IMMIGRATION DETENTION



CPT

EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

IMMIGRATION STANDARD

CPT/Inf (2026) 27

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

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European Committee
for the Prevention of Torture
and Inhuman or Degrading Treatment
or Punishment (CPT)

Council of Europe

French edition:
Rétention des personnes migrantes

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Cover design and layout: Publications and Visual Identity Division (DPIV), Council of Europe.

This publication has not been copy-edited by the DPIV Editorial Unit to correct typographical and grammatical errors.

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Printed at the Council of Europe

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IMMIGRATION DETENTION

INTRODUCTION

1. The prevention of ill-treatment of foreign nationals deprived of their liberty[1] by Council of Europe member states remains a priority for the CPT. In its 7th and 19th General Reports, the Committee outlined its views on the rights of foreign nationals in immigration detention, supplemented by a CPT factsheet on immigration detention in 2017. Building on these texts, this document sets out the Committee's updated standards concerning immigration detention based upon its primary fact-finding visits to member states.[2]

2. At the outset, it is important to reaffirm that States have the sovereign right to control their borders and decide on the entry and stay of foreign nationals within their territory, as well as their removal. They have the right to establish their own immigration policies and pursue immigration control within their jurisdiction. Article 5 (1) (f) of the European Convention on Human Rights (ECHR) expressly permits "the lawful arrest or detention of a person to prevent his effecting an unauthorised entry into the country, or of a person against whom action is being taken with a view to deportation or extradition".

However, these rights must be exercised in accordance with states' international obligations. While migration-related challenges may at times be significant and complex, requiring a coordinated pan-European and multi-stakeholder approach, these challenges cannot absolve member states from their responsibility to comply with their human rights obligations, including those under the CPT's mandate.

3. In particular, as affirmed by the European Court of Human Rights (the Court), the prohibition of torture and inhuman or degrading treatment or punishment is absolute. It permits no derogation, contains no exceptions, and allows for no restrictions. This also requires that states fulfil their positive obligation under Article 3 ECHR and seek to ensure that all foreign nationals deprived of their liberty are treated with dignity and held in humane and decent conditions, and that the principle of non-*refoulement* is respected.

4. The CPT's monitoring findings have shown that foreign nationals, including asylum seekers and children, are often deprived of their liberty in overcrowded, unsuitable premises with poor material conditions. Many are detained for prolonged periods under restrictive carceral regimes, without any meaningful or structured activities, and they often lack access to fundamental safeguards against ill-treatment. In numerous instances, the cumulative effect of these shortcomings has prompted the Committee to flag that they may amount to inhuman and degrading treatment. Such situations have been observed across various settings, including points of entry, port and airport holding facilities, police and border guard stations, closed reception centres, pre-removal and immigration detention centres, and prisons where persons are held under immigration legislation.

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1. For the purposes of these CPT standards, the generic term "foreign nationals deprived of their liberty" is used to refer to all persons deprived of their liberty under immigration legislation, regardless of their legal status, including refugees, persons seeking international protection (including asylum seekers), and migrants, stateless persons and persons whose nationality is undetermined or disputed.
2. It does not address the CPT's standards regarding borders and forced removals by air.

5. The CPT has long called for a shift in the approach towards persons who migrate, recognising that the act of migration itself is not a criminal offence.[3] Since 1990, the monitoring experience of the Committee in relation to migration issues has demonstrated that oppressive immigration detention policies do not deter persons from making dangerous journeys to reach countries perceived as safe. The push factors are far greater than any dissuasive effect which harsh conditions might have on their decisions.

6. The CPT considers that externalisation arrangements, including the outsourcing of immigration detention services abroad – whereby a state arranges for foreign nationals to be detained in another country – raise significant questions of jurisdiction, responsibility, and accountability. Such arrangements do not alter the sending state's international obligations, including those under Article 3 ECHR, which must be fully observed. States must ensure that all persons deprived of their liberty are held in dignified conditions and protected from ill-treatment, in line with these standards.

GUIDING PRINCIPLES



Immigration detention must:

- be used only as a **measure of last resort,**
- be **non-punitive,**
- be subject to **accountability mechanisms.**



Persons in immigration detention must:

- be **protected from ill-treatment,**
- be afforded **fundamental safeguards,**
- be held in **suitable premises, with decent conditions,**
- have their **health needs and vulnerabilities** addressed.

7. The CPT immigration detention standards are founded on the following key principles. Firstly, it is imperative that detained foreign nationals be protected from torture and inhuman or degrading treatment or punishment (Section 1). States must ensure that immigration detention is carried out with full respect for the dignity of those detained, consistent with its administrative nature and in compliance with international human rights standards.

8. Secondly, immigration detention must be prescribed by law and should never be arbitrary. The legal framework governing immigration detention should be clearly defined, specifying the precise circumstances under which deprivation of liberty of foreign nationals, as a measure of last resort (Section 2), may be justified. Such detention should be based on a thorough individual assessment, applied only after careful consideration of all less intrusive alternatives, for the shortest possible period, and subject to continuous judicial review in

3. Only certain, specific acts relating to migration can be criminalised, and even then, they are subject to strict legal and human rights limitations.

order to ensure that it remains non-arbitrary, lawful, and proportionate to the legitimate aim pursued. Immigration detention should automatically cease when there is no longer a reasonable prospect for removal. Persons deprived of their liberty in this context must be afforded the full range of procedural and legal safeguards guaranteed under domestic and international law (Section 3).

9. Thirdly, the purpose of immigration detention must not be punitive.[4] Its non-punitive nature has direct implications for the design of detention facilities, the material conditions of detention, and the regime applied therein. Implementation of member states' human rights obligations requires effective management and coordination among the relevant authorities at all levels, supported by adequate and sustained funding. This includes investment in alternatives to detention, in the detention facilities themselves, and in the services and staff responsible for their operation (Section 4 – Section 7).

10. Fourthly, detained foreign nationals should also have access to appropriate healthcare, including health screening upon admission as well as mental and preventive healthcare services (Section 8). Every effort should be made to avoid detaining persons with specific vulnerabilities, for whom alternatives to detention should be applied. As a matter of principle, children should not be detained in a migration context, and every effort should be made to avoid splitting up families. If, exceptionally, persons with specific vulnerabilities are detained, they should be offered suitable accommodation and adequate support, including self-harm and suicide preventive measures (Section 9 – Section 10).

11. Fifthly, the use of safety, order and security measures should be legally regulated and surrounded by appropriate safeguards (Section 11), and immigration detention facilities should be subject to accountability mechanisms, including effective investigations into alleged cases of ill-treatment and abuse, independent monitoring and effective means of complaint (Section 12). To ensure dignified conditions and continuity of protection from ill-treatment, member states should adopt contingency plans (Section 13).

1 - PREVENTION OF ILL-TREATMENT

12. It should be made clear to staff, including private contractors, that detained foreign nationals are to be treated with respect, and that any form of ill-treatment, including verbal abuse, such as insults, threats, or racist language, is unprofessional, unlawful, and will be sanctioned accordingly. Senior staff should provide strong leadership and management oversight, and should be held accountable for any failures where appropriate. All allegations of ill-treatment should be promptly, independently, and effectively investigated.

13. The ability to identify staff constitutes an important safeguard against ill-treatment during detention. Staff should therefore be required to wear visible identification. For further information on staff and staff training, see Section 7; for details on accountability, including investigations, monitoring, and complaints mechanisms, see Section 12.

14. The duty of care or due diligence owed by the authorities to detained persons in their charge includes the responsibility to protect them from other detained persons who might wish to cause them harm. Management and staff of immigration detention facilities should remain vigilant and make use of the means at their disposal to prevent any forms of inter-detainee

4. This is without prejudice to the possibility of states to impose immigration detention as a criminal sanction for migration-related offences.



violence (including sexual violence) and intimidation (see Section 9). This includes implementing a comprehensive violence prevention strategy, operationalised through an individual risk assessment, the identification of vulnerabilities, effective allocation procedures, and adequate staffing levels and staff training to prevent inter-detainee violence.

15. In accordance with the principle of non-*refoulement* and the established case-law of the Court, member states are under an absolute obligation not to send a person to a country where there are substantial grounds for believing that they would run a real risk of being subjected to torture or other forms of ill-treatment.[5] It follows that Article 3, in conjunction with Article 13 ECHR, as well as Article 4 of Protocol No. 4 to the ECHR, require states to provide persons with a real opportunity to present their case and to ensure independent, individualised, and rigorous scrutiny of their claim.

