688 following applies: • _removal has been set for a date in the immediate future, there are
689 no barriers to removal, and escorts and any other appropriate arrangements are (or will
690 be) in place to ensure the safe management of the individual's return and the individual
691 has not complied with voluntary or ensured return • _the individual presents a significant
692 public protection concern, or if they have been subject to a 4 year plus custodial
693 sentence, or there is a serious relevant national security issue or the individual presents
694 a current public protection concernPage **24 of 29 Published for Home Office staff on**
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697　It is very unlikely that compliance issues, on their own, would warrant detention of
698　individuals falling into this category. Non-compliance should be taken into account if
699　there are also public protection issues or if the individual can be removed quickly. The
700　above is intended as a guide rather than a prescriptive template for dealing with cases.
701　Each case must be decided on its own merits, taking into account the full range of
702　factors, on the basis of the available evidence. Where professional evidence is not
703　immediately available, but where observations from Home Office officials lead to a belief
704　that the individual is at a higher level of risk than a simple self-declaration would
705　suggest, an individual can be allocated to a higher risk category in the terms of this
706　policy on the basis of that observational evidence. In each case the length of likely
707　detention will be a key factor in determining whether an individual should be detained.
708　As part of the determination of whether an individual should be detained, consideration
709　must be given to whether there are alternative measures, such as residence or reporting
710　restrictions, which could be taken to ensure an individual's compliance whilst removal is
711　being planned or arranged and to reduce to the minimum any period of detention that
712　may be necessary to support that removal – for example, by detaining much closer to
713　the time of removal.

Detention of people at risk: voluntary return options

715　Voluntary and assisted return options will normally be pursued before consideration is
716　given to detaining individuals at risk. The level of assistance available to help individuals
717　to return voluntarily will usually be consistent with the level of risk attached to the
718　individual, in other words, the higher the level of risk, the more assistance available. On
719　that basis, where it is believed that the individual would not return without the use of
720　detention to support enforced removal, failure to engage with the returns process, even
721　for those regarded as being at significant risk, on the basis of the available evidence,
722　should be considered to be a non-compliance issue. Individuals already detained may
723　decide to pursue voluntary return options. If this occurs in the case of an individual who
724　is regarded as being 'at risk' in the terms of this policy, the case should be reviewed and
725　consideration given to whether the individual still needs to be detained in order to effect
726　removal and, on the basis of this, whether the immigration considerations no longer
727　outweigh the risk factors. If they do, then the individual should be released in advance of
728　their return to their country of origin.

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732
733 By virtue of rule 6 of the Short-term Holding Facility Rules 2018, detention in holding
734 rooms is limited to a normal maximum of 24 hours, though there is provision for
735 extending in exceptional circumstances, subject to authorisation for the extension.
736 Detention in port holding rooms at the border on immigration grounds is likely to remain
737 appropriate, even if an individual is assessed as being at risk. This is because of the
738 inherently short-term nature of the detention in these circumstances. If there are
739 significant and obvious indicators to suggest that the individual is at immediate risk, or
740 that the detention of the individual is likely to be prolonged, the case should be reviewed
741 and there should be an assessment of the appropriateness of continued detention, and
742 the appropriate facility for continued detention, in line with the policy set out in this
743 guidance. See the guidance on the short-term holding facility rules 2018.

