TARGET	PRIORITY ACTIONS	IAP SUGGESTED LEAD	STATUS	ACTON TAKEN/ PROPOSED
Transform the transparency of policy, data and other information around deaths in the immigration estate to improve accountability and lessons learned.	1. Improve the transparency of data in relation to deaths in detention by improving Home Office website signposting and through publication of a quarterly statistical report. Provide disaggregated data covering ethnicity, age, location, possible risk groups, type of death (in progress).	Home Office and IRC providers, IAP	Accept	Additional data on deaths in detention was published in August 2020 and on deaths after leaving detention as a result of an incident that occurred in detention published November 2020. Data includes gender, age range, nationality, cause of death (natural or self-inflicted or other), place of incident and place of death (name of establishment or community) and will be published annually as part of Immigration Statistics. Data includes people who died while detained under immigration powers in an IRC, short-term holding facility (STHF), pre-departure accommodation (PDA) or under escort, or after leaving detention if the death was as a result of an incident occurring while detained or where there is some credible information that the death might have resulted from their period of detention and the Home Office has been informed. Data does not include those who died while being detained solely under immigration powers in prison which are included in the safety in custody statistics, published by the Ministry of Justice.
	2. To improve transparency and improve learning, expand the definition of a 'death' in an IRC, for example by collecting and publishing details of detainees who die in prison while under immigration powers and those who die shortly after leaving detention (in progress).	Home Office, HMPPS	Accept	Immigration Removal Centre data: As for rec 1 - information on deaths after detention now part of annual Immigration Statistics. Immigration Stats Table Det_05b in the detention summary tables Prison data on self-inflicted deaths of people detained under immigration powers in prison are available in table 1.11 of this annual publication: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/861738/deaths-prison-custody-1978-2019.xlsx

	3. Introduce reporting to mirror that of HMPPS to provide notification of deaths to key external stakeholders.	Home Office	Consider	Home Office currently notifies the Prisons and Probation Ombudsman (PPO) and HM Inspectorate of Prisons (HMIP) of deaths in detention in line with requirements set out in published Detention Services Order (DSO) 08/2014 on deaths in detention. We will consider whether expanding notification requirements in DSO 08/2014, to take account of prison service learning, is appropriate. In the interim we will notify the IAP of a death in immigration detention in parallel with the PPO and HMIP notification.
Dedicate resource and focus on building a greater understanding of those at risk and scope for support from family and friends.	4. Develop an increased understanding of the impact of cultural differences on the effectiveness of suicide prevention strategies.	Home Office	Accept	Home Office and HMPPS will work with the IAP to consider how best to take this forward.
	5. Improve, expand and utilise translation services. Explore ways for all staff to have access to interpretation services, for example through mobile devices (in progress).	Home Office	Accept	Home Office (Detention and Escorting Services) has reviewed the quality of interpreter services, enhanced the telephony equipment provided and, following a successful trial, are in the process of introducing handheld translation devices to facilitate non-formal communication between staff and those whose level of English may not be strong. These devices will supplement rather than replace the phone service and will only be used for more informal and general communication. Formal and "official" communication will continue to be carried out via phone services with a professional interpreter. A Detention Services Order on the use of these devices is being drafted.
	6. Improve information sharing between prison and immigration removal centres. Key information (such as any vulnerabilities, history of violence, any mental health or	Home Office, IRC providers, HMPPS	Accept	Work is being taken forward on a data sharing agreement between the Ministry of Justice and Home Office.

clinical concerns) about the individual should be shared ahead of their arrival so that the immigration centre has adequate time to plan and prepare.			
7. Develop and introduce a system with immigration centres that tracks any important dates or decisions that might be of importance to the detainee such as days leading up to deportation, around trials and / or appeals.	Home Office with possible suggestions from HMPPS	Consider	The Home Office is reviewing the existing HMPPS local database and will consider piloting a bespoke form and process in Immigration Removal Centres.
8. Review and share learning and best practice on childhood and later trauma with aim of using it to prevent suicide and self-harm.	Home Office, IAP, Ministerial Board on Deaths in Custody	Accept	The Home Office will review any examples of learning and best practice that the IAP are able to provide and consider application across the immigration detention estate, as appropriate.
9. Review and sharing of learning and best practice on how different organisations train staff, particularly on suicide and self-harm prevention.	Home Office, IAP, Ministerial Board on Deaths in Custody	Accept	The Home Office will review any examples of learning and best practice that the IAP are able to provide and consider application across the immigration detention estate, as appropriate. Version 6 of the prison ACCT will be rolled out this year (starting in the spring for the female estate and ACCT pilot sites and summer in the rest of the estate). Roll out of the updated ACDT in the IRC estate is expected from the summer, accompanied by revised guidance (Detention Services Order) and training.

	10. Ensure clear communication with detainees through information that is tailored to suit their unique needs and circumstances. Facilitate family contact where possible to provide support and mitigate feelings of hopelessness and uncertainty.	Home Office	Accept	The Detention Engagement Team (DET) in each IRC aims to induct all individuals entering detention within 48 hours of arrival, improving the links between them and their caseworkers. The induction process is being strengthened to include additional questions relating to a person's family support mechanisms and ability to read and understand English. These will be followed up during subsequent engagement events, improving our ability to provide or signpost bespoke interventions. The engagement teams' one-to-one interactions will also support the wellbeing of people in detention particularly in identifying any signs of vulnerability and / or deterioration in health (mental or physical).
Reconsider the immigration population in the context of the impact of detention on the mental health of detainees	11. Carry out further research to examine the impact of decreases to the immigration population, both in recent years and as part of the response to the Covid-19 pandemic, on self-harm rates and wider wellbeing indicators.	Home Office	Consider	We are currently considering how best to measure the impact on numbers in immigration detention as a result of Covid and looking at ways to collect information on self-harm and wellbeing.
	12. Prioritise alternatives to detention for those with pre-existing or significant mental health needs (in progress).	Home Office	Accept in principle	The Home Office already operates on the principle that there is a presumption in favour of immigration bail and, wherever possible, alternatives to detention are used in all cases. Neither of the two alternatives to detention pilots has either explicitly targeted or excluded people on the basis of mental health needs; due to the small numbers involved this has not been necessary, with all those eligible and interested given a place on the pilots. The Adults at Risk policy continues to apply and, where detention is the only viable route to return, each individual's case will be considered by casework teams and the detention gatekeeper (DGK) in line with the policy and on a case by case basis.