Persons should be protected from the risk of ill-treatment during detention and upon removal

16. Procedural safeguards – such as the provision of decisions in writing and in a language and form which the persons understand, timely and effective access to legal assistance throughout the procedure, the right to be heard in person by the decision-making authority, access to interpretation, the right to receive a written, reasoned decision, the possibility to appeal, and the automatic suspensive effect of the appeal – are essential to preventing violations of Article 3. The process should ensure confidentiality, provide an objective analysis of the human rights situation in the receiving country, and include an individual assessment of the *prima facie* risk of ill-treatment in the event of removal of the person concerned.

5. For effective procedures for foreign nationals apprehended at the border and/or entering the country, see the CPT immigration standard on Pushbacks of foreign nationals.



2 - DETENTION AS A MEASURE OF LAST RESORT

17. Immigration detention should be applied only as a measure of last resort, following a careful, individual examination of each case. It should be imposed only for the shortest time strictly necessary and be proportionate to its legitimate aim.

> **Immigration detention should only be applied as a last resort after consideration and elimination of all alternatives**

18. When a permissible ground for detention is identified following an individual assessment, authorities should first consider less intrusive alternatives to detention, particularly for persons with specific vulnerabilities (see Section 9). These alternative non-detention measures may include various restrictions on movement which fall short of detention, such as community supervision, regular reporting, or assignment to a specific residence.

19. Bearing in mind that immigration detention should only be used as a measure of last resort, the detention of asylum seekers should be even more exceptional. Under international refugee law, irregular entry for the purpose of seeking international protection is not in itself an unlawful act and does not constitute a ground for detention. In those instances where there are exceptional reasons for depriving an asylum seeker of their liberty, these reasons should be fully documented. Furthermore, asylum seekers should preferably be held separately from foreign nationals who have not applied for international protection.

3 - SAFEGUARDS DURING DETENTION

20. From the outset of their deprivation of liberty, foreign nationals are entitled to have access to a lawyer and a medical doctor, and to exercise their right to notify a third party of their detention. These rights, which operate as fundamental safeguards against ill-treatment during detention, should be communicated without delay, in a language and form which the persons understand. Those unable to read or understand the information should receive appropriate assistance including, where necessary, by using alternative modes, means and formats of communication. The provision and exercise of these safeguards should be systematically recorded in a dedicated register.

21. Arbitrary deprivation of liberty undermines access to basic safeguards against ill-treatment. Every detention should be covered by an individual detention order, readily available in the establishment where the person is being held. The order should be drawn up at the outset of the deprivation of liberty, or as soon as possible thereafter, by a competent authority in accordance with prescribed legal procedures. All decisions to impose or extend detention should be well reasoned, and should consider the need for continued detention, realistic prospects for entry or removal within a reasonable timeframe, and the individual's circumstances, including specific vulnerabilities and the conditions of detention. Regarding the automatic periodic review of the lawfulness and necessity of continued detention, see the principle of effective legal remedy outlined in paragraph 36 below.

22. Detention orders should specify the grounds for detention, the reasons and criteria for its imposition, extension, or termination, the maximum duration, and available avenues for appeal. These orders should comply with the principle of proportionality, including necessity, both in purpose and execution, and be served without delay. Extensions of detention should be promptly communicated and effective from the date on which they apply. Persons should receive regular updates on their status and applicable procedures.

23. Foreign nationals should receive copies of detention orders and all written decisions related to their detention, including extensions, or removal orders. These documents should be translated into a language and provided in a format which they understand. As an absolute minimum, foreign nationals should receive a written summary, in a language and form which they understand, of the decisions, together with written and oral information on appeal procedures and deadlines. Foreign nationals should not be required to sign official documents in a language they do not understand.

24. In addition, an individual detention file should be maintained for every detained foreign national, which contains the detention order and all other relevant information.

25. The right of access to a lawyer applies from the outset of detention and continues throughout the entire period of deprivation of liberty. It includes assistance with matters relating to detention, residence, and removal, as well as the right to confidential communication with a lawyer and to have legal counsel present during official interviews.

26. The right of access to a lawyer includes access to free legal aid for persons who cannot afford the services of a private lawyer. Detained persons should be informed of available providers and legal counselling schemes should be established, where possible, with in-person, telephone, or video call duty lawyer systems. Authorities should cooperate with relevant Bar Associations to effectively guarantee this right.

27. Effective access to a lawyer also requires the removal of barriers, including disproportionate restrictions on mobile phone, telephone, and internet use. Lawyers should be



enabled to consult personal files and have prompt and effective access to their clients, including any meetings required prior to judicial hearings or official interviews, with the assistance of an interpreter provided free of charge, if requested by the person or by staff. Administrative requirements should not be unnecessarily burdensome, such as unduly limiting the frequency or duration of legal consultations.

Safeguards against ill-treatment also apply to people in immigration detention

28. Foreign nationals deprived of their liberty should be granted the right of access to a doctor, which applies from the outset of their deprivation of liberty. For information on healthcare services see Section 8.

29. Persons should be permitted a free telephone call immediately or shortly after admission to a detention facility, including an international call. Notifying a third party of their choice of their detention is greatly facilitated if foreign nationals are allowed to retain or access their mobile phones during detention (see also Section 6).

30. International law recognises the right of detained foreign nationals to ask for consular assistance. They should be informed thereof, and contact with consular authorities should be facilitated. However, as some foreign nationals may not wish to contact their national authorities, this right should only be exercised with the consent of the person concerned. The fact, date, and exact time of any contact with consular or diplomatic representatives should be recorded in writing.

31. Upon admission, in addition to the above-mentioned detention order, foreign nationals should systematically be provided with a document containing information on their rights, responsibilities, the internal/house rules, and the applicable procedures. This information should be available in the languages most commonly spoken by detained persons – using simple, accessible language – and in forms which they understand.

32. Detained persons subject to removal should be officially notified in writing, in a language and form which they understand, at least several days in advance of the flight or transfer. Exceptions to this rule should be individually assessed and duly documented. Fundamental safeguards for removals, as outlined in the CPT standard on forced removals by air, should apply.[6]

33. It is in the interests both of detained foreign nationals and staff alike that the house rules governing detention are clear and informative, outlining the rights and obligations relevant to daily life, complaints procedures, contact with the outside world etc. Key house rules should also be explained verbally, in a language which the detained persons understand, soon after their arrival. In addition, important information, including the house rules, should be accessible throughout detention facilities via different means such as electronic kiosks, information videos, multilingual notices, posters, and leaflets.

34. Detained foreign nationals should attest that they have been informed of their rights, in a language and form which they understand. Particular care should be taken to ensure that persons understand their rights and the procedures applicable to them. Sufficient time should be given to review the information before persons confirm their understanding in writing. Special attention should be paid to illiterate persons or those who cannot understand written information. Persons with specific vulnerabilities, notably those with mental health conditions or cognitive impairments, may also experience barriers to effectively access such information. They should receive appropriate assistance, including through alternative communication methods and the provision of accessible formats or relevant content adapted to their special needs.

35. If requested by the person or by staff, interpretation services, including sign-language interpretation – whether in person, by phone, via videoconference or through appropriate digital translation tools – should be provided free of charge, both at the outset of the deprivation of liberty and throughout the detention period, including during interviews and healthcare consultations. It is inappropriate to use fellow detainees as interpreters for sensitive or confidential communications, or for situations where accuracy is of prime importance.

36. Detained foreign nationals should have access to an effective legal remedy enabling them to have the lawfulness of their detention decided expeditiously before a judicial body. This judicial review should include an oral hearing, with legal assistance and interpretation provided, free of charge, if necessary. Detained foreign nationals who have lodged an appeal against their detention should, as a rule, be heard in person. This will also provide an opportunity for them to raise any alleged ill-treatment or poor conditions of detention. The need for their continued detention should be reviewed periodically and expeditiously by an independent authority.

6. In particular, after notification of the impending removal, the returnee should be granted: immediate access to a lawyer; access to a medical doctor, particularly in the context of a "fit to fly" examination; and the right to inform (a) third person(s) in the sending country and, when possible, the destination country, of the upcoming removal. These rights should be enjoyed by all categories of foreign nationals to be removed, from the very outset of their notification.





