“A Lonely Place”: How Wethersfield is harming people seeking asylum

One year documenting medical harms at the mass containment site

Report by Doctors of the World UK and Médecins Sans Frontières



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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MAY 2025

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SUMMARY

For over one year from autumn 2023, a team from Doctors of the World (DOTW) UK and Médecins Sans Frontières (MSF) provided primary healthcare to individuals accommodated at Wethersfield mass containment site. In May 2024, we released a report documenting a mental crisis unfolding at the site. Over the following months, our team continued to respond to high levels of mental distress amongst patients and identified worrying numbers of people for whom the site was unsuitable. Men attending our clinic had experienced abuse and violence in their countries of origin and on their journeys to the UK and were subjected to poor conditions and structural violence at the site. This report builds on our May 2024 report and includes the stories of the men living here in 2024 and their journeys to the UK.

From November 2023 to December 2024:

- **301 patients treated across 445 appointments**
- **226 safeguarding referrals made by our team for 187 individuals**
- **62 per cent of those accessing our services presented with severe mental distress and 30 per cent reported suicidal ideation**
- **75 per cent of patients disclosed previous experiences of violence or abuse**

INTRODUCTION

Between November 2023 and December 2024, Doctors of the World (DOTW) UK in partnership with Médecins Sans Frontières (MSF) UK ran a primary healthcare mobile clinic outside the main gates of Wethersfield mass containment site, established in former RAF barracks in Essex. This report is based on data collected over one year of activities, during which we witnessed and documented the harms of a site that was set up – at speed and without consideration of its appropriacy – to accommodate up to 800 men aged from 18 to 65. These harms included serious safeguarding failings by the Home Office and its private contractor Clearsprings Ready Homes (CRH), failures to remove particularly vulnerable individuals for whom the site was unsuitable, and inadequate mental health support.

The conditions and the site itself – frequently described by residents as 'prison-like' – exacerbate psychological distress in the people held there. Mass containment is wholly inappropriate for people who have endured hardship in their countries of origin and on their journeys to the UK and who have come here in search of safety.

During this period, there was a change in the UK political landscape. A Labour government elected in July 2024 committed to closing large sites and asylum hotels, scrapped the implementation of the harmful Safety of Rwanda Act (2024) and moved to clear the 'asylum backlog'. Under the Illegal Migration Act (2023) and Safety of Rwanda Act (2024), men at Wethersfield had been trapped in a 'legal limbo' – banned from applying for asylum but with no imminent prospect of being removed from the UK. After provisions of the Illegal Migration Act were amended in July 2024, individuals at Wethersfield were at last able to have their asylum claims processed. At the same time, however, 2024 became the deadliest year for small boat Channel crossings since 2018, with at least 82 people reported dead **[1]**. These changes took place against a backdrop of political rhetoric and policy focused on deterrence, surveillance and border securitisation, with no attempts to open or expand safe routes for those seeking asylum.

From our experience working at Wethersfield and in similar quasi-detention and detention settings around the world, we know that mass containment sites will never be a place of recovery and healing and will always undermine people's health and wellbeing. This government has an opportunity to implement lessons learned by immediately closing Wethersfield and abandoning the policy of mass containment.

OUR CLINICAL SERVICE

Doctors of the World (DOTW) UK is part of the Médecins du Monde international network. DOTW has been a registered charity in England and Wales since 1998 and runs clinics and advocacy programmes providing medical care, information and practical support to people unable to access NHS services. DOTW has over 15 years of experience in providing support to refugees, asylum seekers and migrants in the UK. MSF is an international, independent medical humanitarian organisation with a long history of providing support to people who have been forcibly displaced and are seeking safety, protection and medical care.

The DOTW–MSF mobile clinic ran between December 2023 and December 2024 **[2]**. The service offered in-depth GP appointments for men held onsite, using interpreters so that people could communicate in their primary spoken language. The service made safeguarding referrals and referrals to emergency and mental health services, as appropriate. Between January and June 2024, our team also provided psychoeducation sessions for men living onsite.

