KEY OBSERVATIONS

Immigration

PRIORITY TOPICS

HEALTHCARE – Increase the current level of mental healthcare provision at Rotterdam DC to ensure regular, adequate assessment and treatment of acute mental health disorders and addiction/substance misuse disorders.

STAFF – Custodial staff working with foreign nationals in immigration detention to receive regular training on mental health issues relevant to their work.

SAFEGUARDS – Strengthen the effectiveness, confidentiality and independence of the complaints system, including complaints involving unit staff, not be referred to unit-level mediation and the complaint procedures to be adapted to the specific circumstances of short-term immigration detention.

REGIME – Reduce the use of solitary confinement with a view to abolishing its application altogether as a disciplinary punishment in facilities for administrative immigration detention and its use as an ultimum remedium in prisons, including by developing the vision on the use of solitary confinement into a policy applicable in all prisons and immigrant detention facilities in the Netherlands.

CHRONIC ISSUES

LAW AND POLICIES – Territorial detention to be removed from the scope of the Penitentiary Principles Act and a distinct legal basis for territorial detention to be introduced.

IMMIGRATION DETENTION CENTRES – Administrative detention centres for foreign nationals to introduce an appropriate daily regime, including a structured programme of organised and purposeful activities.

GOOD PRACTICES

HEALTHCARE – At both Rotterdam DC and Schiphol DC, a medical screening by a nurse within four hours after admission, with the outcome of the screening reviewed by a doctor the next working day, leading to further assessments if needed.

STAFF – At Rotterdam DC, the recruitment of dedicated interpreters for inter alia the medical intake process.

CONTACT WITH THE OUTSIDE WORLD – In all places of detention visited, detained foreign nationals had access to a telephone in their cell.

THE CPT AND THE NETHERLANDS

The Netherlands ratified the ECPT in 1988, and the Committee's first visit took place in 1992.

Since ratification, the CPT has carried out 14 country visits to the Netherlands– 7 periodic and 7 ad hoc – including 62 visits to police establishments, 43 to prisons, 8 to psychiatric institutions, 9 social welfare and educational-correctional establishments, and 20 to border and immigration detention facilities.

All the visit reports have been published. The Netherlands did not accept the automatic publication of the visit reports.

EXECUTIVE SUMMARY

During the October 2025 visit to the Netherlands, the CPT assessed the treatment and conditions of deprivation of liberty in facilities specific to foreign nationals. To this end, the CPT visited two administrative immigrant detention facilities (Schiphol and Rotterdam Detention Centers) and one penal facility (Ter Apel Prison), all designated for the detention of foreign nationals without legal status in the Netherlands.

Dutch immigration legislation distinguishes between two types of administrative detention of foreign nationals: border detention and territorial detention. Specific regulation exists for border detention. However, since 2007, the CPT has been advocating for immigration facilities for territorial detention to be removed from the scope of the Penitentiary Principles Act. The Dutch authorities agree with this position and as far back as 2014 the "Return and Detention of Foreign Nationals" Bill (*Wet terugkeer en vreemdelingenbewaring*), which creates a single legal base for administrative immigration detention, was introduced for discussion in Parliament.

In its 2025 report, the CPT expresses several concerns as to the current draft of the Bill. Namely, the regime to be applied to border detention is potentially more restrictive than the regime currently in place in terms of access to the outdoor exercise yard and out-of-cell time. Further, not only does the draft legislation maintain solitary confinement as a disciplinary punishment for territorial detention, but it also introduces solitary confinement in the context of border detention. The CPT is against the imposition of solitary confinement as a disciplinary punishment in the context of immigration detention. Further, by expanding the use of solitary confinement to border detention, it appears that the draft legislation moves in a direction different from the Dutch prison service, which in its 2024 vision on the use of solitary confinement makes cautious attempts to restrict the use of solitary confinement due to its proven harmful effect on prisoners.

Although additional territorial detention capacity has been created in 2025, the overall trend amounts to a decrease in resort to immigration detention. The approach of prioritising the return of asylum seekers who have caused nuisance appears to have had a tangible impact on the nature of the population detained at Rotterdam DC, where the CPT observed the prevalence of foreign nationals with complex needs, including physical and mental health conditions as well as substance use disorders. Many foreign nationals detained in Rotterdam DC had experienced homelessness prior to detention and/ or had lacked access to medical care, including mental health care.

The CPT considers that, where the authorities pursue a policy of detaining individuals with such vulnerabilities, they are under a heightened duty of care to ensure that support and suitable treatment are in place. At present, the level of care the facility can provide does not match the needs. Further, the profile of the population detained combined with the insufficient care available may be correlated with the observed high incidence of inter-detainee violence and the subsequent frequent interventions by the Emergency Response Team (*Intern Bijstandteam*).

As to criminal detention, the CPT visited Ter Apel Prison, which primarily accommodates sentenced foreign nationals to be removed from the Netherlands. The Committee was positively impressed with the offer of activities, education and work available. However, it found a high prevalence of prisoners with mental and addiction disorders, many of whom were accommodated on the Extra Care Unit. In the CPT's view, this unit is not fit for purpose due to its size, location and the lack of suitably qualified staff members.

The Netherlands has a longstanding and well-established complaints system, which with some differences applies to both prisons and places of administrative immigration detention. In recent years, the increasing volume of complaints has placed the system under considerable strain with often several months between the lodging of a complaint and a final decision.

The Dutch authorities should strengthen the effectiveness and safeguard the confidentiality and independence of the complaints system, including that it should be made explicit that complaints of a certain nature, especially those involving unit staff, should not be referred to unit-level mediation. Particular attention should be given to adapting complaint procedures to the specific circumstances of short-term immigration detention, especially in Article 6 cases, to ensure that the right to complain remains a practical and effective remedy.

More in general, in the case of the imposition of solitary confinement, a complaint system may not be an effective remedy. Due to the significant delays in decision-making as to complaints at present, cases are usually decided only after the person concerned has been released from solitary confinement, and at times, may already have left the country. While maintaining that in the Netherlands solitary confinement be phased out as a disciplinary sanction in immigration detention, the CPT reiterates it recommendations that the procedure for imposing solitary confinement as a security measure or disciplinary sanction ensures that detained persons have the right to be heard in person by the decision-making authority in a procedure where their account will be recorded; where necessary, to be granted interpretation services in a language they can understand with the presence of an interpreter marked in the decision; to be provided as soon as possible with a copy of the decision concerning them and with information on their rights, in a language they can understand, to inform them both of the reasons for the decision and the modalities for lodging an appeal, and to confirm in writing that they have received a copy of the decision.