744 **Risk factors emerging after the point of detention**

745 Ongoing assessment

746 Following the detention of any individual (including those regarded as being at risk) there
747 should be an ongoing assessment of risk made by the caseworker throughout the period
748 of detention which will facilitate the identification of any emerging risk, or changes to
749 known risk factors. If any new risk factors emerge, or any existing risk factors change,
750 there should be a formal review of the case, with a fresh consideration of the balance of
751 risk factors against the immigration factors, as set out above. The emerging risk factors
752 may shift the balance to the extent that the risk factors outweigh the immigration factors.
753 In these circumstances, the individual should be released from detention on appropriate
754 release conditions and their compliance monitored. Equally, a failure to remove within
755 the expected timescale might also tip the balance to the extent that release becomes
756 appropriate, though this is less likely if the individual's non-compliance has caused the
757 failure to effect removal. As part of the induction process into immigration removal
758 centres (IRCs) all individuals should have a medical screening within 2 hours of their
759 arrival and must be given an appointment with a GP within 24 hours of admission to an
760 IRC. They will also have access to health care services throughout their stay in
761 detention. In residential STHFs detained individuals should also have a medical
762 screening within 2 hours of their arrival. Thereafter, if an individual becomes ill or
763 sustains an injury whilst they remain detained in a residential STHF, they must be
764 provided with prompt access to a healthcare professional, who can be either a doctor or
765 nurse (though in practice the likelihood is that it would be a nurse). Information resulting
766 from medical interventions in detention will usually be made known to the Home Office
767 only if it prompts a report under Rule 35 of the Detention Centre Rules or (in residential
768 STHFs) rule 32 of the Short-term Holding Facility Rules.Page **26** of **29 Published for**
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771 Home Office staff may, however, be made aware of an individual's medical condition (or
772 claimed medical condition) through (in asylum claims) the asylum screening process in
773 detention or (in both asylum and non-asylum cases) the detained person directly
774 informing a member of Home Office or detention facility staff of it. In these cases, the
775 information should be recorded as level 1 evidence, the appropriateness of detention
776 should be reviewed in the light of the new information, and healthcare staff in the
777 detention facility informed. Where appropriate, the individual should be advised to seek
778 a medical opinion from the health services available in the detention facility in which they
779 are housed. If, once detained, new information comes to light which suggests that the
780 individual presents an indicator of risk which is not necessarily medically-related (and
781 which is therefore not brought to the attention of the Home Office by the medical
782 services in the detention setting), such as having been a victim of sexual or gender-
783 based violence, human trafficking or modern slavery, having a physical disabilities, or
784 being transsexual, detention should be reviewed in the light of the new information. If
785 supporting evidence is available, consideration should be given to the weight that should
786 be afforded to that evidence. Individuals self-declaring should be advised that they may
787 provide supporting information if it is available.

788 ## Rule 35 of the Detention Centre Rules and rule 32 of the
789 ## Short-term Holding Facility Rules: special illnesses and
790 ## conditions

791 ## Purpose of Detention Centre rule 35 and Short-term Holding
792 ## Facility rule 32

793 The purpose of rule 35 of the Detention Centre Rules and rule 32 of the Short-term
794 Holding Facility Rules is to ensure that particularly vulnerable individuals are brought to
795 the attention of those with direct responsibility for authorising, maintaining and reviewing
796 detention. Rule 35 of the Detention Centre Rules 2001 sets out the requirement for
797 doctors working in immigration removal centres to report on any detained person: •
798 _whose health is likely to be injuriously affected by continued detention or any conditions
799 of detention • _who is suspected of having suicidal intentions • _for whom there are
800 concerns they may have been a victim of torture, torture is defined in rule 35(6) of the
801 Detention Centre Rules 2001 (as amended), for guidance on considering torture cases
802 see torture victims. Please note the guidance set out above that in considering the
803 definition of torture under the Detention Centre Rules, there is no difference between
804 'powerless to resist' and 'powerlessness' under rule 35(6)(b). The proper approach is to
805 consider whether the person was in a situation of powerlessness.Page **27** of **29**
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808 Rule 32 of the Short-term Holding Facility Rules 2018 sets out the requirement for
809 healthcare professionals (either a doctor or nurse) in residential short term holding
810 facilities to report on any detained person: • _whose health is likely to be injuriously
811 affected by continued detention or any conditions of detention • _who is suspected of
812 having suicidal intentions • _for whom there are concerns they may have been a victim
813 of torture, torture is defined in rule 32(6) of the Short-term Holding Facility Rules 2018,
814 for guidance on considering torture cases see torture victims please note the guidance
815 set out above that in considering the definition of torture under the Short-term Holding
816 Facility Rules 2018, there is no difference between 'powerless to resist' and
817 'powerlessness' under rule 32(6)(b) - the proper approach is to consider whether the
818 person was in a situation of powerlessness IRC doctors or healthcare professionals (a
819 doctor or nurse) in a residential STHF are required to report such cases to the manager,
820 using the prescribed forms appended to Detention Services Order 09/2016 – Detention
821 centre Rule 35 and Short-term Holding Facility Rule 32. In immigration removal centres
822 rule 35 reports are then passed, via Home Office contact management teams in IRCs, to
823 the officer responsible for managing and/or reviewing the individual's detention. Owing
824 to the absence of any Home Office presence in residential STHFs, rule 32 reports are
825 transmitted to the office responsible for managing and/or reviewing the person's
826 detention via the detainee monitoring and population management unit (DEPMU) Duty
827 HEO. The information contained in the report must then be considered by the case
828 worker and a decision made on whether the individual's continued detention is
829 appropriate, or whether they should be released from detention, in line with the adults at
830 risk process set out above.

