

“Every escorting vehicle must hold sufficient DCF9 forms in available languages and sealable envelopes Detainees should be advised of their right to make a complaint at the start of the journey and a laminated copy of a complaints form should be available inside the detainee compartment telling detainees that forms can be obtained by the escorting staff.”

Biased and Unjust : The Immigration Detention Complaints Process

Contents

Executive summary	3
1. Introduction.....	4
2. The complaints process in immigration detention.....	6
3. What detainees complained about	8
Medication and inadequate treatment	8
Cancelled hospital appointments	8
Handcuffing.....	8
Physical assaults and excessive use of force.....	9
4. Overview	12
Governance.....	12
Access	13
Time scales.....	13
Investigations.....	14
Clinical complaints	16
Transparency	16
Independent monitoring boards.....	17
Appeal to the Ombudsmen.....	17
Learning from complaints.....	18
5. Conclusions and recommendations.....	19
Acknowledgements	21
References	22

About Medical Justice

Medical Justice sends independent volunteer doctors in to all the immigration removal centres around the UK to challenge instances of medical mistreatment and help detainees get the healthcare they need. About 30,000 men and women are detained indefinitely despite no accusation of crime. Some languish in detention for years. The doctors also write medico-legal reports, documenting scars of torture and serious medical conditions that should be considered in the detainee's immigration claim.

We assist over 600 detainees a year, most of whom are later released and many get leave to remain in the UK. Medical Justice was established in 2005. Our medical evidence base is sizeable, unique and growing. Evidence from our casework is the platform for research we carry out which demonstrates systemic failures in healthcare provision and the harm caused to detainees, as well as the toxic effect of immigration detention itself.

We and others use our research to secure lasting change to the detention regime through policy work. Where that fails we may undertake strategic litigation. Medical Justice raises public and parliamentary awareness. We mobilise medical professionals and train medics to assess detainees.

Executive summary

1. A fair complaints system is an important safeguard where people are held against their will and are vulnerable and powerless. It also provides opportunities to improve facilities and existing practices as well as holding the Home Office and its contractors to account.
2. The last independent audit of complaints procedures in immigration removal centres was carried out in 2008 by the Complaints Audit Commission which described a failing system. New procedures were introduced in 2011.
3. In 2011 Medical Justice established a project to provide support and assistance to detainees making complaints against the Home Office and its contractors. This report is based on our experience of these complaints.
4. Many complaints were about serious misconduct, particularly injuries sustained during attempts to transfer the detainee or remove them from the UK. There was also a high proportion of complaints about inadequate health care, frequent cancellation of hospital appointments, use of handcuffs and the presence of guards in medical consultations.
5. These cases indicate that, while some areas have improved, the problems identified in 2008 still persist. Time scales for replies to complainants were not met, investigations were frequently inadequate and partial, biased towards the Home Office's contractor, even when there was evidence to the contrary. Almost half the complaints seen by Medical Justice were escalated to the Ombudsmen.
6. Following the recent legal aid changes and cuts brought in under the Legal Aid Sentencing and Punishment of Offenders Act 2013, an increasing number of detainees are

unrepresented. As a result there is an even greater need for a complaints system that is transparent and effective.

7. Recommendations are made to:

- Increase transparency and scrutiny of the handling of complaints
- Provide an independent overview of the process replacing the role of the Complaint Audit Committee
- Implement standards for investigation, access to evidence and police investigation.
- Ensure that healthcare complaints meet the standards of the NHS complaints procedures, including access to advocacy
- Ensure that lessons are learnt from complaints, that action plans are produced and regularly followed up
- Strengthen and clarify the role of independent monitoring boards in complaints
- Improve access to the Parliamentary and Health Service Ombudsman to enable direct access, rather than through MPs.

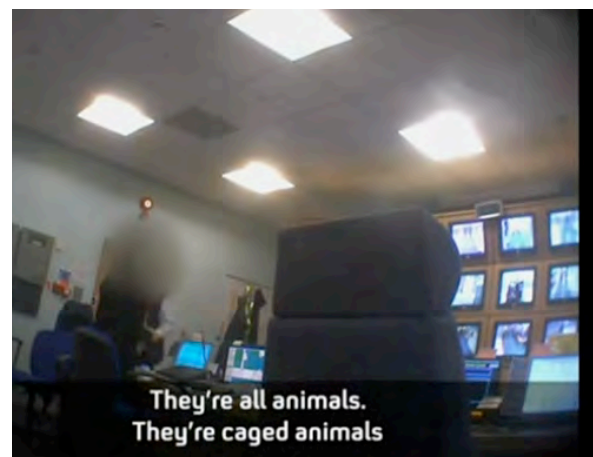


Image above : Channel 4 – Yarl's Wood IRC

1. Introduction



Image above : Channel 4 – Yarl’s Wood IRC segregation unit

A complaints procedure is an important safeguard for all facilities and particularly important where people are vulnerable and powerless and held against their will. People held in indefinite detention in immigration removal centres are among the most vulnerable people in our society.

Many detainees have suffered torture or ill treatment, have significant and chronic health problems, or have been detained for prolonged periods of time without any prospect of removal. Furthermore they are powerless and may fear that if they make a complaint there may be repercussions.

Medical Justice receives referrals for approximately 600 detainees a year, sending volunteer doctors into immigration removal centres to visit patients and produce medico-legal reports. We became increasingly concerned about the difficulties faced by detainees in making a complaint. Detainees were frequently unaware of the procedures and even serious complaints were not investigated. Some were dismissed as unsubstantiated that were later

upheld when the detainee took legal action. In 2011 Medical Justice established a project to provide casework support and assistance to detainees making complaints against the Home Office and its contractors. This project ran for two years until August 2013 alongside the core work of Medical Justice. At the end a leaflet for detainees and their supporters was published.

Until the Home Office disbanded it, the Complaints Audit Committee oversaw the complaints process in detention and prison. The three inspectors were independent and produced an annual report to for the Home Secretary based on visits and surveys. The final report in 2008 was a scathing and disturbing indictment of the way complaints were handled: unacceptable delays, superficial and biased investigations. with 83% of investigations considered inadequate.¹

Following this, the duties of the Committee were transferred to the Independent Chief Inspector of Borders and Immigration. Following the “Outsourcing Abuse” report from Medical Justice on alleged assault during removal, the Home Secretary appointed Baroness O’Loan to undertaken a review which found problems in the way complaints were investigated and made recommendations^{2,34}

This report looks at whether complaints handling in immigration removal centres has improved since then, based on the experience of case workers at Medical Justice. It looks at how the handling of complaints met the principles for complaint handling produced by the Parliamentary and Health Service Ombudsman and the Home Office's own standards for complaints.

Why detainees don't complain

"I was beaten by the guards during deportation attempts in June 2010 to an extent that one of them bit my leg. After this assault, my arm was in plaster for 11 weeks because I had resisted removal attempts. I had been detained for nearly 10 months and the experience during that time is unexplainable to anyone who has never been detained.

