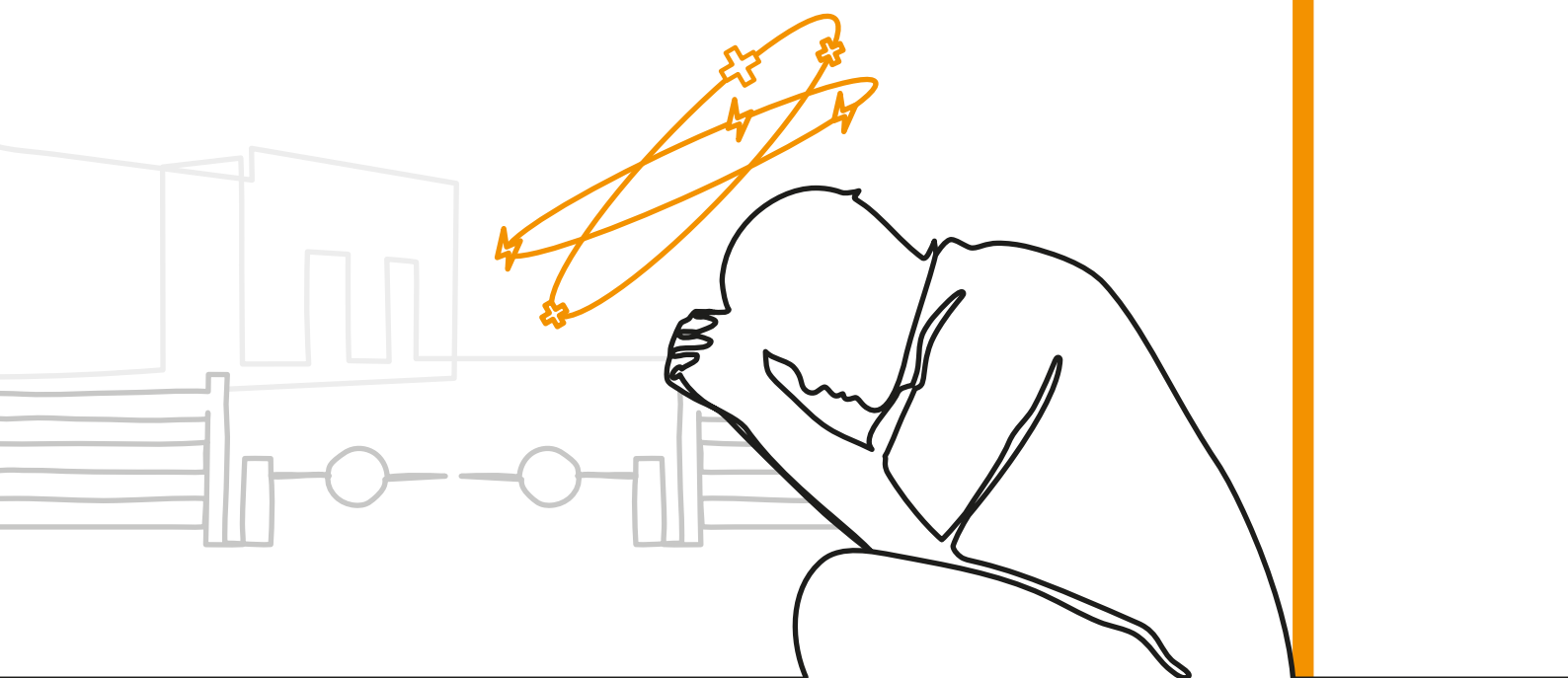


DETAINED AND DISCARDED

VULNERABLE PEOPLE RELEASED
FROM IMMIGRATION DETENTION
IN MEDICALLY UNSAFE WAY

March 2022



Medical Justice

Medical Justice is the only charity in the UK to send independent volunteer clinicians in to all the Immigration Removal Centres across the UK. The doctors document scars of torture and challenge instances of medical mistreatment. We receive around 600 referrals from people in detention each year and have gathered a sizeable, unique and growing medical evidence base. We help them access competent lawyers who properly harness the strength of the medical evidence we generate. Evidence from our casework is the platform for our research into systemic failures in healthcare provision, the harm caused by these shortcomings, as well as the toxic effect of immigration detention itself on the health of people in detention. Evidence from our casework guides our research, policy work and strategic litigation to secure lasting change. Medical Justice believes the only way to eradicate endemic healthcare failures in immigration detention is to close all IRCs, a stance supported by the British Medical Association, amongst others.