4 - SUITABLE PREMISES

37. Where it is deemed necessary to deprive foreign nationals of their liberty under immigration legislation, they should be detained in facilities that are specifically designated and designed for immigration purposes. The design and layout of such facilities should avoid, as far as possible, any impression of a punitive or carceral environment. Internal fences topped with barbed wire and watchtowers, for example, create a punitive atmosphere and are therefore inappropriate. The use of temporary or unsuitable structures, such as shipping containers, plastic shelters or tents, should only be used in emergency situations.

Immigration detention facilities should not be carceral

38. Women should, as a matter of principle, be accommodated in areas separate from men, and their security and privacy should be guaranteed. Protective measures should be taken where men and women may come into contact with each other during detention. However, women may participate in activities, including outdoor exercise, with men if all persons involved consent to this and where adequate supervision is provided.

39. The CPT recognises that persons detained under immigration legislation may have to be held for short periods in police detention facilities, border guard stations, and point of entry holding facilities. However, conditions in these places will invariably be inadequate for prolonged periods of detention of more than a few days. Consequently, the time spent in such establishments should be kept to an absolute minimum.

40. Short-term holding facilities should provide conditions that meet basic minimum standards, where detained persons are held in clean environments with access to suitable means for rest, sanitary and washing facilities, food and drinking water, emergency medical care, their personal belongings, and outdoor exercise. Foreign nationals held overnight should be accommodated in facilities equipped with beds, or be promptly transferred to places with suitable accommodation.



41. Prisons are, by definition, unsuitable places for detaining persons who are neither suspected nor convicted of a criminal offence. They are not designed for administrative detention and are unable to provide the appropriate environment and services such persons should receive. The CPT has repeatedly observed that administratively detained persons in prison are at a clear disadvantage regarding access to legal assistance, contact with the outside world, out-of-cell time, activities, and fresh air. They are also often exposed to violence and intimidation.

Prisons are by definition unsuitable for holding immigration detainees

42. The CPT has repeatedly found that prisons are also inappropriate for the continued detention of persons under immigration legislation who have completed their criminal sentence and who are to be deported. Time-served foreign nationals who are not deported at the end of their sentence should be transferred to a facility that provides conditions and a regime appropriate to their status as persons detained under immigration legislation.

5 - ADEQUATE MATERIAL CONDITIONS FOR MEDIUM AND LONGER-TERM STAYS

43. Detention centres for foreign nationals deprived of their liberty under immigration legislation should provide adequate material conditions, with basic minimum requirements being met to enable detained persons to live decently.

44. Immigration detention centres should provide appropriate accommodation, which is adequately furnished, clean, and in a good state of repair. All detained persons should have their own bed and clean mattresses, pillows, pillowcases, bedsheets, towels and blankets, appropriate to the temperature and climate. Persons should be offered the possibility to have their bedding washed regularly. Mattresses should be replaced as necessary.

45. All accommodation rooms should offer sufficient living space and be equipped with tables and chairs commensurate with the number of persons detained; each person should be provided with personal lockable storage space. Large dormitories and rooms are inadequate, and detained persons should preferably be held in smaller living units.

46. Accommodation rooms should offer an adequate environment, with access to natural light, sufficient artificial lighting, ventilation, heating, and cooling. Temperatures in accommodation areas should always remain appropriate, including in both summer and winter. Call bells should be installed in all detention areas where staff are not continuously present.

47. Detained foreign nationals should have unimpeded access to toilet facilities, including at night. Sanitary facilities should be regularly repaired and maintained, with a sufficient number of properly functioning toilets, showers, and washbasins, and should be kept in a state of adequate hygiene and disinfection. Shared toilet and shower doors should be lockable and be kept in a condition to ensure privacy. Toilets located in multiple-occupancy rooms should be fully partitioned (from floor to ceiling) with solid walls and doors.

Shared toilet and shower doors should be lockable and be kept in a condition to ensure privacy

48. All shower facilities should have a sufficient supply of water at an appropriate temperature. Persons should have daily access to hot water and be able to shower at least twice a week, preferably more often, in conditions that ensure their privacy. Separate showering and toilet areas should be available for men, women, and persons with specific vulnerabilities.

49. Facilities should be regularly cleaned, including periodic deep cleaning, and undergo regular refurbishments and maintenance to provide decent conditions in terms of hygiene and repair. Persons should be provided with the necessary products and equipment to clean their living areas.

50. Centres should be free from vermin including rats, bedbugs, and cockroaches. To this end, authorities should carry out regular disinfestation and effectively eradicate any infestations.

51. Persons admitted to immigration detention centres should be provided, free of charge, with a basic sanitary kit appropriate to their needs, including adequate supplies of soap, washing powder, toilet paper, shampoo, toothpaste, toothbrushes, shaving utensils, and menstrual products (such as sanitary pads, tampons, and menstrual cups).









Facilities should be maintained in decent conditions of hygiene and repair

52. Individuals in need should also be provided with suitable clothing, including shoes appropriate for the seasons, a change of clothes, and sufficient underwear. Persons should be offered the possibility to wear their own clothes and to have these clothes regularly washed (for example through access to washing machines) and, if necessary, repaired.

Individuals in need should be provided with suitable clothing

53. Further, foreign nationals should be given access to their own personal belongings. A clear system should be in place for recording their belongings, with persons receiving a receipt for all items they are required to place in storage before entering the detention areas.

54. Food is particularly important for the well-being of detained persons; adequate and appropriate food free of charge, including at least one hot meal a day should be provided. Food should be varied, nutritious, and sufficient in both quantity and quality to meet health, cultural, and religious requirements, including the daily necessary intake of protein, fibre, vitamins, and fresh fruit and vegetables. Attention should be paid to the freshness and expiry dates of food provided. Foreign nationals should be allowed to supplement the food provided with food items purchased at their own expense. Ready access to potable drinking water must always be ensured.





Persons should receive adequate food, distributed in a dignified manner

55. Meals should be distributed in a dignified manner, ensuring equal access to food for all foreign nationals and taking into account the needs of individuals with specific vulnerabilities. Detained persons should have the necessary utensils for eating and drinking and, where relevant, for cooking. Allowing detained persons to participate in food menu planning and to prepare their own meals is considered good practice.

56. Outdoor exercise areas should provide sufficient space for the number of persons therein and be appropriately equipped with sports and recreational equipment, means of rest, and shelter from the rain or sun. Yards should not be austere, but instead be designed to offer a decent, non-carceral environment including, where possible, greenery. Attention should be given to the physical infrastructure and the design of detention facilities to ensure that detained persons with disabilities can access outdoor yards, including by providing assistance when necessary.

6 - OPEN-DOOR REGIME

57. The situation of foreign nationals detained under immigration legislation should be governed by specific rules reflecting their particular status. The rules should recognise the administrative nature of their deprivation of liberty, with only limited restrictions in place, and provide a varied regime of activities. Immigration detention centres should not be subject to high-security standards or prison rules. The level of security should be set at the minimum necessary to ensure safety; security measures should not impose disproportionate or unnecessary restrictions on detained persons.

Detained persons should benefit from an open-door regime with limited restrictions

58. An open-door regime should be implemented throughout the day, allowing as much freedom of movement within facilities as possible. Achieving this requires appropriate facility design (see above), sufficient resources, and adequate staff presence. Confinement to rooms or cells should be limited to the shortest period necessary and be clearly justified by safety or security requirements.

59. Foreign nationals detained for more than 24 hours should, in principle, have unrestricted access to outdoor exercise throughout the day. When free access is temporarily not possible, persons should be guaranteed at least two hours of outdoor access daily, including weekends, with a view to increasing this entitlement wherever feasible.

60. Detained persons should have access to dedicated common association rooms where they can take their meals and socialise. These rooms should be equipped with tables and chairs, a television, reading materials, means of recreation (such as board games, table tennis, sports equipment), and facilities for making hot drinks.

61. There should also be recreational and sports facilities or rooms, multimedia rooms, or a library. Attention should be paid to the languages of detained persons; for example, reading materials should be available in an appropriate range of languages.

62. A multi-faith room or several prayer rooms dedicated to the main religious confessions should be available to persons detained for longer periods.