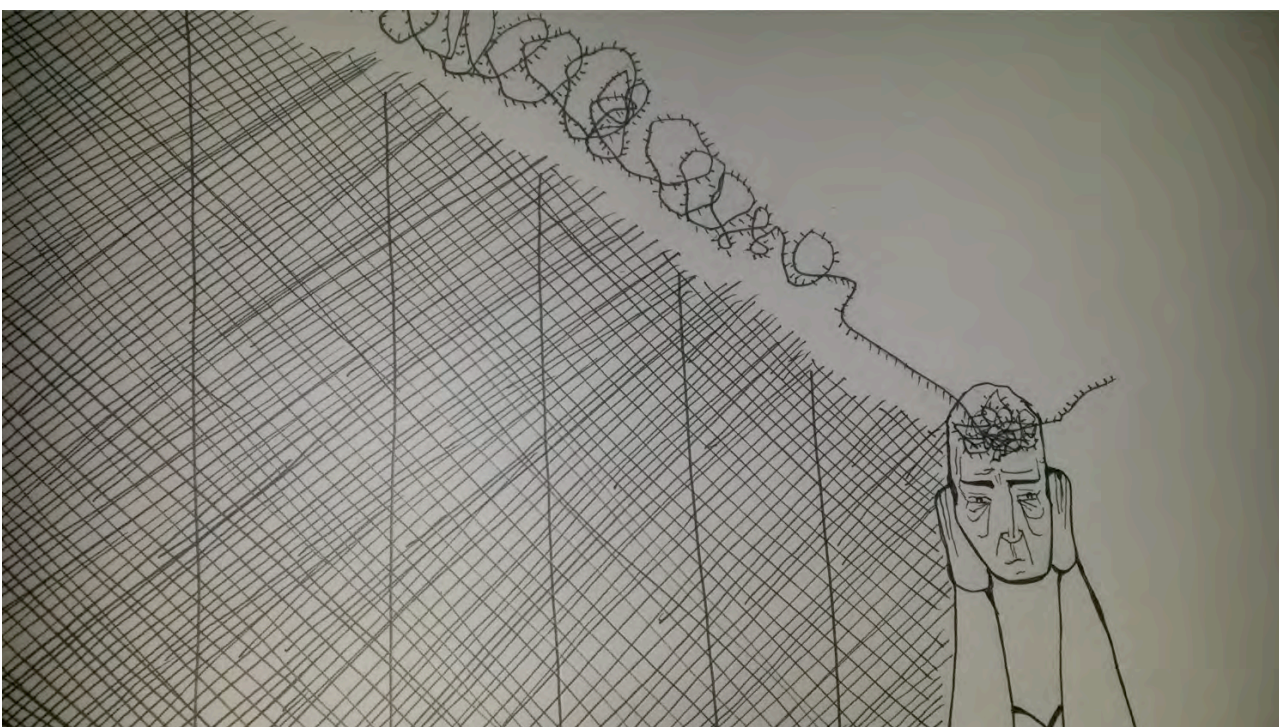
I made complaints to all the complaints units after my assault, but all of them were dismissed as I had suspected, because there isn't any 'fair and independent' complaints unit. Moreover it is still the same company responsible for my grief at the time, whom I had to complain to. In the response of the complaints I had made, I was made to believe that the guards were within their realm of their duty and it was my fault that they had to beat me up. This made me fear the worst, as I had been made to believe that I had proved to be the trouble maker, and they were going to treat me like wise.

The Home Office says there is independence in their complaints investigations against itself and its contractors. But to me it proved to protect its employees and its contractors.

I feared making any complaints, or voicing anything against the guards and other detention staff because it was for my benefit to lie low and not seen as a trouble maker, this was for my good, (or so we/I was made to believe). The detention guards' treatment towards me and other detainees, made it clear that we had no say. You are shown that you are worthless, you are not a human being anymore. I was made feel like they can stamp on me or spit at me, and had no option than to submit to anything they subjected me to.

Making a complaint feels pointless as you won't get any form of justice. You are just isolating yourself, putting yourself at risk of bad treatment. You have the fear of deportation coming sooner as you show yourself to be a trouble maker.

The Home Office were only forced to respond to my complaints seriously when I was lucky enough to get a good solicitor. Eventually the Home Office apologised for detaining me unlawfully and paid compensation. After I was released I was granted refugee status. Most detainees in my position never got any justice."



2. The complaints process in immigration detention

Approximately 30,000 people are detained each year under immigration powers including those detained in police cells or prisons. About 3,000 people detained at any one time.⁵ In 2010, asylum seekers accounted for almost half of all detainees.

The Home Office has a procedure and guidance for the handling of complaints in immigration removal centres, short term holding facilities, holding rooms and during escort.⁶ According to the procedures the complaints process is meant to be as follows ;

The first stage of the procedure is for the detainee to talk directly about the problem with detention service staff. If the detainee is not satisfied they can make a formal complaint to the Home Office. Anyone can make a complaint on behalf of someone else, as long as they have that person's written consent and it is within three months of the incident that gave rise to the complaint. In each detention centre there are leaflets, available in several languages, and a complaints form and a locked box for complaints that is emptied every day by Home Office staff. The complaint form or letter may be submitted in any language but the reply will be given in English. If a detainee has communication difficulties in reading or writing or language, customer service managers are required to ensure arrangements are in place to assist them to complete the forms.

When the Home Office receives the complaint, the Detention Service Customer Support Unit (DS CSU) will send an acknowledgement to the complainant and send the complaint to the most appropriate person in the detention centre to investigate. A reply from the detention centre should be received within 10 to 20 days, depending on the nature of the complaint. A copy of this reply should be sent to DS CSU and the Independent Monitoring Board. Complaints that involve serious misconduct are sent by the DS CSU to the Home Office Immigration Enforcement Professional Standards Unit (PSU) for investigation. The reply should be sent within 12 weeks. The Home Office will refer cases involving physical assault to the Police.

Complaints are categorised as:

- Service delivery - these are complaints that do not refer to the conduct of individual officers,

but about the delivery of the service such as delays, facilities or poor communication.

- Minor misconduct complaints that relate to individual members of staff, including incidents of rudeness or bad language.
- Serious misconduct complaints that are about individuals which if substantiated would demonstrate a fundamental breakdown of trust, including racism, bullying and physical assault.

Information about complaints in IRCs is not published. A Freedom of Information request showed that in the year 1 December 2012- 30 November 2013 1,276 complaints were received.⁷ Of these 738 referred to service delivery, 355 to professional misconduct and 183 to clinical issues.

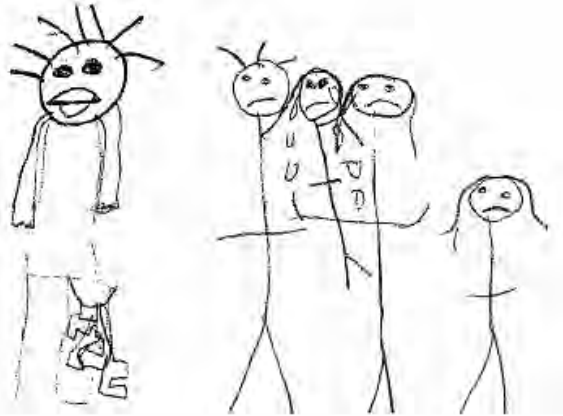
Once the complaint has been through the detention centre complaints system the complainant can appeal to the Ombudsmen or the Independent Police Complaints Commission.

- Complaints about healthcare are made to the Parliamentary and Health Service Ombudsman (PHSO). This must be done through a Member of Parliament.
- Complaints about assault, mistreatment or other issues are made to the Prisons and Probation Ombudsman (PPO).
- Complaints about the way detainees were treated when first arrested or detained are made to the Independent Police Complaints Commission.

Detainees can also raise problems or concerns with a member of the Independent Monitoring Board. This will be recorded by the Board member but not as a complaint unless subsequently a formal complaint is made.

Increasingly people in administrative detention are being held in prison after their sentence is completed. They are covered by the prison complaints procedure and the Prisons and Probation Ombudsman. Health care complaints come under the NHS complaints procedures.

Statutory bodies with responsibilities for complaints in English IRC



Ombudsmen

The Prisons and Probation Ombudsman and the Parliamentary and Health Service Ombudsman have powers to investigate individual complaints and make recommendations both about individual cases and the complaints handling process. However, they do not undertake systematic reviews of complaints handling.

The Independent Monitoring Board

These boards are appointed by the Secretary of State for each IRC in accordance with the Immigration and Asylum Act 1999 to monitor the conditions and operation of IRCs. The Board members have a statutory obligation to hear complaints from detainees and can question staff. They also have the right to monitor the way in which complaints are heard and managed in IRCs

and short term holding facilities. Comments on complaints handling are included in the annual reports for each IRC.

HM Inspector of Prisons

HMIP has a statutory responsibility to inspect all IRCs and holding centres and provide independent scrutiny of treatment and conditions. His inspection reports include comments on complaints handling.

Independent Police Complaints Commission

The IPCC oversees the police complaints system in England and Wales and investigates complaints against police services..

Care Quality Commission

The CQC regulates and conducts inspections of health and social care in immigration detention, led by HMIP.

HealthWatch England

A statutory subcommittee of the CQC that has statutory powers to monitor all local health and social care services, including the care provided within IRCs by any part of the NHS or by local authorities. Local HealthWatch have the power to meet with people detained in IRCs to obtain their views about their experiences of care provisions.

3. What detainees complained about

During the project Medical Justice assisted with 31 complaints made by 28 detainees. Caseworkers provided advice and, where appropriate, wrote letters on behalf of detainees and followed them up for them. The outcomes and specific findings of each complaint were recorded and monitored.

Table 1 – What detainees complained about

Complaints about	No.
Inadequate treatment and Medications	14
Physical assault	13
Degrading treatment/verbal abuse/racism	7
Use of handcuffs	3
Cancelled hospital appointment	10
Other (lost mail, property, poor facilities)	3

Twenty seven complaints were made by men and four by women. This broadly reflects the proportion of men to women in the detention estate. They came from 13 different countries. Most complaints referred to one removal centre, but some covered two or more. Medical Justice was involved in serious complaints that related to medical issues, sometimes arising out of assault. Some complaints covered more than one area (table 1).