DATA AND CASE STUDIES

In total, our team provided care to 301 individuals, across 445 appointments. The evidence used in this briefing is from routine and medical data collected from 278 individuals who accessed our medical services and consented for their data to be used anonymously **[3]**.

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Between August and October 2024, we carried out interviews with people accommodated at Wethersfield to better understand their experiences of the site and its impact on their health and wellbeing. Through semi-structured interviews, participants described their experience of the UK asylum system, their journeys to the UK and their hopes for the future. Interviews were conducted in English where the participant felt comfortable, or with the help of an interpreter (by phone), or with an Arabic-speaking volunteer who translated the interviewees' words into English. People were invited to participate and consented to their words and stories being shared **[4]**. Transcripts have been edited for clarity only, or to protect the anonymity of the participant. We present these as case studies throughout the report.

This report is based on:

- Medical and routine data from GP consultations between October 2023 and December 2024
- Seven interviews with individuals housed at Wethersfield (between August and October 2024)
- Publicly available information relating to the Wethersfield site and UK migration policy
- Observations and reflections from our clinical and other team members

ASYLUM POLICY AND CONTAINMENT SITES

At the end of January 2025, the UK government announced its latest piece of asylum and immigration legislation: the Border Security, Asylum and Immigration Bill. This builds on a series of increasingly harmful policies focused on deterring, containing and externalising people seeking safety, including the Nationality and Borders Act 2022 and the Illegal Migration Act 2023. These polices have amounted to a ban on asylum, criminalising people who arrived irregularly in the UK, and have permitted the creation of large-scale containment sites to accommodate asylum seekers in the UK.

Since 2020, the Home Office has used former military sites in remote areas to contain people seeking asylum. Large sites have been found to be inappropriate, harmful and extremely costly. This includes sites that have since closed, such as Penally camp and the Bibby Stockholm barge, as well as Napier Barracks, due to close in 2025. Wethersfield is the last such site with no closure date.

Wethersfield

Wethersfield mass containment site opened in July 2023. It is a disused Ministry of Defence (MoD) site located in a remote area of Essex. While not designated as "closed" immigration detention by the Home Office, this type of accommodation has been described as "quasi-detention," sharing many of the features of detained sites **[6]**. It has been described as "prison-like" by men accommodated there and by organisations supporting men onsite. The site accommodates asylum-seeking men aged from 18 to 65 who the Home Office deems are 'suitable' to be accommodated onsite. Individuals can stay there for up to nine months. As of early 2025, the Home Office began increasing site capacity to 800 people from 580.

The Home Office has outsourced the site management of Wethersfield to a private company, Clearsprings Ready Homes (CRH), who provide a vast amount of initial and dispersal asylum accommodation and other services across southern England. Onsite healthcare is provided by a private company, Commisceo Primary Care Solutions.

More than 18 months since opening, the site is still failing the men accommodated there. Many reports have documented these failings. The Independent Chief Inspector of Borders and Immigration (ICIBI) highlighted safeguarding failures and reported that people, including children, were not being appropriately screened before being moved to Wethersfield **[7]**. Similarly, reports by several organisations, including our own, triggered a safeguarding audit that began in September 2024 **[8]**.

More recently, in March 2025, a High Court judge found that then-Home Secretary Suella Braverman acted unlawfully in accommodating at the site three vulnerable asylum seekers, who had experienced trafficking, torture and severe physical violence, and underwent a serious decline in their mental health because of Wethersfield.

“Wethersfield kills your desire to do any activities”

Fadil* had been at Wethersfield for two months when he spoke with our teams. In the summer of 2024, his boat was picked up by the British Coastguard, before he was taken to Manston. He was then moved to a hotel and Wethersfield less than a week later. He described challenging living conditions onsite:

“I will tell you something, in the beginning I felt I am entering a jail as soon as I entered the gate, but when we arrived at the reception, they gave us some general information and made things appear fine. From what they were saying, you can go whenever you want, and other things until we have signed the contract then they told us you can leave the camp seven days every three months and they didn’t tell us that we would live in portacabins.