The longer people are detained, the more developed should be the programme of activities offered



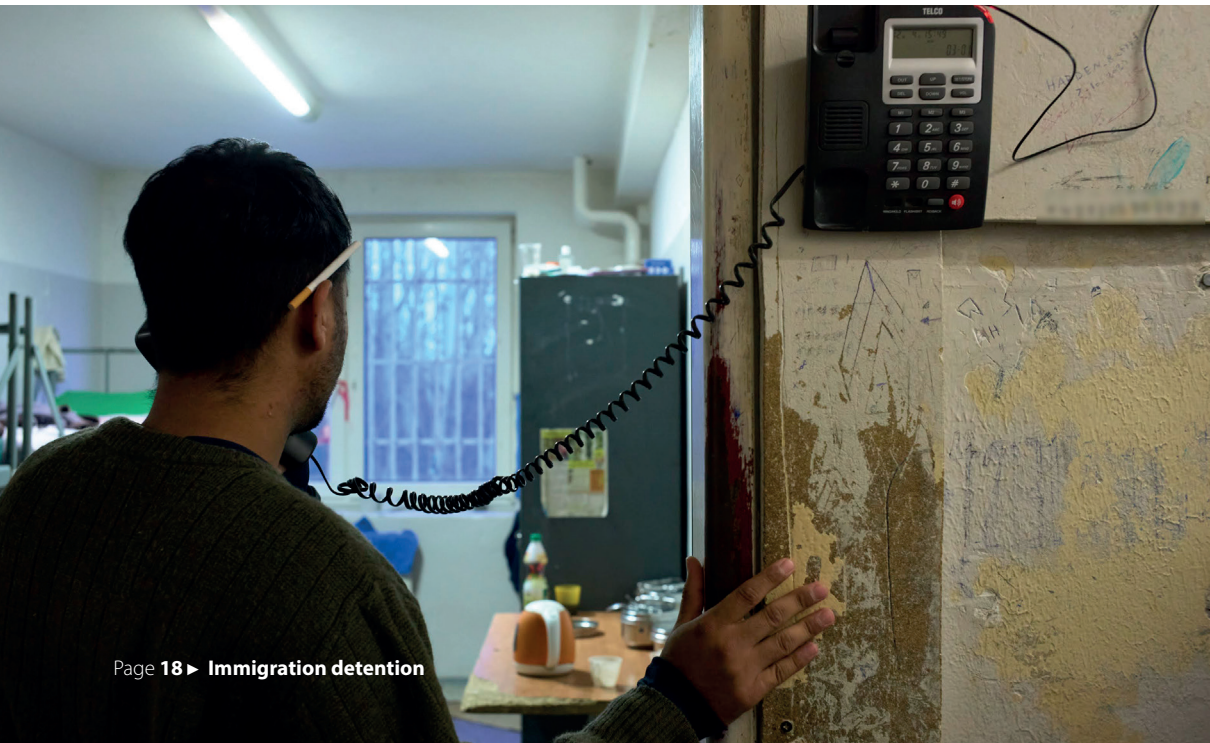


63. For those held for short periods of a few days, a basic minimum of activities, such as access to television and other appropriate means of recreation should be available. The longer people are detained, the more developed should be the activities offered to them. Persons should have access to a range of organised and purposeful activities, which serve to structure the periods of time spent in detention, such as language classes or "cultural kitchens". This may also include vocational activities, providing opportunities for detained foreign nationals to acquire skills.

64. Persons detained under immigration legislation are entitled to maintain contact with the outside world throughout their detention. Ideally, they should be permitted to keep, or at least have regular access to, their mobile phones. As a minimum, detained foreign nationals should have regular access to a telephone, free-of-charge access to computers with the possibility of making Voice over Internet Protocol (VoIP) calls, and frequent – preferably daily – internet access. Steps should be taken to ensure that they can effectively exercise their right to contact their family, including family members abroad.

Persons should be allowed to access their mobile phones and receive regular, open visits

65. Detained foreign nationals should be allowed to receive regular visits from family or friends, representatives of international organisations, NGOs, and other persons close to them, in suitably furnished visiting areas with child-friendly facilities. Save for exceptional cases, based on individual risk assessments, visits should be open, that is, without a partition. Both the duration and frequency of visits should normally be unlimited.





7 - QUALIFIED STAFF

66. Staff play a crucial role in immigration detention centres. Staff responsible for the custody of persons detained under immigration law should belong to a service distinct from ordinary police services and should receive specialised training.

67. Staff should be carefully selected and generally suited to work with foreign nationals in an immigration detention context. Given the diversity of the detained population, staff should possess strong interpersonal communication skills and cultural sensitivity. At least some staff should have relevant language skills. Cultural mediators or interpreters should be employed, with consideration given to the various linguistic groups present in the facilities.

Staff should possess skills in interpersonal communication and cultural sensitivity

68. Mixed-gender staffing can have a beneficial effect and foster a degree of normality in a place of detention. Establishments detaining women should have a majority of female custodial staff given the particular vulnerability of many women, who may have experienced trauma related to gender-based violence.

69. Comprehensive and ongoing staff training, including for contractors and volunteers, should be provided. Training should cover the prevention of discrimination, inter-personal communication, cultural awareness, rapport-based approaches, and de-escalation techniques. Staff should also be trained to recognise and respond appropriately to possible trauma and



symptoms of stress reactions, based on a trauma-informed approach. This should include referring persons to specialised support services if necessary. Staff should be made aware of how to interact with victims of torture, violence, or abuse, including those who have experienced gender-based violence or trafficking in human beings, as well as individuals with other specific vulnerabilities. Senior managers should receive professional training to provide effective oversight of staff and to ensure that they offer a safe, respectful, and supportive environment to persons held in immigration detention.

70. A sufficient number of custodial staff is essential to ensuring a safe environment. Depending on the needs of the detention centre, efforts should also be made to recruit non-custodial staff, including social workers, psychologists, educators, and immigration officers.

71. A contingency staffing roster, covering both custodial and non-custodial staff, should be in place to provide additional staff support whenever required, to meet the needs of detained persons effectively. Detained foreign nationals should always receive appropriate treatment; a lack of staffing cannot be used as a justification for the inappropriate treatment of detained foreign nationals (for contingency planning see Section 13).

72. The CPT has observed that distant and impersonal staff-detainee interactions contribute to a tense and unsupportive atmosphere. Staff should be encouraged to engage proactively with detained persons to prevent and resolve issues. Regular (albeit not constant) staff presence in the living units is necessary to detect behaviour indicative of risk, to intervene promptly, to identify and support vulnerable individuals, and to organise activities.

Staff should regularly be present in the living units

73. Detained foreign nationals should always be addressed by name. Referring to individuals by detention numbers is demeaning and undermines positive staff-detainee relations.

74. The care and custody of foreign nationals detained under immigration law is an important public responsibility. States parties may choose to manage immigration detention centres directly or entrust their management to private entities. However, delegating the management of such facilities to private entities does not absolve states of their obligations towards the persons detained therein. States have a continuing positive duty to effectively regulate, monitor and, when necessary, sanction the conduct of private actors to ensure compliance with Article 3 ECHR.

75. Issuing technical specifications, lists of services and staffing resources, and internal regulations alone is insufficient. States must also establish clear standards and rules of conduct for staff of these private entities, and ensure effective oversight through regular on-site inspections by the competent authorities to monitor and address any shortcomings. This includes providing for the licensing of private contractors, and, when necessary, the suspension, termination, or revocation of contracts in case of non-compliance, as well as other forms of sanctioning, to ensure that the ultimate responsibility for detained persons remains with public authorities at all times. Failure to do so would amount to an abdication of responsibility and a breach of the state's duty to exercise due diligence.

76. In order to safeguard the rights of immigration detainees, relevant standards, including those advocated by the CPT, should equally apply to tasks performed by private security staff, notably those involving a risk of ill-treatment, such as searches, use of force and other security measures. This has implications for the qualifications and training of staff, which should be equivalent to those of staff working in the public sector, as well as for the monitoring of services provided by private security companies.

8 - HEALTHCARE SERVICES

77. The well-being of detained persons, which is also impacted by other key factors such as conditions of detention and the conduct of custodial staff, is a shared responsibility among healthcare staff, custodial staff, and other professionals working in the facility. Healthcare services in immigration detention centres play an important role in preventing and combatting ill-treatment. Therefore, healthcare professionals can make a significant contribution to the overall quality of life for detained persons as well as to the working conditions of staff in these facilities.