Medication and inadequate treatment

Many detainees find that when they come into detention they do not have their medicines with them or only a short supply. Sometimes detainees are taken in raids without warning and do not have the chance to pack their things or collect their medications. Complaints included denial of appropriate medication, including for HIV and painkillers for chronic conditions.

Others complained that their care was inadequate and that health care failed to provide regular check-ups or tests, including blood tests, ECGs, monitoring of blood pressure and insulin management. One complainant stated that out of date or incorrect medication, including intravenous medication, was administered. In others there was a failure to adhere to clinical plans for patients, including psychiatric plans.

Cancelled hospital appointments

Detainees who need specialist care should be taken to local NHS hospitals. In order for a detainee to be taken to an outpatient appointment, transport needs to be arranged. Problems with transport led to repeated cancellations or postponement of medical appointments, including for serious conditions such as uncontrolled hypertension. Most complainants had more than one appointment cancelled, one had had five appointments cancelled before he made a complaint.

Appointments can also be missed if the detainee is moved to a different immigration removal centre. Moving detainees around is common, with no reasons given. If the detainee is waiting for a hospital appointment, this appointment is lost and the process has to start all over again at the next centre. The detention centre doctors and nurses have the power and the duty to stop a transfer by insisting on a “medical hold” to prevent a detainee missing an appointment.

In one case three external cardiologist appointments to investigate a detainee’s uncontrolled hypertension were cancelled over a four month period at different detention centres. Following a complaint the Home Office accepted that he should have been put on “medical hold” and not transferred from detention centre to detention centre in light of his ill health. The detainee won compensation in a case brought for unlawful detention partly based on his unfitness for detention as a result of his ill health.

In another case a detainee was referred to the local hospital for rehabilitation and physiotherapy following a stroke. Because of transport and escort problems, he missed many appointments. The chief physiotherapist made a complaint to healthcare in the IRC saying that the patient had had to be discharged because his attendance was so poor.

Handcuffing

When a detainee is taken to a hospital appointment a risk assessment is made as to the likelihood of the detainee absconding. HMIP have recommended that detainees should not be routinely handcuffed during escort or during hospital appointments. Restraints should be applied only if a risk

assessment indicates a specific risk of escape or to the safety of the public or staff.⁸ The Home Office also has guidance on this.⁹ A recent legal case found that the continued use of restraints for nearly nine days on a detainee in hospital amounted to inhumane and degrading treatment under Article 3 of the European Convention on Human Rights.¹⁰

However, when taking detainees to hospital the IRCs nearly always used handcuffs, even when the detainee was clearly very ill. An HMIP reported on this. *'Although we found a small number of exceptions, most detainees were handcuffed on external appointments, even though they all underwent individual risk assessments. This included some detainees assessed as low risk. A detainee who was wheelchair bound following a stroke had recently been handcuffed on a journey to hospital, for no obvious reason. He had been assessed as low risk. We noted other cases where use of handcuffs was grossly excessive. In November 2012, a dying man had remained handcuffed while sedated and undergoing an angioplasty procedure in hospital; his restraints had only been removed seven hours before his death.....In another case, an 84-year-old man who was considered frail and was suffering from dementia died while still in handcuffs, having been kept in them for around five hours. Only after his heart had stopped and cardiopulmonary resuscitation started were the handcuffs removed.'*¹¹

British Medical Association guidelines are clear that the doctor should request the removal of restraints and request guards to leave the room. This they should do if the method of restraint interferes with treatment or if the detained person is clearly too incapacitated to threaten others or abscond.¹² However, inexperienced doctors may find it difficult to stand up to the guards and be unaware that they can do this. This is clearly a breach of the patient's right to dignity, privacy and confidentiality and can have serious consequences for the patient. In one instance guards reported back incorrectly that the patient had TB and this false rumour became widely circulated in the centre.

There were some changes recommended as the result of complaints made. One complaint against handcuffing in medical consultations was partly substantiated. The IRC agreed that a 'long cuff' will be used in future. However, this recommendation ignored HMIP and BMA recommendations that

handcuffing should only exceptionally be used in medical consultations.

Left in pain and with wrong medication

Before being detained, DD had a fall causing severe back pain. He made a complaint that he had been left for 3 days without painkillers and his X ray on his back had been cancelled as he was moved to another detention centre. The complaint was unsubstantiated.

Three months later DD made a complaint about the treatment he received for his mental health problems. DD had been reviewed by a psychiatrist and a community psychiatric nurse and a plan agreed to change his medication and refer him for treatment for post-traumatic stress disorder. However, his medication was not changed for 2 weeks after it had been prescribed and this was only done after a letter from the Medical Justice caseworker. He was not referred for psychotherapy. This complaint was also unsubstantiated.

Both complaints were accepted for investigation by the PHSO. The complaint was upheld and the Home Office accepted the recommendations for a compensation payment of £500 and wider issues about the quality of care given to detainees with post traumatic stress disorder.

Physical assaults and excessive use of force

Six complaints were about verbal abuse, including racial and sexual abuse and dehumanising or demeaning language. Five were also associated with alleged physical assault. None of these complaints were substantiated. Thirteen complaints alleged physical assault resulting in injury. Allegations made in complaints included :

- Physical assault during removals and attempted removals, including beatings and torsions to limbs;
- Physical assault during transfers between detention centres or between wings within detention centres;
- Use of stress techniques, including applying pressure to throat and neck during removal attempts.

Photo : injury from handcuffing



All but one of the complaints about assault happened during transfers or attempted removal. Medical Justice has previously documented the problems of violence by escorts during removal in its report '*Outsourcing Abuse*'. It is concerning that this is still continuing.¹³

Any physical assault is a criminal offence. However, detention officers have the power to use force where necessary and proportionate – it becomes an assault when excessive or unnecessary force is used. Allegations of physical assault are referred by the DS CSU to the Professional Standards Unit (PSU). The PSU should automatically refer the complaint to Police to obtain a crime reference number and pass this information on to the detainee or their legal representatives upon request.

Where a detainee is harmed by use of force or alleges harm, the detention centre should refer the detainee to a doctor and photograph the injuries.¹⁴ Injuries following assault were regularly not examined, recorded or photographed. No photos

were taken in three cases. In 2012 Detention Service Order (DSO) 14/2008 was replaced by a weaker DSO 05/2012 which lessened the requirements on IRC and escort staff when a detainee was harmed while in custody. Photos and medical examination are only now required when a complaint is made. In fact if a detainee is injured during removal and the removal goes ahead, there is apparently no requirement for the incident to be reported.¹⁵

Where a detainee makes an allegation of a criminal offence, such as an assault, the police are under specific obligations to investigate. The local police force should visit and start the investigation by talking to the detention custody officers. Sometime the detention custody officers tell the police that the detainee is making the complaint up in order to avoid removal. The local police tend to rely on what they are told by the contractor and do not see the need to investigate further.

None of these cases of alleged physical assault were substantiated by the Home Office investigations. In one case a detainee was injured in a removal attempt and his complaint was unsubstantiated by the Home Office. The Home Office made this finding in spite of evidence from one escort who described himself as experiencing "tunnel vision" during the assault and was unable to remember what happened during the period of time in which the assault took place. Subsequently, the case passed the merits threshold in order to obtain legal aid. He is now represented by a solicitor and is bringing a claim for compensation against the Home Office.

Complaint of sexual abuse by a male nurse in Yarl's Wood

NAB alleged that she had been sexually assaulted by a male nurse in healthcare at Yarl's Wood on three occasions. She was frightened to complain about his conduct because she feared she would not be believed and that it would adversely affect her immigration case. However, following the third occasion, she reported the conduct of this nurse to a female guard and Serco, the company contracted to run Yarl's Wood commenced an internal investigation and informed the Home Office. NAB was served with removal directions. The Home Office conducted an investigation and also informed the police. A police officer attended and spent only half an hour with the complainant informing her that she was only making these allegations to stop her being removed. Following the Home Office's investigation, the complainant was informed that her allegations were unsubstantiated.

At this point a solicitor became involved who was concerned that the complainant was traumatised and no longer able to access health care because the male nurse, who had been suspended, was now re-instated. A psychological assessment was arranged and as a consequence of her assessment, the complainant was released from detention.

The Home Office complaint investigation was referred by her solicitor to the Prison and Probation Ombudsman. The Ombudsman report was critical of aspects of the Home Office investigation and criticised the investigator for concluding that the allegation was untrue, though she accepted that it would not be possible to conclude that it was true either, as it was one person's word against another. Subsequently, at a civil trial against the Home Office, the Home Office investigator gave evidence stating that in fact her determination of the allegations very "finely balanced" and that she had never been informed that the Ombudsman had made criticisms of her investigation.