“They didn’t tell us that we would live in portacabins, each portacabins has six people and bathrooms are shared and far away. They didn’t tell us about all these things, they only told us in general that the waiting time in the camp would be between six and nine months, that’s all.

“[S]ometimes I keep thinking while I am in bed until the morning, the dawn prayer comes, and I haven't slept. I swear I feel like my head is going to explode, anxiety and thinking and at the same time it is noisy. If the noise is not in the room itself, it is from the neighbouring rooms.”

Fadil experienced poor health since arriving at Wethersfield and underwent emergency surgery in a nearby hospital. He described experiencing a poor appetite, anxiety and poor sleep, but was reluctant to visit the onsite medical team.

“I told [the reception staff] I have sleeping disturbances, and I need some help from them for this reason. At least to make a suitable sleeping environment because I don’t want to take medication, but for sure they [the onsite medical team] will give me medication to sleep. So, I didn’t book an appointment with a doctor. I was speaking to the reception staff, and they said, ‘we will book you an appointment and you can speak to the doctor, and he will decide’, I said no, and I didn’t book or talk with them.

“Unfortunately, [Wethersfield] kills your desire to do any activities, for example you want to go to the gym, or to the hall to play billiards, tennis or anything, but it kills all your desire. You stay in your room not moving. I swear sometimes it is from the bed to the bathroom only! I don’t move, I don’t leave the room, I don’t have any desire, even going to the town, the soul is just locked.”

Fadil did not know how much longer he would be at Wethersfield. He had received a health assessment from MSF-DOTW medical teams to support his legal case to be moved off site. He described the conditions, lack of privacy, fights and isolated nature of the site as challenging:

“How will the portacabin be in the winter? Cold! Shared bathrooms with different communities, I swear sometimes you don’t even want to go to the bathroom because of the dirt, because there are no separate bathrooms. A bathroom for each portacabin is the least they could do. But three bathrooms are shared between 8-10 portacabins, that is first.

“I have almost explained everything that I have faced here in the camp. Another thing is that the camp is far. Far from the city, far from people, and even for example, if you use the transport they provide here inside the camp, the nearest town is 20 minutes aways, and the furthest one is an hour journey.”

**Not his real name – changed for anonymity.*

A LACK OF SAFE ROUTES TO THE UK

Everyone who accessed our services had crossed the Channel by small boat. This means they are subject to the Nationality and Borders Act 2022, which created a new offence of 'illegal arrival' and punished people arriving by small boat, despite their having a genuine need for protection and a universal right to claim asylum.

In 2024, around 37,000 people crossed the Channel in search of safety in the UK. It was also the deadliest year since small boat crossings began to be recorded in 2018, with 82 people reported dead. Despite receiving a lot of media attention and being the focus of political rhetoric, small boat arrivals make up a very small part of immigration to the UK **[9]**. A focus on deterrence approaches by the current government, accompanied by a lack of establishing new safe routes, will only make journeys more dangerous.

Our medical team met men who had experienced a boat sinking or seen people die while attempting to cross the Channel. Despite this, they had received no additional mental health support. Increased policing and deterrence measures along the northern coast of France, funded by the UK, have led to people taking riskier journeys. This includes setting off further along the coast, wading out to boats already at sea, and embarking on journeys in increasingly overcrowded boats – as noted by the current Home Secretary, Yvette Cooper, herself **[10]**.

The top five countries of nationality of patients attending our mobile clinic were Iran, Eritrea, Afghanistan, Syria and Sudan (which reflects the distribution of nationalities onsite). All these countries have high rates of positive initial asylum decisions **[11]**. However, there are no schemes or visas in place for people from these countries in need of refugee protection to travel to the UK. The exception to this is Afghanistan, yet resettlement schemes introduced under the previous government – the Afghan Citizens Resettlement Scheme (ACRS) and the Afghan Relocation and Assistance Policy (ARAP) – have faced challenges including delays and poor decision making **[12]**. Other refugee protection schemes fail to ensure safe routes to the UK for people in need of protection; UK Resettlement Scheme targets have never been met, and Family Reunion rules are extremely restrictive and further hindered by the UK leaving the EU **[13]**.