Equivalence of care and provision of free healthcare

78. Detained foreign nationals should enjoy at least the same standards of healthcare as those available in the community. Attaining the appropriate level of healthcare requires that:

- healthcare services in immigration detention centres should be organised in coordination with the general health administration of the community and governed by the same ethical and professional principles as those applicable in the community;
- health policy in immigration detention should be integrated into, and compatible with, national health policy;
- other additional requirements should be met, such as continuity of care after admission to and release from immigration detention, professional training and independence of immigration detention healthcare staff, access to nationwide epidemiological screening programmes, as well as monitoring and independent inspections of healthcare services in immigration detention centres.



Detained persons should enjoy at least the same standards of healthcare as those available in the wider community

79. Further, immigration detainees should not be required to pay for healthcare services. The principle of free healthcare should apply regardless of the detained persons' legal status.

Health screening upon admission

80. Upon admission to immigration detention, every person should undergo a comprehensive medical examination by a healthcare professional (a medical doctor, or a fully qualified nurse reporting to a doctor) as soon as possible and, save for exceptional circumstances, no later than 24 hours after their admission.

81. During this examination, healthcare professionals should pay particular attention to any injuries, screen for transmissible diseases (including systematic screening for signs of tuberculosis and voluntary testing for HIV and hepatitis B and C), and identify chronic or long-term conditions (such as diabetes, epilepsy or conditions requiring anticoagulants). In addition, healthcare professionals should be attentive to signs of and risk factors for mental disorders, self-harm, and suicide. Assessments should be gender-sensitive and trauma-informed.

82. The admission and reception process can be overwhelming for those entering immigration detention, especially those with specific needs or vulnerabilities (see Section 9), making it more difficult for them to cope with detention or to have their specific needs met within the facility.

83. A secondary screening should be conducted within the first few days of admission for individuals identified as vulnerable, allowing for a more comprehensive assessment of vulnerabilities. Healthcare professionals play a key role in identifying these vulnerabilities and advising management on appropriate responses, including alternatives to detention, care plans, referrals, accommodation allocation, and regime adjustments.

84. Health screening upon admission should also include the provision of information, preferably in writing and in a language and form which the foreign nationals understand, on access to, availability, and operation of the healthcare services in the establishment, as well as basic hygiene measures.

Whenever healthcare professionals are unable to communicate with persons during medical consultations or examinations due to language or other communication barriers, interpretation and translation services of professional quality (be they in-person, remote, or by means of secure electronic devices, while guaranteeing the privacy and confidentiality of all personal data) should be provided. Using fellow detainees or custodial officers to provide interpretation is inappropriate.

Recording and reporting of injuries

85. Healthcare services in immigration detention centres play a central role in preventing and combatting ill-treatment by officials (custodial staff or, prior to admission, border guards or police, escort, or immigration enforcement officers) and inter-detainee violence, through the detection and systematic, methodical recording of injuries and, where appropriate, the provision of information to the relevant authorities.

Healthcare services play a central role in preventing and combatting ill-treatment



86. During health screening upon admission, a detailed record should be established, documenting in particular any signs of injury. The same procedure should be applied following any violent incident within the facility, including the use of force by staff. Such screening should also occur when a detained person is returned to the facility after transfer to an external location, following an aborted removal operation, or at the person's request.

87. Whenever injuries are observed in a medical examination, the healthcare professional should draw up a record which contains:

i. an account of statements made by the person which are relevant to the medical examination (including the person's description of their state of health and any allegations of ill-treatment);

ii. a full account of the objective medical findings based on a thorough examination (supported by a "body chart" for marking traumatic injuries and colour photographs of injuries); and

iii. the healthcare professional's observations in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

88. The record should also include the results of any additional examinations, conclusions from specialised consultations, and descriptions of treatment provided for injuries and of any further procedures. Traumatic injury should be recorded using a designated form provided for this purpose and kept in the person's medical file. The results of every medical examination, including the above-mentioned statements and the healthcare professional's observations, should be made available to the foreign national and their lawyer upon request.

89. In addition, all observed physical injuries should be systematically recorded in a special trauma register.

90. Procedures should be in place to ensure that, whenever recorded injuries are consistent with allegations of ill-treatment made by a person – or which, even in the absence of an allegation, are clearly indicative of ill-treatment – the record is immediately and systematically brought to the attention of the relevant independent investigative authority. Healthcare professionals should advise the person concerned that the writing of such a record – and forwarding it to the competent investigative authority – are part of a system to prevent ill-treatment, and that such a reporting procedure is not a substitute for the lodging of a formal complaint.

91. Healthcare professionals (and the persons concerned) should never be exposed to any form of reprisal for fulfilling their reporting duties.

92. Healthcare professionals should be provided with specific training on the recording, interpreting and reporting of injuries, as well as on interviewing persons who may have been subjected to violence (including sexual and other forms of gender-based violence) or other potentially traumatic experiences.[7]

7. See also *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, HR/P/PT/8/Rev.1.

Provision of healthcare

93. Throughout their detention, requests by foreign nationals to access healthcare staff should be promptly transmitted to the establishment's healthcare service. Detained persons should be seen by healthcare staff without undue delay, according to medical necessity, regardless of their legal status or detention regime.

94. Detained persons should be able to contact healthcare services confidentially, for instance, through sealed envelopes, dedicated letterboxes managed exclusively by healthcare staff, or secure electronic means. Non-healthcare staff should not filter requests to consult a healthcare professional.

95. Primary healthcare in immigration detention centres should, at a minimum, include medical screening upon admission, emergency treatment, and essential outpatient consultations. The continuity of treatment of detained persons should be managed by healthcare staff. Dental care, including conservative dental treatment, should also be available. Where appropriate, medical consultations may also be conducted via telemedicine. However, telemedicine cannot replace the physical presence of healthcare staff and should not be the only method of healthcare provision within a facility. Whenever detained persons require hospitalisation or specialist examination outside the centre, they should be transported promptly in a manner appropriate to their health needs.

Detained foreign nationals should be medically screened upon admission and provided with access to healthcare services



96. Where a detained foreign national receiving treatment (such as insulin, anticoagulants, anticonvulsants, psychotropic drugs, or a treatment for tuberculosis) or who uses specific medical devices (for example, insulin pumps, ventilators, etc.) is to be transferred or removed to another country, the healthcare service of the immigration detention centre should ensure that the person concerned has both sufficient medication and the medical devices they may require for the duration of the transfer.

97. Healthcare staffing levels for general practitioners, dentists, nurses, and other healthcare professionals should be appropriate for the number of detained foreign nationals and tailored to their specific healthcare needs.

98. The following should be guaranteed at all times, including at night and during weekends:

- the presence of a healthcare professional (a doctor or a qualified nurse reporting to a doctor) on the premises, or their availability on call;
- the presence of a qualified nurse in the facility's in-patient infirmary, where applicable;
- immediate access to emergency care; and
- the presence of a staff member – preferably someone with a nursing qualification – holding first-aid certification (including cardiopulmonary resuscitation and the use of an automated external defibrillator).

99. Psychiatrists, clinical psychologists, and mental health nurses should be included as part of the multidisciplinary healthcare service of immigration detention facilities, either employed full-time or as part of a mental health in-reach team, with regular on-site and on-call presence.

100. It is desirable for healthcare staff, including mental health professionals, to routinely and proactively reach out and engage with detained persons (and custodial staff) through direct contact and regular visits to accommodation areas. By doing so, they will obtain a better understanding of the establishment, its dynamics, and the day-to-day conditions in which detained persons live.

101. Healthcare in immigration detention should be provided in designated premises, fully equipped consultation rooms, and facilities which support a range of tailored interventions and therapies aligned with the specific functions of the healthcare unit. Further, emergency equipment, such as automated external defibrillators and oxygen, should be available and operational.

102. Every healthcare service in an immigration detention centre should have sufficient supplies of all medication essential to primary healthcare and to the treatment of those health disorders prevailing amongst detained foreign nationals. Any additionally required medication should be accessible without delay.