A complaint was also made against the police investigation about the officer's approach and the fact that he did not interview the complainant's roommate to whom she had made disclosures of the abuse. Following an appeal to the IPCC, although there was no finding of misconduct, it was noted that there were shortcomings in the police investigation and the police officer was criticised for failing to keep the complainant informed of the investigation or its outcome.

During the course of civil proceedings the solicitor obtained the internal investigation report by the contractor. The complainant's solicitor served a witness statement highlighting serious concerns about the adequacy of the investigation by Serco. Serco then settled the claim of assault and vigorously resisted, ultimately unsuccessfully, disclosure of this report to the wider public.



Drawing : representation of Ms J being restrained by guards at Yarl's Wood IRC

4. Overview

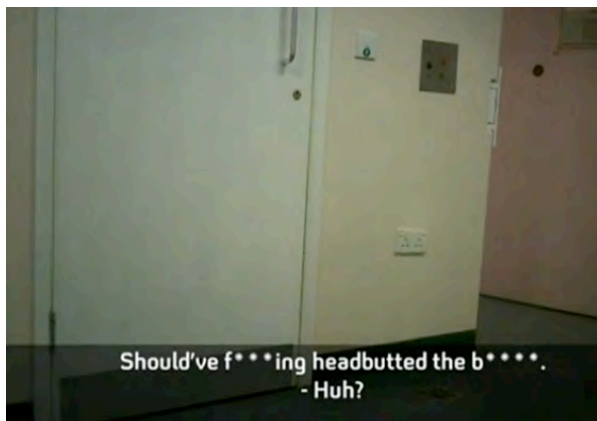


Image : Channel 4 – Yarl's Wood IRC

As HM Chief Inspector of Prisons, Nick Hardwick points out “...away from public scrutiny, it is all too easy for even well intentioned staff to become accepting of standards that in any other setting would be unacceptable”.¹⁶ Detainees are among the most powerless with the fewest rights in our society. Therefore ensuring that the complaints system is accessible and simple to use is very important. Many studies have high levels of reported victimization among detainees both from other detainees and staff. In one survey by HMIP a third of detainees did not feel safe.¹⁷ In such circumstances it may take courage to bring attention to yourself by complaining.

A fundamental principle for a good complaints procedure is that there is a culture that values complaints, and does not discriminate against people who make a complaint. It also recognises that complaints resolution depends on an understanding of why the individual has chosen to make a complaint. In our experience detainees make complaints for the same reasons as other complainants.

- Immediate help with problems they have in detention
- Someone to explain what has happened to them;
- An apology and someone to recognise their mistakes;
- Changes or improvements to make sure that what happened does not happen to another detainee;
- Compensation or redress if detainees have been hurt or lost money or property.

Without understanding why the detainee or their supporter has made the complaint, it is not possible to decide the best way to investigate and resolve the complaint. In 2007 the Complaints Audit Committee found that in 92% of cases, including serious misconduct, the complainant was not interviewed. Interviewing the complainant is essential both as a witness to events and to understand what is the best way to resolve the complaint. This has improved since 2007. However, in one case the detainee alleging assault was removed before he was interviewed and in others removal directions were issued and it was only on the request of Medical Justice that the complainant was interviewed before removal. In service and minor misconduct complaints, complainants were not always interviewed. In several cases this meant that the person answering the complaint failed to address many of the concerns of the complainant.

Governance

There appears to be a lack of leadership and co-ordination of investigations within the Home Office. Facilities that may be subject of complaint may be provided by companies contracted by the Home Office. In some IRCs health care is provided by a separate sub contractor. Escorts who carry out transfers, removals and visits to hospitals are also separate contractors. This proliferation of providers leads to increasing difficulties in establishing lines of accountability. There seems to be a lack of co-ordination in complaints that cover more than one area or service provider. As well complaining about care or treatment in an IRC, detainees may complain about an escort, a solicitor, the police or money stolen on arrest or transfer. In one case the contractor found a complaint unsubstantiated because it was against another contractor but it did not then refer it to the appropriate contractor.¹⁸ One IMB expressed concerns about the proportion of these complaints that went 'missing' or were not investigated. It recommended that the complaints procedure is reviewed to ensure that complaints allocated to other CSUs are properly monitored by the Returns Directorate to ensure that detainees receive a response.

The role of oversight and co-ordination is given to the Detention Services Customer Services Unit. The Complaints Audit Committee that had oversight and

auditing responsibilities for complaints in both the prison and detention estates until 2008 was disbanded. This has resulted in a loss of a systematic independent review of complaints handling by the Home Office and its contractors. The Ombudsmen, Independent Monitoring Board, Her Majesty's Inspector of Prisons and the Independent Police Complaints Commission all have some oversight responsibilities in regard to complaints. However, these do not provide the systematic overview and accountability that is needed.

Access

While it is difficult to access detainee areas in IRCs, there is evidence that in some obsolete complaints forms are used, and are not well displayed as well as an insufficient number of foreign language forms. Sometimes the position of complaints boxes are not well signposted and on occasion have found to be unlocked.¹⁹

The Home Office stipulates that *'Every escorting vehicle must hold sufficient DCF9 forms in available languages and sealable envelopes Detainees should be advised of their right to make a complaint at the start of the journey and a laminated copy of a complaints form should be available inside the detainee compartment telling detainees that forms can be obtained by the escorting staff.'* While this is an appropriate intention, it is difficult to see in practice how a detainee, handcuffed between two guards, would be in a position to take up this right.

There also seems to be a lack of training or support for staff dealing with complaints. In one IRC, following staff changes there was an apparent lack of awareness of the correct procedure to be followed when replying to complaints. It seems that staff thought that the replies would be forwarded to the detainees via the Detention Services CSU and were not sending replies directly to the detainees themselves. There were occasions when detainees were therefore not receiving their replies.²⁰

Under the procedure complaints can be submitted in any language, however replies are always in English. HMIP have recommended that responses should be in the same language in which they were submitted.²¹

Time scales

The Home Office and its contractors are required to reply to the complainant in 10-15 days for all complaints, except serious misconduct cases which may take 12 weeks. The target times scales were met in just over half of service, clinical and minor misconduct complaints. Four complaints investigated by contractors took over 50 days and one 83 days. Where the targets are not met, and there may be reasons for this, the complainant should be kept informed but this rarely happened.

Fourteen Medical Justice cases involving serious misconduct were referred to the Professional Standards Unit. For complaints of serious misconduct, the target is 12 weeks or 82 days. All but 2 met this target. The longest was 111 days. Two complainants were removed before the response was given.

In cases from 2011 to 2013, 6 complaints made through Medical Justice did not receive a reply, in spite of follow up letters and calls. This is particularly surprising since these were complaints made by an external organisation, which one would assume would be harder to ignore. It is possible that it was hoped that delays would mean that these complaints, some of which if substantiated might have led to compensation claims, could be closed if the detainee was removed.

Many HMIP and IMB reports comment on the delays and recommend that the complaints system is reviewed to ensure speedier responses.^{22,23,24,25,26} They also have recommended that the target timescales be shortened. Twelve weeks is too long to investigate serious misconduct complaints, given the circumstances of detainees and their uncertain future.^{27,28} One IMB concluded that *'the current time limit poses a serious curtailment on IMB's ability to monitor the just and fair treatment of detainees because information about complaints of this type is withheld from us until a decision has been made after a lengthy period. One practical result of such a limit is that the complainant is very likely to have been deported by the time a conclusion is reached.'*²⁹

These delays have an impact on detainees who are held in indefinite detention. In some cases the delays may mean that they have been removed from the country before their complaint is resolved. In cases of serious misconduct, there will always be

a suspicion that removal prevented a proper investigation and disciplinary action. In 2013 there was considerable media publicity about a woman in detention who alleged sexual abuse against guards. The woman making the allegation was served with removal directions and attempts were also made to remove witnesses to the incident.³⁰

Investigations

The guidance produced by the Home Office does not include standards for investigation or follow up which was recommended by the Complaints Audit Committee in 2008 and Dame Nuala O'Loan in 2010.^{31,32} Many of the investigations were partial, failing to interview other detainees who had witnessed the incident, and many replies failed to address parts of the complaint.

Unfortunately our experience is that there is still bias in the investigation of complaints. In our cases nearly half the complaints were found to be unsubstantiated by the Home Office, about a quarter of complaints were found to be partially substantiated, and no complaints were fully substantiated. The remaining were left unanswered. Responses demonstrated a bias towards the accounts provided by escorts and staff. All the complaints alleging assault were found to be unsubstantiated, many of which had compelling medical evidence, including photographs, medical records, and accounts from detention centre staff.