In interviews, participants described often dangerous journeys to get to the UK, which ended with the challenges of living at Wethersfield. Most men we saw at our clinic had experienced violence, ill treatment and abuse in their countries of origin and on their journeys to the UK. Three-quarters of patients disclosed previous experiences of violence or abuse. The most common types of abuse experienced were having lived in a country with armed conflict/war, having been tortured, imprisoned or physically threatened for ideas, and having experienced violence at the hands of police or armed forces **[14]**. Many men had travelled through Libya, where they faced a significant risk of arbitrary detention, human rights violations and physical abuse.



The top five countries of nationality of patients were Iran, Eritrea, Afghanistan, Syria and Sudan

“We saw death on this journey” – pushbacks in the Aegean Sea and a near-death Channel crossing

Mahdi* arrived in Wethersfield in the summer of 2024. His journey to the UK took over 18 months– during which he experienced several attempted and dangerous boat crossings, followed by hostile reception conditions on arrival in Greece and then in France. He finally made the terrifying journey across the English Channel, escaping death. When he arrived in Wethersfield, the long wait and difficult conditions onsite left Mahdi feeling depressed and isolated.

Mahdi had a perilous journey sailing from Turkey to Greece. Here he describes how a group of unidentified masked individuals intercepted the boat, before he was forcibly returned to Turkey.

“We were at sea for about 8 hours, the waves were very high during that time, until we were close to an island - they call it Samos Island, a Greek Island. A boat approached us carrying people covering their faces, they stopped our inflatable boat, and they were in their boat. We thought they were from the Greek Coastguard, but they weren’t the coastguard they were what we call their ‘mercenaries’. There were women, there were I think Afghans, they had families…They stopped us and blew our boat up. They took us into their boat, they took all of us and they took our clothes and left us in our underwear and tortured us on their boat.

They took everything from us. Our phones and all our money […] they brought what they call it a basket [dinghy]? A basket they inflate, and they were throwing people into it, they threw children. Whoever reaches the sea drowns and whoever makes it into the basket is rescued. They threw us, but we as young men, we could bear it but think about the women. I remember there was a woman who was eight months pregnant. I swear one of the men was hitting her on the stomach. Then we went to rescue whoever we could.”

After arriving in Greece Mahdi stayed in a camp with limited food and provisions, before travelling on to France. Once there, he told us he lived in the forest for two weeks and was subjected to violence perpetrated by the French police before he crossed the English Channel to the UK.

“The boat’s width was like this I swear [indicates width of the mobile clinic van] there were 63 people. It was a very exhausting journey, even more so than the Greek journey. I mean we saw death on this journey. We called the British Coastguard, our fuel has finished, we called them, and they came and took us in their boats. We arrived immediately to the Home Office interview in Dover, where they interviewed us. We stayed from 10am in Dover until 12 midnight, then they transferred us into a hotel.

After six days in the hotel, Mahdi was brought to Wethersfield without knowing where he was being taken. He said the isolated and military nature of the site brought back negative experiences from his country of origin.

“When I first saw the military camp, it was a reminder of the military camps in my home country. Very isolated atmosphere. You can’t socialise and you can't learn. There aren't even one or two days a week where they come to teach you languages, especially the English language. You are not engaged in the society because you are isolated. Three months of being isolated, it is like a prison, but open-air.”

The long wait in the UK asylum system and the conditions at the site, including fights between residents, were impacting his mental health. He felt it was important for human rights organisations and researchers to document the experience for people accommodated in Wethersfield.

“I was in a state of depression in one of the periods, last month, isolation, depression you don’t know what your destiny will be. All this affects your mental state, but we say ‘patience’…”

**Not his real name – changed for anonymity.*

MENTAL HEALTH AND IMPACT OF THE SITE

Commisceo Primary Care Solutions provides onsite healthcare services from Mondays to Fridays, including initial health screenings on arrival. Our team observed that these services are not always accessible or appropriate for the complex and specific needs of people accommodated at Wethersfield.