103. Appropriate arrangements should be made for the management of the pharmacy, including the safe and confidential distribution of medication. The preparation of prescribed medicines should always be entrusted to a qualified healthcare professional (for example, a pharmacist or a nurse). Further, medication should in principle be distributed by healthcare staff. When, exceptionally, no healthcare staff are present, they should give prior guidance on the safe and confidential administration of medication by non-healthcare staff to ensure that detained persons receive necessary treatment in their absence. In any case, the relevant health authorities should draw up a list of medication which should only be distributed by healthcare professionals (such as anti-psychotics, medication for opioid use disorders, etc.).

104. Upon admission, a single individual medical file should be opened for every newly arrived foreign national. This file should contain comprehensive medical information and a record of ongoing treatment and care, including documentation of all findings and interventions (somatic, dental, mental health or other specialist care) received. Continuity of care should be ensured through access to existing healthcare records, which should be made accessible to detention centre healthcare staff. This includes interventions performed by external medical professionals; in such cases, steps must be taken to ensure that a report is provided to the healthcare service of the centre and filed in the individual's medical record.

105. All medical files and other health records, whether physical or electronic, should be stored securely. They should be accessible only to healthcare professionals engaged in a therapeutic relationship with the patient to ensure confidentiality of medical data. Healthcare professionals should take all necessary measures to ensure the reliable identification of the persons concerned so that their personal health-related data remains secure at all stages of care.

106. Foreign nationals should have the right to access their medical records, to receive a copy upon request, and to request that medical information be communicated to their families, legal representatives, or an external healthcare professional of their own choice. In the event of a transfer to another immigration detention facility, the medical file, or a comprehensive summary thereof, should be forwarded to the healthcare service of the receiving establishment. In case of removal, arrangements should be made to ensure that the foreign national concerned receives a copy of their medical file, or that it is securely transmitted to them in electronic form, to ensure continuity of care.

107. Medical confidentiality in immigration detention should be observed in the same way as in the community, including when detained foreign nationals are transferred for medical examinations and interventions in a community hospital.

108. As a general rule, all medical consultations should be conducted out of both the sight and the hearing of anyone not involved in the therapeutic relationship with the patient (such as custodial staff, police officers, or other detained persons), and under conditions that fully guarantee medical confidentiality. The presence of such persons may discourage detained foreign nationals from disclosing sensitive information to the healthcare professional (for example, experiences of ill-treatment or transmissible diseases).

Mental healthcare

109. Detained foreign nationals tend to have a significantly higher prevalence of mental disorders and psychological needs when compared with the general population. These are often linked to traumatic experiences in their country of origin or during their migration journeys, and to ongoing uncertainty about their future.

110. It is well established that symptoms of anxiety, depression, and post-traumatic stress disorder tend to worsen with prolonged detention and to improve upon release. Contributing factors include poor material conditions, a lack of purposeful activity, and uncertainty regarding asylum or removal procedures, all of which increase feelings of helplessness. The accumulation of these factors negatively impacts the mental health of foreign nationals detained for prolonged periods. Consequently, early identification of mental disorders upon admission, alongside timely professional support and treatment, is decisive in preventing a deterioration of detained persons' mental health conditions.

111. Foreign nationals in immigration detention should have access to psychosocial care and support, and acute psychiatric crisis intervention. Mental health professionals should be able to provide interventions and counselling in appropriate settings and in direct contact with detained persons. Regular in-person consultations for ongoing assessment and follow-up should be provided to those requiring psychotropic treatment.

112. Detained persons with symptoms of severe mental disorder – such as acute psychosis or major depression – who are identified by the mental health team as requiring hospitalisation, should be immediately referred to a psychiatric hospital, which can provide the necessary therapeutic environment, tailored treatment programmes, and specialist care by qualified mental health professionals.

Preventive healthcare

113. The role of healthcare services in immigration detention centres extends beyond treating illness to include prevention and health promotion, focused on the most prevalent health disorders among detained persons. This should include health screening and the dissemination of awareness-raising information. Health promotion should be a system-wide approach involving all categories of staff and detained persons. This includes health and psychosocial education as well as participation in relevant initiatives by the authorities.

114. Healthcare professionals should advise management on general health-related issues such as hygiene, the cleanliness of sanitary facilities, the quantity and quality of food, access to clean drinking water, material conditions in accommodation areas (including living space, bedding, state of repair, ventilation, and heating) and the provision of exercise and purposeful activities, all of which have a direct impact on the physical and mental health of detained persons.

Healthcare services should include prevention and health promotion addressing the most prevalent health issues





115. To prevent and manage the spread of transmissible diseases, the following measures or facilities should be regularly reviewed:

- screening processes and voluntary testing (for example, for HIV and hepatitis B and C);
- stocks of personal protection equipment (such as masks);
- isolation and quarantine facilities;
- updated and comprehensive information about transmissible diseases provided both to detained persons – in a language and form which they understand – and staff alike before and, in the case of a positive result, after any screening test; and
- organisational preparedness for respiratory epidemics and the spread of other transmissible diseases.

116. Where appropriate, contact tracing should be carried out for persons with whom a detained person has had regular contact (including other detained persons, staff, and visitors), for the purpose of epidemiological control.

117. Any restrictive measure imposed to prevent the spread of transmissible diseases should have a strict medical justification and be based on law. Decisions to segregate persons for health reasons should be grounded on the principles of proportionality, medical necessity, and respect for human dignity, and should be limited in duration. Rules and practices regarding isolation and quarantine in immigration detention centres should not differ from those in the community. Persons subjected to isolation or quarantine should be entitled to daily outdoor exercise and provided with meaningful human contact every day. There can be no medical justification for segregating persons (either isolation or quarantine) based solely on the presence of a blood-borne viral infection.

118. Ongoing training on measures for preventing and managing the spread of transmissible diseases should be provided to healthcare professionals and custodial staff.

119. The effective prevention and management of transmissible diseases require close co-ordination among all relevant authorities and agencies.

120. The management of immigration detention centres should ensure an environment free from passive smoking. Special attention should be paid to those particularly vulnerable (such as pregnant women, children, and persons with respiratory illnesses) and opposed to passive smoking, without compromising their access to appropriate living conditions and communal areas.

Professional competence and independence

121. A high level of professional competence is required of doctors, nurses, and other healthcare staff to address the numerous medical and ethical challenges when providing healthcare to persons detained under immigration legislation. Other detained persons, even those with medical qualifications, should never be involved in the provision of healthcare.

122. To avoid conflicts of dual loyalty, there must be a strict separation between the roles and tasks of healthcare professionals and custodial staff in immigration detention centres. The detention centre management is responsible for ensuring that custodial staff do not attempt to influence healthcare teams in the performance of their duties. Healthcare staff should never become involved in medical activities which are incompatible with their therapeutic role.



9 - CARE OF PERSONS WITH SPECIFIC VULNERABILITIES

Persons in a situation of vulnerability

123. Every effort should be made to avoid detaining persons with specific vulnerabilities, including unaccompanied and separated children, families and single parents with young children (including nursing mothers), pregnant women, persons with disabilities, individuals with severe medical or mental health conditions, survivors of torture, trafficking in human beings, and sexual and other forms of gender-based violence. Special attention should also be paid to other categories of persons who might have specific vulnerabilities, including older persons or LGBTQI+ people.

> **Every effort should be made to avoid detaining people with specific vulnerabilities**

124. The timely identification and assessment of vulnerabilities is essential. Upon admission to immigration detention, all persons should undergo an initial health screening by a healthcare professional and an assessment of their specific reception and support needs. A further comprehensive assessment should be carried out within the first few days following

admission to identify persons with specific vulnerabilities and determine the appropriate response to their needs (see the sub-section on Health screening upon admission in Section 8).

125. When vulnerabilities are identified, alternatives to detention should be available and the persons concerned should be accommodated in appropriate settings (including open facilities) capable of meeting their specific needs, including through necessary follow-up by specialised healthcare and psychosocial professionals.

126. In those exceptional circumstances where their detention is considered absolutely necessary, qualified specialists and psychosocial staff should regularly visit and check on persons considered vulnerable to provide them with adequate support for their specific needs. If detention is exceptionally unavoidable for short periods, persons with specific vulnerabilities should be accommodated in safe areas that allow for socialisation or meaningful human contacts every day, supported by appropriately trained staff, and receive adequate medical and other services.