Where Medical Justice was not involved, fewer complaints were upheld. According to the Home Office 9% of all complaints received in 2012-13 were substantiated and 6% partially substantiated.³³ Many complaints cover a number of subjects but are recorded according to the main topic, so the main complaint might be physical assault which is unsubstantiated, but rudeness, delays or loss of property might be substantiated. These are such low levels of substantiated complaints, that they raise serious concerns about the impartiality of the

investigations, which has also been noted by HMIP and IMBs.³⁴ HMIP have noted: *'Most complaints were not upheld, including some that should have been. One complaint about a broken water heater had been only partially upheld because the responding officer had said that boilers were repeatedly vandalised by other detainees. In another, a detainee complained about being given no notice of an external hospital appointment and being two hours late as a result. In the response, the lack of notice point was ignored and the second part of the complaint was not upheld because the delay had been due to 'unforeseen operational requirements'.*³⁵

In one IRC only 2.5% of complaints were considered to be partly or fully substantiated. The IMB interpreted this as a *'strong indicator of how well the centre has been operating'*. In the light of the other evidence, this seems an unlikely interpretation and further investigation should be made.³⁶ Especially as the Chair noted that copies of all complaints were received, but not the replies. In contrast 80% of complaints to the Parliamentary and Health Service Ombudsman were fully or partly substantiated.³⁷

In some IRCs there seems to be pressure on detainees to withdraw their complaints. The HMIP has found that detainees were asked to withdraw complaints, if the issue was resolved. This practice needs to be questioned.

Image : Channel 4 – Yarl's Wood

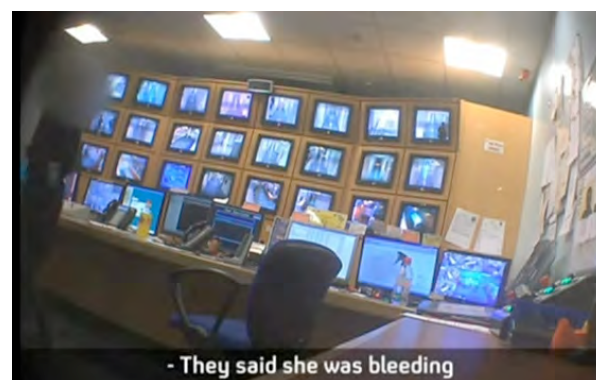


Table 1 Professional misconduct complaints received 1-12-2012- 30-11-13						
Centre	Number of complaints	Outcome				
		Substantiated*	Partially substantiated *	Not substantiated*	Withdrawn**	Closed/ ongoing**
Brook House	41	0	1	32	8	0
Campsfield House	14	0	3	10	0	1
Colnbrook	54	4	1	45	3	1
Dover	12	0	0	12	0	0
Dungavel	1	0	0	1	0	0
Haslar	8	0	0	6	1	1
Harmondsworth	63	6	5	46	5	1
Morton Hall	36	3	8	22	3	0
Tinsley House	7	0	0	5	2	0
Yarl's Wood	23	0	1	21	0	1
Other ¹	96	4	10	57	2	23
Total	355	17 (6%)	29 (10%)	257 (84%)	24 (7%)	28 (8%)
* Percent calculated from completed complaints ** percent calculated from total complaints received						
¹ Complaints against contractors providing transport/escort						

Table 2 Clinical complaints received 1-12-2012- 30-11-13						
Centre	Number of complaints	Outcome				
		Substantiated	Partially substantiated	Not substantiated	Withdrawn	Closed
Brook House	17	0	0	17	0	0
Campsfield House	7	1	0	6	0	0
Colnbrook	37	0	2	34	0	1
Dover	6	0	0	5	0	1
Dungavel	2	0	0	2	0	0
Haslar	3	0	0	1	0	2
Harmondsworth	67	4	3	47	1	12
Morton Hall	15	0	1	12	2	0
Tinsley House	3	0	0	3	0	0
Yarl's Wood	26	0	1	25	0	0
Total	183	5 (3%)	7 (4.2%)	152 (93%)	3 (2%)	16 (9%)
Percent calculated from completed complaints ** percent calculated from total complaints received						

Table 3 Service complaints received 1-12-2012- 30-11-13						
Centre	Number of complaints	Outcome				
		Substantiated*	Partially substantiated *	Not substantiated*	Withdrawn**	Closed/ ongoing**
Brook House	114	12	1	74	27	0
Campsfield House	27	6	1	17	0	3
Colnbrook	133	24	12	92	4	1
Dover	54	11	1	41	0	1
Dungavel	6	1	0	5	0	0
Haslar	7	0	0	7	0	0
Harmondsworth	164	17	10	119	15	3
Morton Hall	88	8	3	68	6	3
Tinsley House	8	0	0	7	0	1
Yarl's Wood	26	1	3	21	0	1
Other ¹	110	17	5	67	0	21
Total	737	97 (15%)	36 (5%)	518 (80%)	52 (7%)	34 (4%)
* Percent calculated from completed complaints ** percent calculated from total complaints received						
¹ Complaints against contractors providing transport/escort						

Clinical complaints

Clinical complaints can include personal information that the detainee has a right to keep private. However, medical complaints are treated as general complaints and clinical details were included in forms disclosed to Home Office staff. HMIP have recommended that there should be two separate systems and that clinical complaints are dealt with through healthcare governance.^{38 39} Though the DS CSU now records clinical complaints separately they are still investigated in the same system. Sometimes making a complaint can have consequences. There are occasions identified by Independent Monitoring Board members where information in the complaint was passed to the individual's caseworker and subsequently used in decisions on immigration status. The Home Office were asked to make it clear to detainees that information in a complaint was not confidential and could be passed to caseworkers. However, they refused to amend the form.⁴⁰ There is no reason for information in a complaint to be passed on to the individual's caseworker and this should stop.

The chair of each Independent Monitoring Board receives copies of all complaints except clinical complaints. This reduces the scrutiny of such complaints and makes it difficult for board members to identify issues of concern in healthcare. There is no reason why these complaints cannot be passed to the IMB as long as they are anonymised.

Responsibility for commissioning healthcare in IRCs is being transferred to the Department of Health from the Home Office. The NHS transfer should improve healthcare, provide greater accessibility to the range of NHS services, and enable increased monitoring of treatment and conditions.⁴¹ It will avoid the conflict between the duty of care to detainees and the imperative for the Home Office to remove immigrants.

However, there are still problems.⁴² In the future, when IRC healthcare complaints follow the rest of the NHS, this does not necessarily ensure that detainees will meet the standards of other NHS patients: detainees have no choice as to which health services can be used. The Care Quality Commission (CQC) has recognised that *"there is some frustration at the current system of complaints handling"*.⁴³ For example, access to

complaints advocacy for 'non-EU citizens' will be at the discretion of local authorities.⁴⁴ Counteracting this, the CQC along with its statutory subcommittee HealthWatch, proposes to *"work with the Department of Health to explore how to resolve the wider confusion about the overall system of managing complaints"*.⁴⁵ If HealthWatch England and local HealthWatch are to promote equality amongst all services users who wish to make a formal complaint, this guidance needs reviewing.⁴⁶ Clarification about the right of access to NHS complaint procedures for those in detention is needed with guidelines circulated to Local HealthWatch and NHS Complaint Advocacy Providers.

Image : Yarl's Wood IRC



Transparency

When the complainant receives the final response, the letter may cite evidence which is not automatically disclosed, so the complainant does not always receive copies of this evidence or not without significant delay. If the complainant is not satisfied with the response, they need to look at the evidence such as photos, CCTV and interviews with witnesses to take their complaint further. Without this it is difficult for the Ombudsmen and lawyers to decide if there is a case to take forward.

Often there is CCTV footage of incidents which can provide vital evidence. When it is thought that resistance to removal is likely an officer will film the removal. However, in some cases the footage does not provide evidence as the detainee is often hidden by the guards with shields and so cannot provide evidence of what actually happened. This CCTV evidence is often quoted in responses sent to the complainant but is not normally available to

detainees or their representatives without an application under the Data Protection Act.

There are serious delays and difficulties for complainants in obtaining evidence in support of their complaint or legal action. Seven complainants or their representative made Subject Access Requests (SARs) under the Data Protection Act 1998 asking for copies of recordings or transcripts of interviews or copies of CCTV footage. Half of these requests were not answered. These requests took on average 258 days to be processed. None of the SARs met the 40 day processing period stipulated in section 7(10) of the Data Protection Act 1998. Of the SARs received by Medical Justice, documents were often missing, not provided or partially corrupted.