	13. Carry out further research comparing remand, IPP prisoners and others serving indeterminate terms with those detained in IRCs to further understand the impact of uncertainty and hopelessness on detainees.	Home Office, IAP, Ministerial Board	Consider	The Home Office will consider this recommendation alongside recommendation 11.
	14. Increase resources for Samaritans and listeners within IRCs.	Home Office	Consider	The Home Office will consider this recommendation alongside current levels of resource for Samaritans and listeners in IRCs.
Take steps to ensure adequate healthcare provision to suit the needs and circumstances of the immigration population.	15. Ensure that vital information is shared between hospitals and immigration removal centres.	Home Office, IRC providers, healthcare providers, NHS E/I	Accept	We agree the need for appropriate information sharing between IRCs and hospitals. Local Clinical Commissioning Groups for the relevant hospitals are responsible for developing processes for sharing information from hospitals with the IRC healthcare team. The IRC healthcare team is responsible for making relevant clinical information available to a receiving hospital. NHS (E) support the services of their commissioned teams and the healthcare specifications are already clear in identifying patient information flow requirements.
	16. Provide guidance to staff to enquire about the urgency of a matter which leads to a detainee requesting a healthcare appointment.	Home Office, IRC providers, NHS E/I	Accept	A person in detention should be able to request a healthcare appointment with an appointment made and attended freely. If a request is made outside of core hours, healthcare staff should always be summoned; they will determine what action is needed. The healthcare specifications are clear around the requirements which need to be met by healthcare professionals working in IRCs. The providers delivering healthcare are held to account against the specifications on a local basis by the regions Health and Justice commissioning team during contract and performance review meetings. The Standard Operating procedures for the DETs have been updated to make clear that the Home Office should follow up any healthcare issues that are raised. This includes ensuring that urgent
				requests to see a member of the healthcare team are recorded and followed up.

	17. Review healthcare screening processes to account for language barriers and the likelihood of limited prior interaction with healthcare systems and ensure that processes are understood and the detainee can participate.	Home Office, IRC providers, healthcare providers, NHS E/I	Accept	A review of interpretation services in response to Shaw 2 rec 19 looked at interpretation services throughout the IRC, including during induction and in healthcare. The handheld translation device being rolled out across the estate (see recommendation 5) will be available to healthcare to supplement formal interpretation. In addition to language barriers, healthcare staff are aware that people in detention will have had varied access to formal healthcare in the past; they respond accordingly and on a case by case basis.
Provide staff with appropriate training, tools and supervision to support	18. Work with HMPPS to update ACDT within removal centres (in progress).	HMPPS, Home Office	Accept	Although work to revise the ACDT document and guidance has been delayed due to the covid-19 pandemic, we remain committed to taking this work forward in partnership with the Ministry of Justice.
detainees and identify signs of physical and mental health risk.	19. Develop and roll out cultural awareness training for staff to increase understanding of the different ways in which detainees might express pain or anxiety.	Home Office with advice from IAP	Accept	The development of training in cultural awareness – which will include measures to enable uptake, quality and impact to be assessed – is being taken forward with our IRC suppliers and in the wider context of the Windrush Lessons Learned comprehensive improvement plan.
	20. Introduce the use of a checklist system or other cognitive aid that can be used by staff members during times of emergency to aid them to treat an individual humanely and effectively.	Home Office with advice from IAP	Consider	The Home Office and HMPPS will work with the IAP to determine how best to take this recommendation forward.

Improve learning processes and ensure public, independent, transparent investigation	21. Formalise mechanisms for sharing lessons learned across IRCs following a death and the involvement of independent scrutiny and facilitation at lessons learned exercises.	Home Office with IAP	Accept	Home Office will work with the IAP to consider how best to take this forward, which will include sharing lessons on 'near misses'.
	22. Share regular updates of good practice with the different service providers encouraging them to share good practice with each centre. Good practice should be disseminated via regular newsletters or regular meetings with senior management of each centre. Devise formal ways of checking that learning has been embedded.	Home Office in conjunction with service providers	Accept	This recommendation will be taken forward alongside recommendation 21.
	23. Work with the Ministry of Justice to allow non-relatives and relevant organisations to apply to be recognised as an interested person where family	Home Office in collaboration with Ministry of Justice with relevant NGOs	Consider	Work is underway to translate an information leaflet for bereaved families, following input from IAP. The Home Office and HMPPS will work with the Ministry of Justice to determine how best to take this recommendation forward.

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representation is not possible. Deliver improvements to information provided to bereaved families, including sources of specialist advice and support.			
24. Develop method of providing resources and feedback to bereaved families on actions taken and ensure these are subject to a regular review (in progress).	Home Office	Accept	DSO 08/2014 covers the role of FLO in supporting the family and on financial support (such as funeral costs and repatriation). We will consider whether and how to expand the DSO to cover the ongoing role of the FLO.