Children

127. In accordance with the relevant provisions of the United Nations Convention on the Rights of the Child, the best interests of the child must be a primary consideration in all actions concerning children.[8] As a matter of principle, children should not be deprived of their liberty in an immigration context. Conditions inherent to detention can cause anxiety and exacerbate the vulnerability of children.[9] Any form of deprivation of liberty may harm their physical and mental development and well-being. The CPT therefore considers that immigration detention is never in the best interest of the child. Consequently, Council of Europe member states should avoid placing children in immigration detention.

8. In these CPT standards, the term "children" is used to refer to any human being under the age of 18, as defined in the United Nations Convention on the Rights of the Child.
9. The Court has come to this conclusion in various cases where children were detained in immigration detention facilities, finding violations of Article 3 ECHR.



Children should not be deprived of their liberty in an immigration context

128. In those exceptional cases where a child is deprived of liberty with the express purpose of safeguarding their wellbeing, detention should only be imposed for the shortest possible period of time, and only in centres designed to meet the specific needs of children. All necessary measures should be taken to ensure that the environment is non-carceral and not intimidating but instead provides a child-friendly and children's rights-based setting. This applies to all aspects of their detention, including the child's arrival and induction process, the physical infrastructure of the facility, and the regime and support on offer. To limit the risk of exploitation, children should be separated from adults, unless it is exceptionally assessed as being in the best interests of the individual child not to do so (for example, when children are in the company of close relatives).

129. Every effort should be made to avoid placing families with children in immigration detention centres. If members of the same family are detained, all possible measures should be taken to avoid splitting up the family. Primary carers and their children should be accommodated together in a facility catering for their specific needs with a view to their prompt transfer to suitable non-custodial accommodation and support.

130. Once the authorities become aware of the presence of an unaccompanied and separated child (UASC), every effort should be made to facilitate their immediate release from detention[10] and their placement in appropriate care, within a child-friendly and supportive environment.

131. All persons claiming to be UASC should be treated as such until assessed otherwise, unless their claim is manifestly unfounded. Upon detection, an initial interview should be conducted by a professional who is specially trained in interviewing children. If exceptionally, UASC are deprived of their liberty in closed facilities for short periods, pending their transfer to more appropriate care, they should be provided with prompt and free access to legal and other appropriate assistance, and be assigned a guardian or legal representative capable of effectively protecting their best interests. Mechanisms should be in place for monitoring and reviewing the quality of guardianship.

132. An assessment of the child's particular vulnerabilities should be conducted, considering their age, health, psychosocial circumstances, and protection needs, including those arising from violence, trafficking, or trauma.

133. Particular attention should be paid to the specific vulnerabilities and needs of unaccompanied or separated girls. Girls should be accommodated in a safe space, usually separate from unaccompanied boys, to protect them from potential assault or harm.

134. Authorities should take measures to reduce delays in age assessment procedures, and the persons concerned should have an effective right of appeal against the outcome of their assessment. Age assessments should be multidisciplinary and involve social workers,

10. The Court has repeatedly found the administrative detention of UASC in adult detention centres to be in violation of Article 3 ECHR.

psychologists, and paediatricians. X-rays may be used as a possible supplementary tool for age assessment, but they should not replace the multidisciplinary approach.

135. More generally, all children who are exceptionally deprived of their liberty should be offered an open regime with plenty of time for outdoor exercise and a variety of meaningful, age-appropriate activities. Particular emphasis should be placed on enabling children to continue their education and to engage in sports and recreational activities. Suitable educational activities should be provided for children of school age, while younger children should participate in some form of age-appropriate activity.

136. It is important that children have abundant opportunities for physical activity. Outdoor areas should be designated for children, appropriately decorated, and equipped with a playground and other age-appropriate facilities. There should also be dedicated indoor playrooms, with a range of age-appropriate toys and recreational materials.

137. All children should be provided with food which is adequate and appropriate for their growth and development, free of charge (see Section 5 above), and with non-food items, such as clothing and shoes appropriate for the weather, as well as sufficient quantities of hygiene products, including menstrual products for girls.

138. To cater for children's specific needs, centres detaining children should be staffed by appropriately trained, mixed-gender staff (including educators, social workers, and specially trained custodial staff). To reinforce a supportive, non-carceral atmosphere for children and families, staff working with children should not wear uniforms. Steps should be taken to ensure the regular presence of, and individual contact with, child-focused specialists, such as social workers and psychologists. Children should have effective access to legal assistance and information about asylum, return procedures, and their specific situation, in child-friendly language and in a form which they can understand.

10 - PREVENTION OF SELF-HARM AND SUICIDE

139. Acts of self-harm should be approached from a therapeutic, rather than a punitive, standpoint. Comprehensive procedures and staff training should be in place to monitor and prevent self-harm and suicide among detained foreign nationals. Persons identified as being at risk should be closely supervised by a multi-disciplinary team including both healthcare and custodial staff, and be provided with psychosocial support in accordance with the assessed degree of risk and need. All incidents of self-harm should be immediately assessed by healthcare professionals to treat any injuries, provide appropriate care, and implement further preventive measures.

140. Preventing self-harm and suicide requires reducing detained persons' access to means, such as ligature points, along with adequate awareness-raising within and across establishments. Healthcare and custodial staff should receive relevant training to recognise risk factors for self-harm and suicide. A dynamic security approach[11] which is supportive of any self-harm and suicide prevention policy should be adopted by staff.

11. Dynamic security is the development by staff of positive relationships with detained foreign nationals based on firmness and fairness, in combination with an understanding of their personal situation and any risk posed by individual detained persons.



Persons at risk should receive support to prevent self-harm and suicide

141. Effective prevention of self-harm and suicide also requires a comprehensive approach that strengthens the support systems available to detained persons. Measures which enhance personal autonomy, reduce uncertainty, and promote social connectedness can significantly alleviate distress. Facilitating regular contact with family and friends, ensuring that foreign nationals receive clear and timely information about the progress of their immigration cases, as well as providing welfare support and access to purposeful activities are all essential components of a balanced prevention strategy. By addressing the stress factors that contribute to increasing risks, authorities can create conditions that promote well-being and reduce reliance on healthcare-based responses alone.

11 - SAFETY, ORDER AND SECURITY MEASURES

142. Authorities have an obligation to protect the safety of detained persons and staff in immigration detention centres. Where necessary, this includes implementing measures to maintain safety, order and security. It is in the interests of both detained persons and staff alike that clear procedures be formally established, proportionately implemented, and accompanied by appropriate safeguards. Staff should be adequately trained in this regard.

Authorities should take action to protect the safety of detained persons and staff

143. Detained foreign nationals should not be subject to regime restrictions unless a clearly evidenced and documented risk assessment demonstrates that they would otherwise pose a risk to the safety and security of other detained persons, staff and/or the detention centre itself. Restrictions should not prevent persons from having daily access to outdoor exercise and contact with the outside world. For example, limitations to contact with family and friends should only be applied where the incident relates to such contact and should never amount to a complete prohibition.

144. The use of separation as a safety and security measure should be exceptional and its duration strictly time limited. Detained persons should receive a copy of the relevant decision and information on avenues of appeal in a language and form which they understand. If it is deemed necessary to separate a person to prevent harm to themselves or others, this should only last for as long as absolutely necessary. Separation should always be carefully regulated and supervised. Persons who are separated should be offered at least two hours of meaningful human contact a day and should never be placed in a situation akin to solitary confinement, given the considerable risks to the somatic and mental health of the persons concerned.

145. While separated, detained persons should, as a minimum, have basic conditions, including means of rest, ready access to toilet facilities, regular access to showers, at least one hour of outdoor exercise every day, and access to reading material. In addition, it would also be desirable that they be offered access to certain activities and afforded the possibility to associate with other detainees for at least two hours a day during the period of separation to avoid being held in solitary confinement. When it is deemed necessary to place a person under video-surveillance, their privacy should be preserved when using the toilet, for example by pixelating the image of the toilet area.



146. Healthcare staff should never be involved in decision-making processes resulting in a person being separated for non-medical reasons. At the same time, healthcare staff should be highly attentive to the needs of persons under a separation measure and should therefore not only be informed of any such measures, but also visit the person concerned immediately after the measure has started (and thereafter, should the separation exceed 24 hours, at least once per day), to provide prompt medical assistance and care, as required. Healthcare staff should monitor the physical and mental well-being of the separated person and should have the opportunity to raise objections against the continuation of the measure if it poses a risk to their somatic or mental health.