Individuals fleeing violence, war, persecution and other forms of hardship require therapeutic mental health support and trauma-informed services. While basic mental health support is offered onsite, there are no specialised services. Our clinicians have observed that mental health concerns – such as depression, anxiety and sleep difficulties – are often managed through routine prescriptions of antidepressants and sleeping tablets. Due to the site's remote location, accessing prescriptions can also be challenging as it requires travelling to the nearest town, some 10 miles away.

The men we interviewed spoke about the major impact the site was having on their mental health, as well as on the mental health of those around them. It is clear that the isolated location of Wethersfield and the living conditions onsite exacerbate and contribute to a deterioration in people's mental health over time. The most common diagnoses made by medical our team were psychological. Many individuals had symptoms consistent with post-traumatic stress disorder (PTSD) – a psychological condition caused by experiencing or witnessing a highly traumatic event. Other common diagnoses included acute stress reaction and depressive disorder. Our team made 56 referrals for counselling to NHS Talking Therapies and Boloh **[15]** (March – December 2024).

A 2024 ICIBI report noted the positive impact on individuals of knowing the length of time they would have to stay, and the importance of this for their mental health and wellbeing. It was not until early 2024 that people in Wethersfield were told their maximum stay would be nine months – which is still a very long time living in these conditions. After July 2024, the government started to process asylum claims and the Rwanda plan was scrapped. Individuals stayed onsite for less time each day and their overall length of stay was reduced; this resulted in an improved sense of wellbeing and hopefulness amongst some of the men at Wethersfield.

However, even after this date, mental distress onsite remained high, and individuals with severe mental distress continued to be accommodated at Wethersfield. Our medical team used the Clinical Outcomes in Routine Evaluation (CORE-10) to screen people for psychological distress. Sixty-two per cent of those accessing our service who had a CORE-10 assessment presented with severe mental distress and 30 per cent reported suicidal ideation **[16]**. From March 2024, our team made 18 calls to 999 or the local NHS mental health crisis team for individuals at suicide risk.



Data from our service

62% presented with severe mental distress

30% reported suicidal ideation

18 emergency calls for individuals at suicide risk

“I feel in a lonely place” – the mental health impact of mass containment sites

In early 2024, Kassim* arrived at the English port of Dover and was brought to Wethersfield a week later. For the last nine years, since he was 15 years old, Kassim had been on the move, separated from his family (wondering if they are still alive). He said he did not know that he was going to end up in Wethersfield. Initially, he was told he was going to a hotel. When he spoke to us, he had still not received his asylum interview after seven months onsite. Kassim mistrusted the asylum system due to the challenges in accessing timely and appropriate information on substantive interviews, as well as fears over his claim:

“[T]hey start now to give interviews to people, that is good, it is very good actually. Another way, a lot of people inside the camp, they get the interview like 5 days, 10 days before they send the letter. So, people get the letter after the interview. Some people - this happened to them inside the camp – they give them [the letter] two hours after the interview, so you already missed it.

“I am scared. If I am honest, I am scared. You know it is not like I left my country a few days ago. It is long time ago. From 2015, I am 24 years old. I look old because I have too much stress. But I have no sleep now because of the site, I feel like I am in prison […]

“The thing is, it's like they play a game with our mental health. They don’t tell us where they will take us, so that is one of them. Secondly, we don’t know when we are going to have an interview, so it comes from nowhere – so, we are happy because of that, we have a chance now to explain why we left our countries, why we come to this place, what’s the reason. So, it is mostly that we don’t know what is going to happen, and we are far from every person…The closest town is like 20, 30-minute walk. The closest town, there is nothing in it. We are human beings, we can control ourselves, we want to be with people in the community.”