This is entirely unsatisfactory. Complainants are left in limbo whilst waiting for their SARs to be processed. The failure to disclose evidence reinforces the powerlessness felt by detainees and causes them significant distress, many of whom wait months or years for their complaint to be concluded.

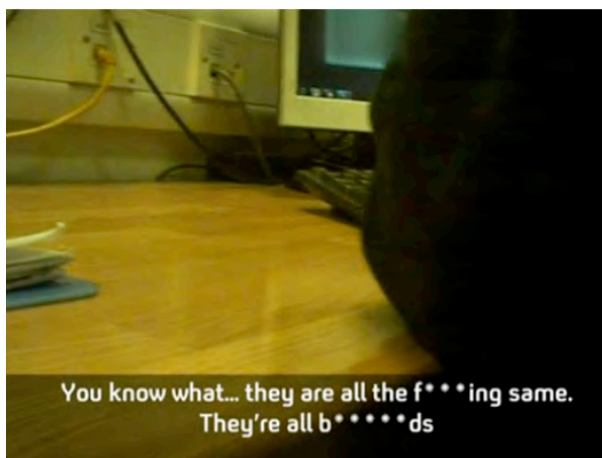


Image : Channel 4 – Yarl’s Wood IRC

Independent monitoring boards

Independent Monitoring Boards have an important role in ensuring complainants are dealt with fairly. The IMB in one IRC reported that just under 25% of complaints were either substantiated or partially substantiated. However, they received representations from some detainees whose complaints had been dismissed as unsubstantiated yet the IMB member felt that dismissal was inappropriate. Following this all complaints received in a month were reviewed and this identified

further cases that were unsubstantiated but the Board felt that they should have been substantiated or partially substantiated on the basis of the investigation report that forms part of the response letter.⁴⁷ The Board recommended that there might be an appeal stage to review complaints before recourse to the Ombudsman.

We found that in some cases Medical Justice clients are confused about the role of the IMB. When they raised a complaint or concern with a member they were under the impression that they have made a formal complaint. This is not the case: the IMB member may take note of the complaint and discuss with staff but it will not be registered as a formal complaint or subject to an investigation.

Appeal to the Ombudsmen

In the final letter the complainant should be informed of their right to appeal to the appropriate Ombudsman. This did not happen in all the letters from IRCs. The Parliamentary and Health Service Ombudsman who is responsible for healthcare complaints will only accept complaints through MPs for complaints by detainees. This offers an additional obstacle in an already complex procedure. It is especially inappropriate for detainees who may have little or no connection to a Parliamentary constituency. Some will have been picked up at the airport and have no MP. The arm of the PHSO that deals with NHS accepts direct referrals from complainants. Responsibility for commissioning healthcare is being transferred from the Home Office to the Department of Health and it is important that in future all healthcare complaints are dealt with as NHS complaints and this unnecessary obstacle for detainees will be removed.

Nearly half the complaints dealt with by Medical Justice (14) were escalated to the Parliamentary and Health Services Ombudsman (PHSO) or the Prisons and Probation Ombudsman (PPO). This illustrates the failure of the Home Office to adequately and fully investigate the complaints made by detainees. The complaints that did not go to the Ombudsmen include a number of detainees who were removed whilst their complaint was being investigated; so the level of dissatisfaction was much higher.

The PHSO does not record whether complaints are from detainees or about immigration detention. All complaints are recorded as against UKBA or the UK Border Force.⁴⁸ This is as if all NHS complaints were recorded as against the Department of Health or NHS England. For future learning this needs to be changed. The PHSO received 636 complaints against UKBA in 2011/12 and 1353 in 2012-13. Very few are accepted for investigation. In 2011-12, 22 complaints were accepted for investigation, 11 were fully upheld and 5 partially upheld. Only two complaints were not upheld (no information is known for 4 cases). In 2012-13 26 complaints were investigated and all were upheld: 15 were fully upheld, 4 partially upheld, in the remainder the outcome is not known.⁴⁹

In 2010-11 the Prisons and Probation Ombudsman received 130 complaints from detainees, 2% of the total complaints received.⁵⁰ In 2012-13 just over 100.⁵¹ The PPO, unlike the IPCC, will not consider a complaint where there is a pending civil claim for racist behaviour. If a detainee wants to make a claim for discrimination under the Equality Act 2010, it must be issued within 6 months, which is difficult considering the length of time IRC investigations can take, particularly if the complainant wants to get access to supporting information using a subject access request under the data Protection Act.

Further, in some cases the detainee may need to make a claim in an attempt to prevent removal or deportation. If there are grounds for a claim but no claim is made, this can be used to argue that as a claim has not been lodged there is nothing to consider before attempts are made to remove the detainee.

Civil action is not a substitute for the complaints process. Though the claimant may get compensation, nothing may happen to the officers concerned. The PPO is in effect removing a remedy from the complainant. Complainants have a year to take a case under the Human Right Act, so this is less of an issue.

Learning from complaints

Home Office guidance emphasises the importance of learning lessons from complaints: *'Learning the lessons from past mistakes is an important element of good customer service. We will therefore keep a record of all complaints and outcomes, analyse the data and circulate a regular report among our suppliers and trusted partners, identifying trends, lessons learned and good practice. The aim is to avoid the same mistakes being repeated and to drive up overall standards.'*⁵²

However, you cannot learn lessons unless you recognise failings and there is a robust and open reporting system. In our experience immigration removal centre management often handling complaints as "one off" events, sometimes fixing the individual incident, rather than looking systematically at the whole process that led to the incident.

There is no systematic overview of complaints to identify trends or to ensure lessons are learnt, as has been pointed out by HMIP and IMB reports.⁵³ Systemic failures in the provision of medical care, treatment of detainees, and general staff conduct are revealed in these complaints but seem to be rarely addressed. A common theme in HMIP and IMB reports is repetition of earlier recommendations that have not been implemented, even where they have no resource implications. The continued use of handcuffs in medical examinations is an example.

This failure to treat detainees with dignity or to recognise their complaints as valid or serious makes it difficult for the Home Office and its contractors to learn from their mistakes and adopt new and better practices. With so few complaints substantiated, the service providers do not need to face up to their failures or take action to improve. The defensive attitude aims to avoid substantiating complaints and avoid blame against contractors and their staff. An action plan for all complaints that are substantiated or partly substantiated should be drawn up, shared with the complainant and IMB and regularly followed up to make sure it is implemented.

5. Conclusions and recommendations

The Parliamentary and Health Service Ombudsman (PHSO) has outlined six Principles of Good Complaint Handling that public services should meet. Good complaints handling means:

1. Getting it right
2. Being 'customer' (complainant) focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

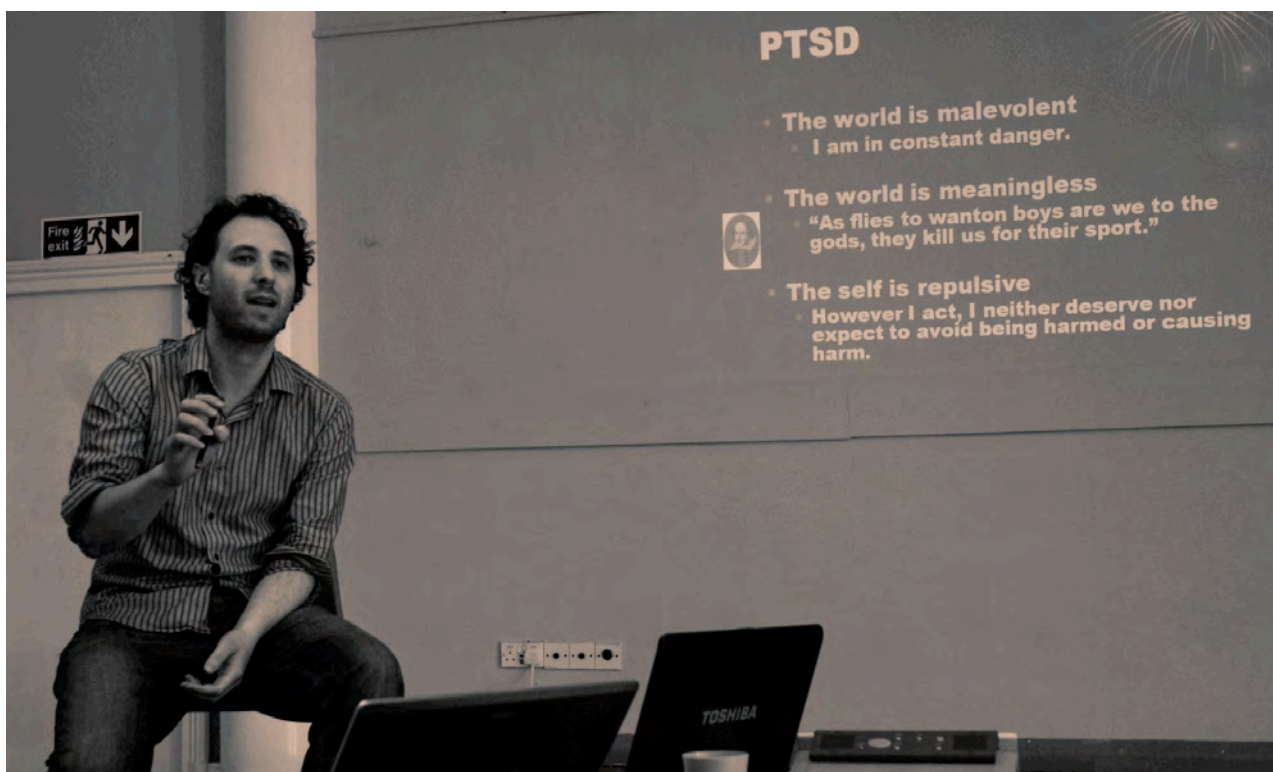
This report is based on a small number of complaints. However, our experience indicates that problems persist and that complainants face disbelief from Home Office staff, contractors, and escorts. There were repeated failures to take detainee complaints seriously, to record injuries where necessary, or to reform practices where there is evidence of systemic malpractice.