147. The CPT does not consider it appropriate to apply solitary confinement as a disciplinary measure in an immigration detention context. Where such a measure continues to be applicable, states should desist from its imposition pending its removal from relevant laws and regulations. Moreover, the CPT has found that often the procedures surrounding such a measure are deficient and do not even meet the minimum standards applied within a prison setting.

148. Standardised central registers should be maintained to systematically record the use of safety, order and security measures, including restrictions, separations, means of restraint, use of force, and other extraordinary security interventions. For each instance of separation, the register should include the person's name, date and time of placement and release, the grounds for the measure, the name of the person ordering or approving it, the involvement of healthcare professionals and, if applicable, an account of any injuries sustained by the detained person or staff.

149. Strip-searches (and, even more so, visual inspections of the perineal area) are highly invasive and potentially degrading measures, which can be particularly re-traumatising for persons who have experienced sexual violence. Alternatives should always be sought to avoid the harmful impact of strip-searches. Strip-searches should only be carried out as a last resort, when absolutely necessary, based on an individual risk assessment and concrete suspicion, and only when less intrusive methods (pat-down, targeted, or visual searches, or the use of electronic detection and/or body scanners) are not feasible or would be inadequate. Any strip-search should be subject to rigorous criteria and strict supervision. Requests to squat or bend forward during a strip search should be even more exceptional and also based on an individual risk assessment.

150. As complete undressing exacerbates the potentially humiliating nature of strip-searches, every reasonable effort should be made to minimise embarrassment and preserve dignity. Therefore, detained persons who are searched should not normally be required to remove all their clothes at once; they should be allowed to remove clothing above the waist, and then put it back on before removing further clothing. In addition, searches should be carried out by a custodial officer of the same gender as the person being searched and, as a rule, a second officer of the same gender should also be present during any strip-search as a protection for detained persons and staff alike. Consideration should be given to the person's cultural background, religious beliefs, or sexual and gender identity.

151. In the CPT's view, excessive or inappropriate use of means of restraint may amount to inhuman and degrading treatment. For example, systematically applying handcuffs when leaving the detention facility is disproportionate; handcuffs should only be applied to detained persons based on an individual risk assessment, and in accordance with the principle of proportionality. Further, any policy of handcuffing persons to a bed during their stay in an external hospital is excessive and demeaning, and there can be no justification for such a practice.



152. Any use of force against detained foreign nationals should comply with the principle of proportionality, be limited to self-defence, protection of life and safety, or ensuring adherence to the law. Rules should clearly set out permissible control techniques and the circumstances in which they may be used. Further, they should only be applied by appropriately trained staff. There can be no justification for striking detained persons who have already been brought under control.

Any use of force must comply with the principle of proportionality

153. The use of means of restraint, force, and control techniques should always be a measure of last resort. Staff should be trained on handling violent incidents and managing challenging behaviour through the application of de-escalation skills and the use of appropriate manual control techniques.

154. Custodial staff in immigration detention centres should not routinely and visibly carry batons, pepper spray, or other weapons, as well as handcuffs in detention areas.

155. Following any violent incident or the use of force within an establishment, it is imperative to conduct a thorough medical examination of all detained persons involved. This will support the effectiveness of any subsequent investigations into the events and may also protect police or custodial staff against unfounded allegations.

156. A report on the use of force against detained foreign nationals should be drawn up for each instance in which force is applied, with attention paid to the reasons and circumstances surrounding the use of force, to any injuries sustained by detained persons and staff, to the origin of such injuries, and to their compatibility with the events described.

12 - ACCOUNTABILITY: INVESTIGATIONS, MONITORING, RECORDS AND COMPLAINTS MECHANISMS

157. Allegations or information indicative of ill-treatment should be effectively investigated by an independent external body and subjected to an effective internal inquiry.[12] When ill-treatment is established, responsible officials should be held to account through appropriate disciplinary or criminal sanctions commensurate to the gravity of the case. Preventing impunity also requires ongoing training and fostering a professional culture which unequivocally condemns ill-treatment.

158. Independent monitoring of immigration detention facilities is a vital safeguard against ill-treatment and for ensuring adequate conditions of detention. Effective monitoring requires frequent and unannounced visits, with monitors empowered to access all places where persons may be deprived of their liberty, conduct confidential interviews with detained persons, examine all aspects of their treatment, and publish reports on their findings in a timely manner.

159. Registers, preferably in an electronic format, on incidents including the use of force, injuries, self-harm, attempted suicide, food/fluid refusal, and any deaths in immigration detention should be maintained and periodically reviewed in order to analyse incidence levels and trends, and to evaluate the effectiveness of the preventive measures in place. These registers should be open to scrutiny by internal and/or external inspection and monitoring bodies. The procedures governing deaths in prisons should equally apply to immigration detention centres, with each death thoroughly analysed to identify lessons learned and enhance preventive measures, particularly as regards suicide.

160. It would be desirable for comprehensive and reliable disaggregated data, including on incidents, to be collected, as this may contribute to enhancing the quality of service provision and care, including healthcare. Such data facilitates the accurate and reliable evaluation and planning of human and budgetary resources and helps to identify trends aimed at developing and improving future immigration detention policies and practices.

161. Effective complaints procedures are essential safeguards against ill-treatment. Detained foreign nationals should have access to internal and external complaints mechanisms and be enabled to submit written complaints confidentially at any time, for example through

12. The CPT has set out the criteria for investigations into alleged ill-treatment to be effective and capable of leading to the identification and punishment of those responsible; investigations should be independent, thorough, comprehensive, prompt and reasonably expeditious, subject to public scrutiny, and should involve victim participation.



secured complaints boxes or electronic kiosks accessible in each accommodation unit.[13] These complaints mechanisms should be accessible and effective in practice. Any delay in processing complaints should be duly justified in writing, and persons should be informed within clearly defined timeframes of the action taken to address their concerns or the reasons for rejecting their complaint.

Complaints mechanisms should be accessible and effective in practice

162. From the outset of their detention, detained foreign nationals should be informed, orally and in writing, of the available complaints procedures. Relevant information about external complaint bodies, such as Ombudsperson Institutions or complaints commissions, should be provided in the house rules and visibly displayed throughout the centres, in the most commonly spoken languages and in a form which detained persons understand.

163. All complaints should be centrally recorded and analysed as an indicator of areas of discontent within the establishments.

13. The CPT has set out the basic principles required for complaint mechanisms.



13 - CONTINGENCY PLANNING

164. The CPT recognises the challenges faced by authorities during exceptional or unforeseen circumstances. Nonetheless, member states remain responsible for ensuring that individuals detained under immigration legislation are treated with dignity and afforded material conditions and a regime appropriate to their legal status.

165. For this reason, it is essential that member states seek to prepare themselves for situations in which the arrival of foreign nationals exceeds average numbers. If detention is deemed necessary, contingency measures should include rapidly expanding accommodation capacity, activating additional staffing rosters, and increasing healthcare staff in response to needs, all while ensuring dignified conditions of detention and maintaining adequate services and activities during periods of population increase or prolonged detention.

Contingency plans should be prepared and effectively implemented to prevent ill-treatment

"NO ONE SHALL BE SUBJECTED TO TORTURE OR TO INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT"

Article 3 of the European Convention on Human Rights

Established in 1989 by the Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the CPT's aim is to strengthen the protection of persons deprived of their liberty through the organisation of regular visits to places of detention.

The Committee is an independent, non-judicial preventive mechanism, complementing the work of the European Court of Human Rights. It monitors the treatment of persons deprived of their liberty by visiting places such as prisons, juvenile detention centres, police stations, immigration detention facilities, psychiatric hospitals and social care homes. CPT delegations have unrestricted access to places of detention, and the right to interview, in private, persons deprived of their liberty. They may access all the information necessary to carry out their work, including any administrative and medical documents.

The CPT plays an essential role in promoting decency in detention, through the development of minimum standards and good practice for states parties, as well as through coordination with other international bodies. The implementation of its recommendations has a significant impact on the development of human rights in Council of Europe member states and influences the policies, legislation and practices of national authorities regarding detention.

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