Kassim had been diagnosed with depression by the onsite medical teams at Wethersfield. He said he knew more people had received similar diagnoses there. Others had attempted suicide onsite. Kassim told us about the impact on his mental health:

“I have what do you call it – depression pills I think they call it. To make me go to sleep – I take sleeping pills, it didn’t work. I took some medicine, I feel like a zombie when I take it – I was not happy I was not sad, I was in a dark place. I took that for a month, after I stopped it because I was getting worse. Start hating life, for no reason.

“When you come out, it is a 30-minute walk to get to the nearest town here. All of us men, we are frustrated. The weirdest thing is, a lot of people attempt suicide, that is affecting me more than I don’t know what. Up until now I feel like, 10 people they try to kill themselves when I was on the camp.

“Like in Bibby Stockholm, it was an Albanian guy yeah – it was suicide, it was too stressful. It is for us too - I would be lying if I don’t say I am not thinking about it. ‘Cos, I lost all hope in every human - everywhere I go to ask for help they don’t treat me like I am a human being, because I have different coloured skin, from a different country. I speak the same language, I understand, I have lived in a community before. I almost finished school in Sweden, I missed my chance, I missed my chance in my own country to finish school. When I came here, they put me in jail, mental place… I don’t know what to call it…

“I feel down, I feel in a lonely place. I feel like I am in an empty dark place always because I don’t know what is going to happen. I am barely sleeping now, because when the interview come – because I lost my chance to have a normal life. I don’t ask for a lot, I just want to live in a small box, I don’t care, and I call this is my home. Somewhere safe…”

**Not his real name – changed for anonymity.*

SERIOUS FAILURES TO PROTECT AND SAFEGUARD

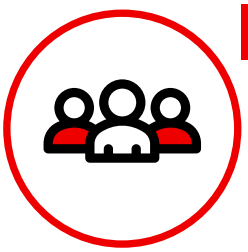
The Home Office recognises that large sites like Wethersfield are, or may be, unsuitable for certain individuals, including potential victims of trafficking (i.e. those who have received a positive reasonable grounds decision following referral to the National Referral Mechanism); people with a disability; people with the most serious physical and mental health needs; and people who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. It provides 'suitability criteria' for assessing whether individuals should be accommodated at ex-Ministry of Defence sites. Individuals are screened for suitability at asylum screening interviews and, according to Home Office guidelines, are reassessed if further information or evidence becomes available.

However, our medical team observed that men were not being appropriately screened, and that many individuals were accommodated onsite despite being 'unsuitable' according to the Home Office's own guidance. Our team experienced challenges and major delays in the transfer of men for whom the site was identified as particularly harmful. In these cases, we referred individuals to lawyers, as the Home Office and the contracted accommodation provider failed to act on information and evidence regarding a person's lack of suitability for the site.

Between July 2023 and late December 2024, 251 individuals were transferred offsite following suitability assessments **[17]**. Our team made six National Referral Mechanism (NRM) referrals (October – December 2024) for men who were identified as having experienced modern slavery or trafficking. The number of individuals who had experienced modern slavery or trafficking was actually much higher, but there were many barriers to referral, including people's fears that it could potentially impact their asylum claims, and a lack of appropriate first responders to make NRM referrals.

Our team documented serious failures to protect and safeguard the men held at Wethersfield, including a lack of transparency, coordination and pathways for identifying and sharing safeguarding concerns about residents among the organisations responsible (Home Office, CRH, Commisceo, Migrant Help, local authority). When the site opened there were no clear pathways for how to raise safeguarding concerns, and for months our team was unsure if the Home Office or CRH even received our concerns. Requests to meet to clarify pathways were ignored or declined, while improvements such as sharing safeguarding pathways took months to be implemented. Individuals were advised that they needed medical evidence to demonstrate their unsuitability to be held in Wethersfield, yet for a long time the onsite medical centre was unaware of the contents of the suitability criteria and still fail to raise concerns to the Home Office about suitability for many individuals, despite repeated disclosures from individuals.

Between March and December 2024, our medical team made 226 safeguarding referrals for 187 individuals to the Home Office, CRH, Migrant Help, the onsite medical centre and the local authority. The total number of referrals is higher than the number of individuals, as staff had to make repeat referrals because organisations working onsite and responsible for safeguarding and wellbeing do not feedback on actions taken.