The lack of a robust complaints system has an impact in several ways:

- Lack of transparency and scrutiny allows some abuses to continue unchallenged.
- Failure to learn or to improve services.
- Additional costs are incurred by unnecessary appeals to the Ombudsmen and even compensation for unlawful detention.
- Increased distress for complainants, leaving them at risk of re-traumatisation.

As the majority of complaints are not upheld by the Home Office or many are not adequately investigated, this engenders a sense of hopelessness amongst detainees, many of whom feel that their mistreatment and abuse is not taken seriously. Even more seriously it allows poor practice to continue unchallenged.

Following the recent legal aid cuts brought in under the Legal Aid Sentencing and Punishment of Offenders Act 2013 and the proposed cuts under the Transforming Legal Aid consultation an increasing number of detainees are unrepresented. Many detainees do not have a lawyer to assist them with serious complaints or challenge even the most serious abuses. As a result there is an even greater need for a complaints system that is transparent, effective and of high quality.



Medical Justice train volunteer doctors to assess detainees who report suffering medical mistreatment

Recommendations

Governance

1. An independent body should be set up to have oversight of the complaints process in the same way that the Complaints Audit Committee had.
2. The Home Office should be more proactive in co-ordinating, monitoring and overseeing complaint investigations and responses from their contractors.
3. The Home Office should publish quality reviews of the standard of responses provided to detainees and should consider an appeal stage before invoking an appeal to the Ombudsmen⁵⁴
4. The Home Office should publish the reports about all complaints in IRCs and their outcomes and the learning from these complaints.

Reform of complaints procedures

5. An independent audit of complaint handling throughout the detention estate should be undertaken to identify issues and propose improvements so that the procedures meet the same standards as other public services.
6. Information from complaints should be separate from the immigration determination process. Until this happens contractors should ensure that detainees making a complaint know that any information may be passed to the immigration caseworker.
7. The complaints procedures should be strengthened to include:
 - a. Simple leaflet on how to make a complaint should be available in all IRCs in main languages.
 - b. Plan for the investigation agreed with the complainant.
 - c. Standards for investigation and interviewing of witnesses including other detainees.
 - d. Timescales for investigation should be shortened.
 - e. Replies should be sent in the language they are submitted.⁵⁵
 - f. An Action plan shared with complainants for lessons and improvements following complaints.

Health service and clinical complaints

8. Clinical complaints should be kept separately from other complaints and dealt with under healthcare governance.⁵⁶ No clinical information should be passed to immigration staff.
9. Health services complaints should follow the NHS complaints procedures.
10. Complaints advocacy should be available to all detainees.

Allegations of physical assault and serious misconduct

11. The obligations on staff to report incidents and ensure that healthcare staff are called to record and photograph injuries should be strengthened in all incidents, whether or not a complaint is made. If staff do not comply with existing Detention Service Orders this should be regarded as misconduct.
12. An independent panel of investigators, replacing the PSU, should investigate all cases of serious misconduct as recommended by the Complaints Audit Committee.
13. While an allegation of assault is being investigated, the detainee should not be removed.
14. Any allegation of a criminal offence requires an independent police investigation. An allegation of assault, including sexual assault should be conducted with the same standards as any allegation in the community
15. The time limits for investigation of serious misconduct should be reduced from 12 weeks to 8 weeks.

Independent Monitoring Boards

16. The role of IMB members in helping to resolve complaints and supporting complainants should be clarified for detainees and strengthened.
17. Anonymised copies of clinical complaints and the responses should be sent to IMB chairs.
18. IMB members should undertake periodic reviews of complaints received to assess the quality of the investigation and follow up action taken to prevent recurrence.

HealthWatch

19. HealthWatch England should alert those local HealthWatch covering IRCs to the rights and need of detainees and ensure that independent complaints advocacy is available to them.

Ombudsman

20. The Prisons and Probation Ombudsman and the Parliamentary and Healthcare Ombudsman should recognise the particular circumstances of detention and prioritise complaints they receive from detainees to speed up the investigations.
21. The terms of reference of the PPO should be changed to enable an investigation of a complaint to continue even if a civil claim has been lodged.
22. Complaints about healthcare to the PHSO should follow the procedure as NHS complaints and not be required to go through an MP.
23. All complaints should be recorded as to the provider and immigration removal centre against which the complaint is made.

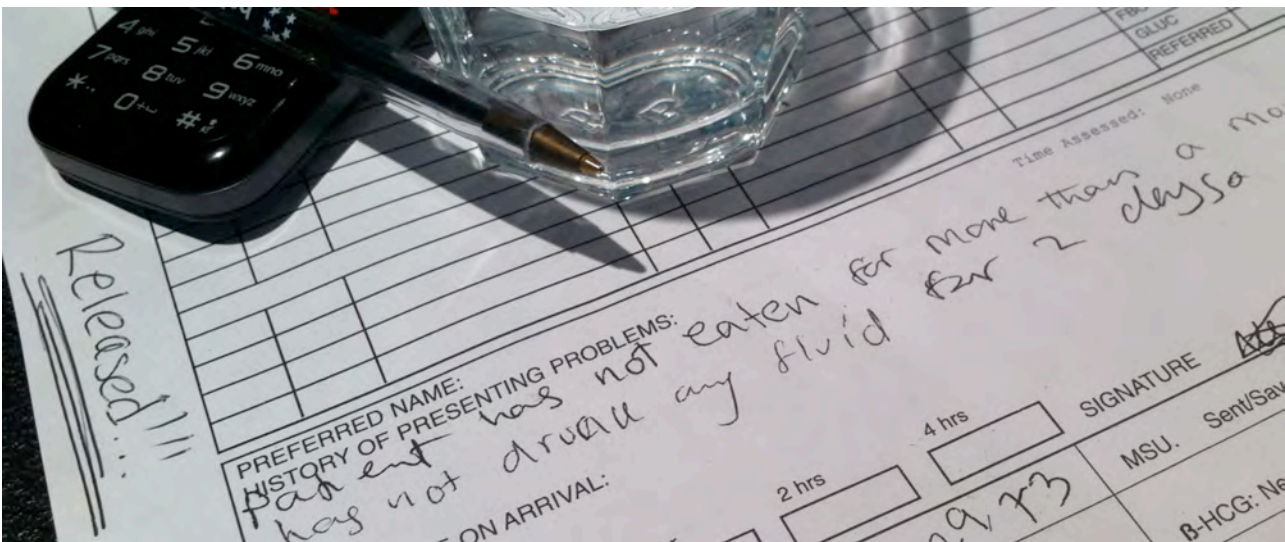
Acknowledgements

This report was written by Christine Hogg based on the casework of Emma Stevens, Stephanie Marcou and Rachel Francis. We would like to thank the following for their comments and contributions: Kate Beswick, Eleanor Griffiths, Khuluza Mlotshwa, Lochlinn Parker, Hilary Pickles, Theresa Schleicher, Harriet Wistrich.

