# Joint Briefing: The human impact of the UK-France 'One in, One Out' scheme

*September 2026*

**Introduction**

Introduced by the UK and France in August 2025,Operation Hillmore allows one person to be admitted to the UK to claim asylum in exchange for another person who arrived by small boat being detained and forcibly returned to France. This makes one person's access to asylum dependent on another being denied it. The pilot was originally due to expire in June 2026 but was extended to 1 October 2026. As of September 2026, around 1,400 people had been returned to France and over 1,117 people admitted to the UK under the scheme. More than 1,000 people have been detained.

Since its commencement, the scheme has been rife with systematic failures in screening and safeguarding, compounded by the speed of the process and the extreme difficulty of obtaining legal advice in detention. The physical and psychological conditions of the individuals who are returned to France is deeply alarming. The scheme is harming and failing vulnerable people, including children, whilst also creating vulnerability.

Operation Hillmore forms part of a much longer history of the UK externalising its border to France. Over the past two decades, the UK has paid France more than £1.3 billion to manage UK border controls, contributing to an increasingly militarised and harmful border environment. Under the most recent agreement announced in May 2026, the UK will provide a further £662 million over the next three years.

This joint briefing brings together medical evidence, casework and frontline observations from four organisations - Medical Justice, Humans for Rights Network, Jesuit Refugee Service UK and Médecins Sans Frontières / Doctors Without Borders (MSF) - working directly with people affected by the scheme. It sets out serious concerns about the Agreement's design, implementation and impact on people seeking safety, as well as the underlying logic of deterrence and externalisation on which it is based.

## Medical Justice

Medical Justice has documented the high levels of vulnerability among, and the harms caused to, people detained under the 'One In, One Out' scheme. In January 2026, we published research based on our detailed, independent clinical assessments of 20 clients detained during the scheme's initial months. As of September 2026, we have received over 90 referrals for people detained under the scheme, and the same concerns remain.

The individuals assessed by Medical Justice clinicians came from Eritrea, Afghanistan, Syria, Ethiopia, Iran, Palestine, Somalia, and Yemen. Among asylum seekers from these countries, there is a well-documented prevalence of torture, trafficking, and other severe abuses, alongside high asylum grant-rates.

Our clinicians recorded detailed histories of torture, trafficking and ill-treatment in home countries and during journeys. We documented corresponding physical scarring and severe mental health consequences of ill-treatment in all 20 cases. In the absence of adequate health screening before

allocation to the scheme, these vulnerabilities had not been properly considered before detention. The impact is serious – all 20 people in this group had significant mental health conditions or distressing symptoms, 12 had suicidal thoughts in detention, one attempted suicide and two self-harmed.

Once in detention, statutory screening and safeguard requirements remained dysfunctional and inadequate. Only 3 of 18 individuals with a past history – and clinical evidence – of torture had a "Rule 35(3)" report by the IRC GP to alert the Home Office. Of those who were suicidal, five were identified in detention and put on custodial observations but the Rule 35(2) reporting pathway for this was only used once[1].

These concerns about functioning of the Detention Gatekeeper, medical screenings and suicide risk management have been echoed by the Independent Monitoring Boards (IMBs). In her August 2026 letter to the Minister for Border Security and Asylum, the IMB national chair highlighted the "lack of preparation that was made to manage such predictably high levels of vulnerability." Even where risk of harm in detention was reported by IRC clinicians to the Home Office using the correct mechanism, only 63 of 617 Rule 35 reports for people detained under the UK-France scheme led to release.

Medical Justice has also documented the experiences of survivors of trafficking detained under the scheme. We reviewed 27 cases of people who arrived in the UK between early August 2025 and mid-March 2026, all of whom had clinical evidence of trafficking. They were detained for between 1 and over 3 months. At least 10 people have been removed to France and 12 were released into the community, of whom 5 were then re-detained (to be removed or again released). 6 people have been dropped out of the UK-France scheme, but this did not always result in immediate release.

The implementation of the UK-France deal has again highlighted the ongoing weaknesses in safeguarding mechanisms to protect vulnerable people in detention, which are in the process of being further weakened. In March 2026, the former Minister for Border Security and Asylum updated the Home Affairs Committee on the review of the Adults at Risk in Immigration Detention policy and Detention Centre Rules 34 and 35, and the Home Office's intention to introduce an 'evidence of needs' model, shifting away from risk of future harm and instead assessing vulnerability according to current needs. A Rule 35 report will only be required where the medical practitioner considers that a person's needs may not be met in detention.

Medical Justice fears that the 'evidence of needs' approach will result in a "wait and see approach" as was criticised by the Brook House Inquiry for waiting for "*harm to be suffered to the point where the person could no longer be satisfactorily managed in detention*". We are concerned that the planned move away from proactive identification of risk will further undermine the ability of the statutory framework to provide effective welfare standards for people at risk in detention.