Our team made:

226 safeguarding referrals (March - December 2024)

6 National Referral Mechanism (NRM) referrals (October – December 2024)

“I was put in prison for eight months and three weeks” – previous experiences of imprisonment followed by nine months in Wethersfield

Abdi* arrived in the UK during the summer of 2024 after experiencing violence at the hands of smugglers. He had travelled through many countries, including Sudan and Libya, experiencing violence at the hands of smugglers and traffickers. He finally reached the UK across the Channel. Once in the UK, he stayed in a hotel for six days before being moved to Wethersfield. Since arriving at the site, he had been diagnosed with latent tuberculosis (TB). He was moved to several different rooms - initially private and then shared when the TB was found to be latent. Lodging his asylum claim and demonstrating that he is a victim of trafficking had been stressful.

“With regards to the interview, when I first came to the country, I was told that the NRM [National Referral Mechanism – the UK framework for identifying and supporting victims of trafficking] were going to conduct an interview with me, but they did not see me, and they passed their decision without having seen me. They concluded at the first interview. But at the first interview, I did not give all the details. They decided by that interview.

“My solicitor who I have tried to contact is busy, so hasn’t come back to me yet. But the NRM that I have seen, they didn’t take me through a detailed interview, it was a generic form without having completed my details. I was hoping once I get my solicitor, I will be able to rectify the problems and have a proper interview with my solicitor.”

Abdi said the site was affecting his wellbeing because he had been imprisoned and injured in his country of origin, while the poor mental health of other residents at Wethersfield was also having an impact.

“Obviously because I was put in prison for eight months and three weeks, I did not have access to daylight, so when I came out from there my eyes were hurting. I have been to the optician, and I have been asked to wear glasses now. And I had an injury on my teeth, on my ear… there is a follow up medical appointment for me to get a solution to that. Yea, this had a high impact physically and emotionally.

“Most of the facilities [at Wethersfield], like food and everything else is provided for. There is a medical centre, but there is no pharmacy, so we do not have access to medication. The other factor that has impacted me big time, is the fact that irrelevant of the medical history of individuals we are all placed in the same space. There are people suffering from mental health issues, so they could be knocking on our door at nighttime and try to assault us. So, instead of helping those with mental health difficulties and put them in a separate place to us, to help them heal or give them all the medical assistance they need – they put us all together. This is impacting us, because we can see they might want to attack us.

“The problem is, if you are already suffering from stress and anxiety, and to be placed in such a camp where you are far away from your community and society you feel isolated. The reason why we are out every day to go to the city is to avoid that fear of loneliness, fear of being isolated. It is just an addition to the stress level. When you feel isolated there is some sort of fear factor that you suffer inside you. So, it has impacted me.

“Even during my journey to come abroad, it was very difficult, because you need to walk, and go in a truck and you fall. I think a lot of people lose their lives and die on the way here. If you get weak for whatever reason, [the smugglers] beat you up. Even during our journey from France to here, you need to inflate the inflatable boats and get in the sea… if you fail to get on them properly, they get really physical with us and beat us and tell us to do it properly. There were a lot of beatings and hard conditions involved.”

“I used my phone and the wind and what else, what is the good time, I tried just one time [to cross the Channel]. I have reached England. I checked – there is an application that shows you the wind. The sea is that good or not. You have to follow that. I tried one time, I reached here.”

**Not his real name – changed for anonymity.*

CONCLUSION

This report documents some of the dangerous and harrowing journeys that people seeking refugee protection take to reach the UK. Most people accessing our medical services at Wethersfield come from refugee-producing countries, including Sudan and Syria. Medical data and interviews document the high proportion of people who had experienced violence or abuse in their country of origin or during their journey to the UK. Despite this, every person accessing our medical service had made the dangerous Channel crossing, and many had also taken dangerous sea routes across the central or eastern Mediterranean Sea. This reflects the almost total absence of safe and official routes to the UK.