831 ## Detention Centre (DC) rule 35 report or Short-term Holding
832 ## Facility (STHF) rule 32 report

833 On receipt of a rule 35 or rule 32 report, the decision maker should review the report to
834 ensure that it meets the required standards and, if the report does not meet the required
835 standards, it should be returned to the medical practitioner (rule 35 reports only) or nurse
836 (rule 32 reports) with a request for the necessary information. In the meantime, unless
837 an assessment can be made on the basis of the report as it stands, and unless the
838 outcome of that assessment is that the individual should be released, detention should
839 be maintained pending the receipt of a report to the required standard. For the purpose
840 of the adults at risk policy: • _a report under DC rule 35(1) or STHF rule 32(1) (a
841 detained person whose health is likely to be injuriously affected by continued detention
842 or any conditions of detention) will normally amount to level 3 evidencePage **28** of **29**
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845
846   •
847   • _a report under DC rule 35(2) or STHF rule 32(2) (a person suspected by the doctor, or
848   nurse in residential STHF, of having suicidal intentions) will not always necessitate a
849   review of the appropriateness of detention but this will depend on the information
850   provided by the doctor or nurse (residential STHFs only) • _a report under DC rule 35(3)
851   or STHF rule 32(3) (a detained person about whom the doctor or nurse in a residential
852   STHF, has concerns that they may have been the victim of torture) will normally amount
853   to at least level 2 evidence On receipt of a rule 35 or rule 32 report the caseworker
854   concerned must review the appropriateness of the individual's continued detention in
855   light of the information in the report (see Detention - general guidance) and respond to
856   the centre, within 2 working days of receipt, using CID Doc Gen form IS.335. It is
857   possible that a person in detention may independently make available to the Home
858   Office information in respect of a rule 35(1) or STHF rule 32(1) assessment which falls
859   short of the level of concern required for the doctor, or nurse in residential STHFs, to
860   submit a report to the Home Office but which, regardless, brings it within the scope of
861   the adults at risk in detention policy. If so, it should be treated accordingly, and the case
862   reviewed. See also Detention Services Order 09/2016 – Detention centre rule 35 and
863   Short-term Holding Facility rule 32.
864
865   **CID recording requirements**
866   Cases in which Adult at Risk status is identified prior to or at point of detention: • _case
867   is referred to the detention gatekeeper using 'DG Pre-Verification Proforma', 'DG Intake
868   Proforma' or where the Detention Minute Referring Officer adds a special condition flag
869   'Adult at Risk - Level 1', 'Adult at Risk - Level 2' or 'Adult at Risk - Level 3' as
870   appropriate, dated with the date on which they have accepted that the individual is an
871   adult at risk under the policy (which may pre-date detention in pre-verified cases) • _if
872   adult at risk status is identified by the gatekeeper, they add the special condition as
873   above • _the gatekeeper updates admin events on the current enforcement (or deport)
874   case type as either 'Adult at Risk – Accepted into Detention' or 'Adult at Risk – Rejected
875   from Detention' dependent on the outcome of the referral Cases in which adult at risk
876   status is identified once someone is already detained: • _caseworker becomes aware of
877   risk factors and considers whether they mean that the individual is now an adult at risk
878   under the policy • _if they are, caseworker adds special condition flag 'Adult at Risk -
879   Level 1', 'Adult at Risk - Level 2' or 'Adult at Risk - Level 3' as appropriate, dated with the
880   date on which they have accepted that the individual is an adult at risk under the policy •
881   _case owner conducts ad hoc detention review
882   •case owner updates admin events on the current enforcement (or deport) casetype as
883   either 'Adult at Risk – Identified in Detention' (if detention is maintained)or 'Adult at Risk
884   – Released from Detention' (if the person is released)
885
886   **Related content** Contents

Appendix 9: UH ethics

hsetecda, UH
RE: Project ethics query
To: Sonika Juneja

14 November 2022 at 08:20

Good Morning Sonika,

Secondary data analysis does not require ethics approval. if you decided to seek new responses from human participants you would then need to obtain ethics approval.

You do need to be aware of relevant permissions. For example, do you need permission to use the public information for research purposes. This is not an ethical issue, and we don't need confirmation of relevant permissions, but it is something to be mindful of.

Hope this helps, please let me know if you have any more questions.

BW,
Harriet.

Harriet Hasler-Watts
Governance Services Administrator (Ethics)
Governance Services
University of Hertfordshire
Hatfield AL10 9AB
UK
Chat with me on Teams!

Appendix 10: Email from Hansard with link

https://www.parliament.uk/site-information/copyright-parliament/open-parliament-licence/

Parliamentary Archives   24 March 2023 at 09:32
RE: Form submission: Contact from for Archives
To: sonikajuneja@hotmail.co.uk

Dear Sonika,

Parliamentary Debates (*Hansard*) are covered by the Open Parliament licence so can be used accordingly:

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Best wishes,

Annie

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