[1] Rule 35 (of DCR 2001) is the key statutory safeguarding mechanism which aims to identify those with particular vulnerabilities and bring them to the attention of the Home Office who has sole responsibility of reviewing whether the person should remain in detention or be released. Under Rule 35, IRC GPs have specific reporting obligations to the Home Office if an individual is identified as within the following three Rule 35 limbs: they are likely to be injuriously affected by detention (Rule 35(1)); they may have suicidal intentions (Rule 35(2)); or they may have been a victim of torture (Rule 35(3)).

## Humans for Rights Network (HFRN)

Against the background of safeguarding and screening failures associated with 'One in, One Out', there are a high number of age-disputed children selected for the scheme, detained and sometimes removed. This is despite the fact that children are explicitly excluded from the agreement, and government policy limits immigration detention of unaccompanied children to 24 hours.
Our most recent data shows that since **August 2025 at least 213 age-disputed children have been detained under the scheme, with 93 (44%)** now in the care of the relevant Local Authority as looked after children and at least **41 removed from the UK to France**, with the whereabouts of the vast majority still unknown.

- Children are misidentified as adults during initial screening processes. This occurs the day of someone's arrival on a small boat, and often at night, so children are exhausted and disoriented. Interpretation is often poor and some interviews are conducted by phone.
- Some children claim to be adults in this context, following coercion from smugglers.
- There are strong indications that, when children disclose their age at screening, they are often disbelieved by the Home Office and recorded to be adults without referral to a Local Authority.
- Other children are reporting that they did raise their minority ages during screening processes upon arrival, however there is no record of this visible in Home Office documents, and they were detained as adults regardless, with no referrals being made to the relevant Local Authority and no record of a short form age determination taking place at port of arrival as per the Assessing Age policy.
- In detention, the Home Office often fails to refer young people to the Local Authority when they disclose that they are a child, instead deploying the same flawed age determination policy that is widely documented to mis-identify children as adults, based entirely on physical appearance and demeanour.
- There are long waits for Local Authority age assessments during which time children remain detained. Assessments are conducted in detention, which fundamentally undermines best practice exposing children to a complex and potentially traumatising age assessment whilst in detention. Detention is an inherently traumatic environment, where children are living alongside unrelated adults, exposed to deteriorating mental health and use of force. Age assessments conducted in detention also prejudice children from a fair assessment, as there has been no time for children to recover from traumatic journeys affecting their ability to recall chronological details. Communication and technological barriers make it more difficult to gather relevant evidence such as contact with relatives and identity documents.

## Jesuit Refugee Service UK

There is extremely limited access to legal advice and representation for people held in immigration detention, and therefore for those detained under Operation Hillmore[2]. This is partly due to the ongoing legal aid crisis and, more specifically, structural problems with mechanisms for facilitating legal advice in detention. In theory, everyone in detention is entitled to 30 minutes of free legal

[2] For details, see JRS UK, *Accessing Legal Advice in Detention: becoming an impossibility* (July 2025). The situation is also attested by regular legal advice surveys from Bail for Immigration Detainees (BID) and, in our observation, has worsened further since the publication of this report, with the huge demand for urgent advice on the 'One In, One Out' scheme being a major compounding factor.

advice via the Detained Duty Advice Scheme (DDAS), on which specific legal advice providers are contracted to work. Legal advisors on the scheme are supposed to have capacity to represent the people they meet with, so the DDAS should be a good route to then securing legal representation. However:

- People signing up to the DDAS frequently struggle and face a long wait to even get a 30-minute appointment. Appointments are then often confusing. Many report having spoken to a DDAS lawyer but not knowing who they were or whether or not they had taken on their case.
- Initial meetings with lawyers are nearly always by phone, and interpreters are often not used when badly needed. Consequently, a lawyer is much more likely to miss vulnerabilities or notice if a potential client is a child.
- Lawyers on the DDAS frequently tell potential clients that they simply do not have capacity to take their case.
- Even where a lawyer agrees to represent, the quality of representation is often poor. In many cases, a lawyer will only represent a client in bail matters, and therefore not address their inadmissibility or possible removal to France, or help to pursue issues around trafficking, age disputes, or other vulnerabilities.
- Even where people secure meaningful representation, this is often after many DDAS meetings, and therefore takes time. However, people sometimes only have short timeframes to challenge removal directions.

This alone makes it hugely difficult to challenge removal directions or inadmissibility - even where there are compelling grounds to do so; to raise any vulnerabilities, such as a history of torture or trafficking, or, for children, to challenge wrongful age assessment. It is both unjust and dangerous.

**Médecins Sans Frontières / Doctors Without Borders (MSF) UK**

Between January and August 2026, MSF teams in France conducted 77 psychological assessments of 61 people returned to France under Operation Hillmore. The group of individuals included women and men from Afghanistan, Ethiopia, Eritrea, India, Iran, Palestine, Somalia, Sudan and Yemen. They were assessed at two centres (the 'GL Events Center'[3] which closed in the summer and later 'La Boulangerie'[4]) in Paris after spending between one and three months in UK immigration removal centres (IRCs).