Many people seeking safety who are forced to take these journeys to reach the UK end up in contingency accommodation, including mass containment sites such as Wethersfield. This type of accommodation opened both as a deterrent to people trying to reach the UK and in response to the increasing need for asylum accommodation. As such, sites were opened quickly, without adequate safeguards and service provision in place, to ensure basic safety and wellbeing for people seeking refuge.

The policy approach of using mass containment sites is inherently and intentionally harmful, impacting people's ability to rebuild their lives, heal, integrate into the community and access other support services, including legal support. Despite the evidence that mass containment causes immense psychological harm and suffering, Wethersfield remains open, with no closure plan in place. In April 2025, Prime Minister Starmer refused to set a date on when the site would close. For as long as Wethersfield stays open, it will continue to cause harm.

DOTW UK and MSF call on the UK Government to:

- **Close Wethersfield and end the policy of mass containment for people seeking safety in the UK**
- **Place people seeking safety in the UK in dignified and safe accommodation in the community**
- **Ensure access to specialist mental health support for asylum seekers in the UK**
- **Home Office accommodation sites must have clear and transparent safeguarding pathways in place before opening.**
- **Open new and expand existing safe routes for people seeking safety to reach the UK.**

ENDNOTES

1. The IOM Missing Migrants Project puts the figure at 82, at least 14 of them children.
2. In its first month (October 2023), the clinic operated through remote consultations. From November 2023, consultations were face-to-face. The service ran for three days a week, before reducing to two days a week from October 2024.
3. We only present data for patients who consented for their anonymised data to be used. We note limitations of the data presented: 1) Data collection dates differ, because additional data points were added as circumstances evolved (e.g. safeguarding referral data collection did not commence until March 2024); 2) Denominators vary, because not all patients who registered went on to see a GP or were asked specific questions; and 3) the mobile clinic was situated outside the main gates and not onsite, so we can only report on individuals who accessed our clinic, which may not reflect the population onsite.
4. We did not select individuals based on any predefined criteria; however, only individuals who accessed or interacted with our service around the time of data collection and who were still living onsite were invited to participate.
5. All-Party Parliamentary Group on Immigration Detention, Report of the Inquiry into Quasi-Detention 2021; National Audit Office, Investigation into asylum accommodation, March 2024
6. All-Party Parliamentary Group on Immigration Detention, Report of the Inquiry into Quasi-Detention, 2021
7. Independent Chief Inspector of Borders and Immigration, An inspection of contingency asylum accommodation November 2023 – June 2024, October 2024
8. Deighton Pierce Glynn, High Court Finds the Home Secretary Acted Unlawfully in Accommodating Three Asylum Seekers at RAF Wethersfield, March 2025
9. The Migration Observatory, Asylum and refugee resettlement in the UK, 2024; Home Office Statistics, How many people come to the UK irregularly?, February 2025
10. UK Parliament, Border Security, Asylum and Immigration Bill, House of Comms, 10 February 2025
11. Refugee Council, Rescue, Recovery and Reform: towards an effective asylum system, October 2024; Home Office, Irregular Migration Statistics year ending June 2024, detailed datasets
12. Afghan Pro Bono Initiative, Still Waiting: the Afghans Abandoned by the UK, 2024
13. APPG on Refugees, Safe and Legal Routes Inquiry Report, 2025
14. These figures may underrepresent levels of previous experience of violence or abuse, as they record disclosure during consultation rather than actual experiences of violence or abuse. The service is designed to support patients to disclose traumatic information during consultations; however, there are a range of reasons a patient may not feel able to do so and, in some circumstances, the clinician may assess that it is not appropriate to explore.
15. Run by Barnado's, Boloh was a helpline for asylum seeker mental health and wellbeing. Note the Boloh service came to an end on the 31 January 2025.
16. CORE10 was completed at the discretion of the attending clinician; as such, the total number of assessments is less than the total number of patients seen.
17. This information comes from the ICIBI report: An inspection of contingency asylum accommodation (2024) and an FOI response.