References

- ¹ Border and Immigration Agency, Complaints Audit Committee, Annual Report 2006-07
- ² Medical Justice, Outsourcing Abuse, The use and misuse of state-sanctioned force during the detention and removal of asylum seekers. <http://medicaljustice.org.uk/images/stories/reports/outsourcing%20abuse.pdf>
- ³ Baroness Nuala O'Loan, Report to the UKBA on 'Outsourcing Abuse', March 2010.
- ⁴ Baroness Nuala O'Loan, Report to the UKBA on 'Outsourcing Abuse', March 2010.
- ⁵ Prisons and Probation Ombudsman, Learning Lessons Bulletin, PPO investigations issue 2, March 2014.
- ⁶ Handling of complaints in immigration removal centres, short term holding facilities, holding rooms and during escort : Guidance manual for UKBA staff & contractors working under contract to detention services UKBA, June 2011.
- ⁷ Freedom of Information request dated 10 December 2013 (UK Border Agency Ref 29976)
- ⁸ HMIP, Report on an unannounced inspection of Harmondsworth Immigration Removal Centre, 5–16 August 2013.
- ⁹ UKBA, DSO 08/2008 “Use of Handcuffs on Detainees”
- ¹⁰ *FGP v Serco Plc & Anor* [2012] EWHC 1804 (Admin) (05 July 2012)
- ¹¹ HMIP, Report on an unannounced inspection of Harmondsworth Immigration Removal Centre, 5–16 August 2013.
- ¹² BMA (2007) Providing Medical Care and treatment to people who are detained: Guidance from the BMA
- ¹³ Medical Justice, Outsourcing Abuse. <http://medicaljustice.org.uk/images/stories/reports/outsourcing%20abuse.pdf>
- ¹⁴ UKBA, Detention Service Orders, DSO05/2012 and DSO14/2008.
- ¹⁵ Letter to Mr R Whiteman, Chief Executive UKBA from Liberty dated 15 May 2012.
- ¹⁶ National Preventative Mechanism (NPM). (2012:4) ‘Monitoring places of detention, Second Annual Report of the United Kingdom’s National Preventative Mechanism 2010-2011.
- ¹⁷ HMIP, Report on an unannounced inspection of Brook House Immigration Removal Centre, 28 May to 7 June 2013
- ¹⁸ Colnbrook IMB, annual report 2012.
- ¹⁹ Personal email communication, IMB member 5 February 2014
- ²⁰ Personal email communication, IMB member 5 February 2014
- ²¹ HMIP, Report on an unannounced inspection of Yarl's Wood IRC, 17–28 June 2013. 30 Sept – 1 Oct 2013.
- ²² HMIP, Report on a full announced inspection of Dover Immigration Removal Centre, 24–28 May 2010
- ²³ HMIP, Report on an unannounced inspection of Brook House Immigration Removal Centre, 28 May to 7 June 2013
- ²⁴ HMIP, Report on an unannounced inspection of Brook House Immigration Removal Centre, 28 May to 7 June 2013
- ²⁵ Campsfield House IMB, Annual Report 2012.
- ²⁶ HMIP, Report of an unannounced short follow up inspection of Lindholme IRC, 17-20 January 2011
- ²⁷ Campsfield House IMB Annual Report 2012
- ²⁸ Tinsley House IMB, Annual report 2011
- ²⁹ Campsfield House IMB Annual Report 2012
- ³⁰ The Observer, Yarl's Wood sex inquiry witness to be deported without speaking to police, 2 November 2013.
- ³¹ Border and Immigration Agency, Complaints Audit Committee, Annual Report 2006-07
- ³² Baroness Nuala O'Loan, Report to the UKBA on 'Outsourcing Abuse', March 2010.

-
- ³³ Freedom of Information request dated 26 July 2011 (UK Border Agency Ref 19164)
- ³⁴ HMIP, Report on an unannounced inspection of Harmondsworth Immigration Removal Centre, 5–16 August 2013.
- ³⁵ HMIP, Report on an unannounced inspection of Harmondsworth Immigration Removal Centre, 5–16 August 2013.
- ³⁶ Morton Hall IMB, annual report 2011-12
- ³⁷ PHSO, Annual Report, 2012-13.
- ³⁸ HMIP, Report on an unannounced short follow up inspection of Dungavel House IRC 31 July – 2 August 2012
- ³⁹ HMIC, Report on an unannounced inspection of Harmondsworth Immigration Removal Centre, 5–16 August 2013.
- ⁴⁰ Yarl's Wood IMB, Annual Report 2012.
- ⁴¹ Pickles, H. and Hartree, N. Transferring healthcare for immigration detainees in England to the NHS: BMJ.2013;346:f1884
- ⁴² Crichton E, BMJ - Rapid Response to Pickles, H. and Hartree, N. Transferring healthcare for immigration detainees in England to the NHS: BMJ.2013;346:f1884; 31 March 2013.
- ⁴³ CQC (2012: 20), 'The Next Phase: Our consultation on our strategy for 2013 to 2016'.
http://www.cqc.org.uk/sites/default/files/media/documents/cqc_strategy_c...
- ⁴⁴ Local Government Association (LGA). (2012) 'Commissioning Independent NHS Complaints Advocacy',
http://www.local.gov.uk/c/document_library/get_file?uuid=1924abde-49d9-4...
- ⁴⁵ House of Commons, (2012:14) 'The Ombudsman: the developing role in the UK', (online). Available from: <http://www.parliament.uk/briefing-papers/SN04832>
- ⁴⁶ Crichton E, BMJ - Rapid Response to Pickles, H. and Hartree, N. Transferring healthcare for immigration detainees
- ⁴⁷ IMB Colnbrook IRC, annual report 2012.
- ⁴⁸ Reply to an FOI request from Medical Justice, 18 February 2014
- ⁴⁹ Reply to an FOI request from Medical Justice, 18 February 2014.
- ⁵⁰ Prisons and Probation Ombudsman, Annual Report 2010-11.
- ⁵¹ Prisons and Probation Ombudsman, Learning Lessons Bulletin , issue 2, March 2014
- ⁵² Home Office DSO 2510 "Handling of complaints in immigration removal centres, short term holding facilities, holding rooms and during escort. 20 section 1, j
- ⁵³ HMIP, Report on an unannounced short follow up inspection of Lindholme IRC, 17-20 January 2011
- ⁵⁴ Colnbrook IMB, Annual Report 2012
- ⁵⁵ HMIP Report on an unannounced inspection of Yarl's Wood IRC, 17–28 June 2013. 30 Sept – 1 Oct 2013
- ⁵⁶ HMIP, Report on an unannounced inspection of Harmondsworth Immigration Removal Centre, 5–16 August 2013.
-



Medical Justice

Medical Justice identifies instances of inadequate healthcare provision in detention, help the detainee get legal representation and to exercise their rights. Most of the detainees we assist get released.

Case-work - about 1,000 inquiries a year, resulting in 601 referrals in 2013

- Arranging for independent doctors to visit detainees in detention centres
- Providing detainees independent medical advice
- Challenging instances of medical mistreatment
- Assessing detainees' injuries sustained during attempts to remove them from the UK
- Writing medico-legal reports, including the documentation of scars of torture
- Helping detainees to find lawyers to take on immigration, asylum and unlawful detention cases

Research – Medical evidence captured in our database can be interrogated and analysed. We are the only organisation sending independent doctors to visit detainees, so our database is unique, and growing. We publish research reports on the effects of inadequate healthcare in detention.

Policy work - securing positive changes in policy and practice of the Home Office and its contractors.

Litigation – When policy work fails, we may undertake strategic litigation to compel change.

Raising awareness – amongst health professions, regulatory authorities, the public and parliament.

Media work – raising the profile of the issues with decision-makers we interact with.

Training doctors – to go into detention centres to see sick or injured detainees in detention centres.

How you can support Medical Justice

Medics – doctors, psychiatrists, psychologists, midwives and nurses can visit immigration detainees and/or assist remotely. We hold Medical Justice medics training days about 4 times a year. Interpreters – needed to speak to detainees on the phone or visit with doctors. Lawyers - we always needs to link detainees with lawyers willing to represent them, pro-bono where necessary. Supporters - could make “social” visits to immigration detainees and make referrals to Medical Justice. Make a donation - <https://www.justgiving.com/medicaljustice/>



Postal address: Medical Justice, 86 Durham Road, London, N7 7DT. Registered charity No. 1132072

Bank: CAF Bank Sort-code 40-52-40, Account Number 00021167

General inquiries: info@medicaljustice.org.uk Medical inquiries and referrals: med@medicaljustice.org.uk

Phone: 0207 561 7498 Fax : 08450 529370 Website : <http://www.medicaljustice.org.uk/>

Co-ordinator: Emma Mlotshwa - e.mlotshwa@medicaljustice.org.uk / 07904 77836