During these assessments, MSF's clinicians observed severe psychological symptoms, including: self harm, self-inflicted cuts, suicidal thoughts, severe acute anxiety, depressive symptomology, psychological breakdown, flashbacks, nightmares, spatial and temporal disorientation, sleep disturbance, social withdrawal and a profound loss of self-worth.

Primary psychological stressors reported included: reasons for leaving home country; violence experienced during the migration journey, experiences of torture, deprivation of liberty, violations of dignity, police violence; breakdown of family ties and separation from family; serious harm to loved

[3] Located in Porte de la Villette, initially opened in 2022 to accommodate Ukrainian refugees, and ordered to close by the regional state authority in late April 2026.

[4] Centre d'hebergement Paris La Boulangerie, operates as large scale emergency accommodation for asylum seekers and is housed in a former military bakery.

ones; social precariousness; no meaningful opportunity to apply for asylum or to have a claim fairly heard, or no reasonable time to consider voluntary returns.

Individuals assessed by MSF's team described detention conditions in the UK as extremely poor. Reports included:

- having little or no natural light in communal cells, irregular mealtimes and no access to outdoor time;
- multiple reports of psychological pressure by IRC staff, including being falsely told their asylum claims had been accepted, only to be immediately contradicted;
- reports of constant CCTV surveillance, with staff later referring to observations from the footage;
- reports of being handcuffed in communal areas and on the removal plane and of physical violence and verbal abuse from the guards.

Samusociale de Paris, a primary healthcare provider commissioned by the French regional health authorities to provide healthcare to those returned under the scheme, has documented serious injuries, including fractures and bruising as well as serious psychological distress among those returned to France.

Additionally, MSF received reports that access to mental healthcare was not forthcoming even in cases where individuals were at risk of suicide and that individuals were forced to take medication without information about its nature or effects. It was also reported to MSF that individuals were removed from detention and placed on planes without prior explanation or information about where they were going.

Following their removal to France, many people arrive in a state of psychological distress and are often destitute. The French state provides them with 8 days of accommodation which is not enough time to assess their needs and to provide necessary support, in particular psychological care. Furthermore, during these 8 days individuals must choose between applying for asylum; a French residence permit; or to the 'assisted voluntary returns' scheme. Most people leave the centre without applying for any of these options and are entitled to little or no support from the French state.

The 'in route' to the UK under Operation Hillmore remains largely inaccessible for almost all people seeking safety in France given the vague and restrictive criteria for application. There is no information available on this scheme for displaced people currently on the northern coastline; one organisation has been appointed to provide information and support but it is based in Paris, not on the Northern coast. In addition, the application process is online and in English, and a personal telephone number must be provided to verify their location. Given the financial hardship faced by most people seeking safety, this is usually impossible, especially as no support services dedicated to this new procedure exist in France.

MSF observes that the conditions people are detained in and removed to as part of Operation Hillmore are compounding pre-existing trauma with more trauma and causing the deterioration of health of those seeking asylum in the UK.

## Conclusion

Based on the medical and operational evidence presented in this briefing it is clear that Operation Hillmore is causing significant harm to individuals directly affected by the scheme, as well as undermining the rights of people seeking protection. This scheme and its humanitarian impacts warrant close parliamentary scrutiny, the findings of which will be vital in relation to any extension of this scheme or future removal arrangements the UK Government may pursue.

## Key recommendations for the UK Government:

- Immediately and permanently end the 'One In, One Out' scheme; release all those detained under it into safe and appropriate accommodation, including all age-disputed children to be released to Local Authority care, and permit them to enter the UK asylum process.
- In the interim, ensure all those detained under Operation Hillmore have automatic access to appropriate and timely healthcare services and other basic necessities; that clinical safeguards are in place and adhered to; and that individuals are provided with quality legal advice, clear and timely information about the Agreement and their rights under it;
- Scrap inadmissibility processes and commit to examining each asylum claim fairly on individual merits.
- Publish the human rights assessments of the UK-France Treaty demonstrating how the scheme is fully compliant with domestic, European and international law including the Refugee Convention.
- Publish information about how the UK government is monitoring the scheme, including criteria and metrics of 'success'.
- Publish the total cost of this pilot scheme, including a disaggregated breakdown of detention costs, removal costs, and any funds provided to the French government to enable its operation. It should also clarify how the stated cost of £56,000 per person was derived.
- Abandon all plans for removal hubs and other forms of asylum outsourcing; the harm caused by Operation Hillmore gives insight into the likely impact of any future scheme that operates by externalising the UK's asylum processes and border control
- Ensure that the anticipated reform of the Adults at Risk policy strengthens safeguards for vulnerable people in immigration detention and does not further weaken safeguards or harm the health of vulnerable people.
- Open genuinely safe and accessible pathways for individuals in France and other countries to seek asylum in the UK, as a matter of urgency, including but not limited to reinstating the Refugee Family Reunion route.