



Juliet Lyon CBE
Chair of the Independent Advisory Panel on Deaths in Custody

By email: Juliet.lyon@justice.gov.uk

18 March 2021

Dear Juliet,

I am grateful to you and the Panel for the work you have done to support and inform our consideration of three recommendations (recommendations 34, 37 and 38) made by Stephen Shaw in his report "Assessment of government progress in implementing the report on the welfare in detention of vulnerable persons: a follow-up report to the Home Office by Stephen Shaw, July 2018". I am grateful, in particular, for your detailed and thoughtful report and for offering to support us as we take this important work forward. Our detailed response is attached.

This work is not of course being taken forward in isolation; rather it forms a key part of the Government's work to reform the detention estate and to support the most vulnerable. The Government's strategic priorities in this area are:

- to keep the use of immigration detention to a minimum;
- to ensure that decisions to detain – and subsequent decisions to maintain detention or release from detention – are well made, with more systematic safeguards and support for the vulnerable;
- to secure greater transparency around immigration detention; and
- to ensure that people who are detained are treated with dignity and in an estate fit for purpose.

Although the numbers of deaths in the immigration detention estate and among those recently released from detention are low (9 deaths since 2017), we are in no way complacent. We are committed to taking all action possible to ensure that both self-inflicted and natural cause deaths are reduced still further and, crucially, to ensuring that where our staff and contractors successfully take action to prevent a death, learning is quickly identified, discussed and shared. We have accepted most of your recommendations, with just a small number still under consideration, and will be working closely with colleagues in the prison service to consider how best to implement actions relevant also to people being detained in prison under immigration powers. We are particularly focused on implementing both the letter and spirit of your recommendations, using your report as a springboard to improve our understanding, our learning and our activity. This is particularly relevant with the recent death of a resident at Morton Hall IRC and we are keen to work with you to learn from this tragic event.

We have made significant progress in some of the areas you identified, including improving transparency about the numbers of deaths. Additional data on deaths in detention was published in August 2020 and new data on deaths after leaving detention as a result of an incident that occurred in detention was first published in November 2020; this data will now be published annually as part of our Immigration Statistics. The 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). It 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. Although data does not include those who died while being detained solely under immigration powers in prison, these are included in the safety in custody statistics published by the Ministry of Justice on 28 January 2021.

Work to improve our understanding of those who might be most at risk is being taken forward in a range of ways. We are improving access to interpretation services in the IRCs, including through supplementing the formal translation services with a handheld device to support more informal communication; following a successful pilot the device is being rolled out to all IRCs. Through the FNO Taskforce and working jointly with prison service colleagues, we are committed to improving information sharing about risk and vulnerability between prisons and the immigration detention estate. We are also working to bring parity where possible between immigration detention and those detained under immigration provisions within a custodial environment.

We are considering developing a bespoke process for identifying and sharing key dates or events which may heighten the risk to a person that our Detention Engagement Teams (DETs) in each IRC might use to target specific interventions and feed into our existing risk assessment processes. The DET induction process continues to evolve and is being strengthened to include additional questions relating to a person's family support mechanisms and ability to read and understand English that will be followed up during subsequent engagement events, improving our ability to provide or signpost bespoke interventions.

We continue to support the mental health needs of people in immigration detention, driving implementation of the Mental Health Action Plan we published following Stephen Shaw's 2016 review alongside our implementation of Mr Shaw's recommendations. NHS England primary care and dental specifications aim to deliver the best possible healthcare outcomes for those in detention and take account of the specific needs of the detained population, including physical and mental health requirements and any particular stresses that can be placed on/experienced by those in detention.

Through our wider reforms and improved safeguards – including the detention gatekeeper function and strengthened case progression panel arrangements (including independent panel members) - we are working collectively to identify and appropriately manage a wide range of vulnerabilities, including around mental disability and incapacity, across the immigration detention system. Guidance (DSO 4/2020 "Mental vulnerability and immigration detention - non-clinical guidance") was published in July last year, setting out processes for non-clinical staff in IRCs on how to identify and support individuals who may lack decision making capacity and / or have disability related to mental impairment. We are currently exploring the feasibility of putting in place a system of advocates who would support individuals who lack decision making capacity, to enable them to better understand and challenge immigration decisions.

We are considering the measurement of the impact on numbers in immigration detention as a result of Covid and looking at ways to collect information on self-harm and wellbeing, building on the helpful quality of life work completed by Mary Bosworth. Work to understand the impact of detention on people, particularly in the changing circumstances, is underpinned by an ongoing programme of monitoring and evaluation. Findings from this work is used to support continuous improvement.

On wider healthcare issues, healthcare staff are aware of the varied access to formal healthcare that people in detention may have received in the past and respond accordingly. Our work to improve the quality and availability of interpretation services in the IRCs includes healthcare and the DETs are required to follow up healthcare issues raised by people during engagement activity, including ensuring that urgent requests to see a member of the healthcare team are recorded and followed up.

We agree that training for staff to support detainees and identify signs of physical and mental health risk is, and will continue to be, a key part of our response to ensuring that risk is both

identified and acted on. All IRC staff receive mandatory safer detention training on an annual basis, with suppliers delivering training to their own and Home Office staff. Staff involved in detained casework are currently undertaking modular training (i) Start Detention, ii) Manage Detention and iii) Release and Return) which aims to ensure that vulnerability and other basic policy principles remain at the forefront of each decision. The training will be delivered annually, and by the end of 2020, some 1200 staff had completed at least the first module.

Although work to revise the ACDT document and guidance has been delayed due to the covid-19 pandemic, we remain committed to completing this work in partnership with the Ministry of Justice. 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 also expected in the summer, accompanied by revised guidance (Detention Services Order) and training.

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 implementing the Windrush Lessons Learned comprehensive improvement plan.

Improving our processes for learning from both deaths and near-miss events is an area of absolute focus for us. Although formal processes are in place following a death, we agree that more needs to be done to truly identify and learn the lessons, including improved sharing of practice between IRCs and our suppliers, particularly when a death has been averted. We are grateful for your offer of support to assist with this work and look forward to working with you and our prison service colleagues, on this and on the other issues covered in your report by providing relevant research insight and helping to develop solutions for some of the recommendations.

I would like you to meet Tyson Hepple, Director General, Immigration Enforcement, to discuss the issues raised in your report in more detail. His office will be in touch with your IAP Secretariat to arrange.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Chris Philp'.

Chris Philp MP
Minister for Immigration Compliance and Justice