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SUMMARY

Thousands of individuals are released from immigration detention into the community every year.¹ Between 1 October 2020 and 30 September 2021, 21,362 people were detained, and 17,283 were released into the community, having been granted bail or leave to enter/remain.² This means that 81% of those detained were released back into the community. 2,239 were considered to be ‘Adults at Risk’ whilst in detention by the Home Office,³ however Medical Justice believes there to be far more vulnerable people in detention due to the systematic failures of the Adults at Risk policy to identify vulnerable people. With thousands released into the community every year, the impact of releasing those individuals in a medically unsafe release cannot be overstated.

Health experts have already found that the release arrangements for people in immigration detention are medically unsafe⁴ which puts individuals at risk of further harm and deterioration in health. This risk is further heightened following their experience in, and conditions of, immigration detention, which has been found to be a harmful environment where people deteriorate quickly or over time. This is particularly true for those who have a history of mental health issues or a history of trauma.⁵ As one Medical Justice client puts it: “From the way I was treated there I still have nightmares about those times”. Some have pre-existing vulnerabilities and medical conditions, exacerbated by their time in detention, have attempted suicide, had suicidal thoughts in detention, or have self-harmed.

New research by Medical Justice shows that the Home Office’s punishing “hostile environment” continues even after people are released from detention.⁶ Very often, clients of Medical Justice are released because Medico-Legal Reports (MLRs) have shown that the individual is acutely unwell and continued detention will cause further deterioration. Indeed, at the point of release the Home Office considered these individuals to be ‘Adults at Risk’. They are therefore released at a point when their mental and/or physical health issues have deteriorated and supported access to primary and secondary healthcare in the community is urgently needed.

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- 1 For statistics for September 2020 to September 2021, see Home Office National Statistics. 2021. Immigration Statistics, year ending September 2021. [Last accessed on 18 January 2022] Available at: <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-september-2021/how-many-people-are-detained-or-returned> and Home Office Detention Summary Tables. 2021. Immigration Statistics, year ending September 2021. [Last accessed on 18 January 2022] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033887/detention-summary-sep-2021-tables.ods. Between September 2019 and September 2020, 17,219 were detained and 12,418 were released into the community. Between September 2018 and September 2019, 24,441 people were detained and 14,809 were released into the community. See Home Office Detention Summary Tables. 2021. Immigration Statistics, year ending September 2020. [Last accessed on 18 January 2022] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936604/detention-summary-sep-2020-tables.xlsx.
 - 2 Does not include those who were returned or those classed as ‘other’ which includes people who have returned to criminal detention, those released unconditionally, those sectioned under the Mental Health Act, deaths and absconds. It also does not include those held in Pre Departure Accommodation (PDA). See Home Office Detention Summary Tables. Immigration Statistics, year ending September 2021.
 - 3 Data extracted from statistics provided in Home Office response to FOIA 68200 received 22 February 2022. The number of Adults at Risk in PDA and those identified under column ‘other’ is not included. See Annex 1 for Home Office responses to Freedom of Information Access Requests.
 - 4 See *A flawed ‘Adults at Risk’ policy* on Page 14 of this report.
 - 5 Bosworth, M. 2016. ‘*Mental Health in Immigration Detention: A Literature Review*’. Review into the Welfare in Detention of Vulnerable Persons, Cm 9186. London: HSMO. Criminal Justice, Borders and Citizenship Research Paper No. 2732892 [Last accessed on 26 January 2022] Available at: www.papers.ssrn.com/sol3/papers.cfm?abstract_id=2732892.
 - 6 The government’s “hostile environment” strategy, devised by Theresa May when she was Home Secretary in 2012, is a set of measures that makes life extremely difficult for migrants in the UK and criminalises certain behaviours. This includes a ban on working, renting accommodation, having a bank account, claiming benefits, access to higher education, and to secondary healthcare. See also: The Joint Council for the Welfare of Immigrants. *The Hostile Environment explained*. [Last accessed on 31 January 2022] Available at: www.jcwi.org.uk/the-hostile-environment-explained.

The discontinuity of care of vulnerable people released from detention, delaying the provision of much needed healthcare, can have a far-reaching impact on their physical and/or psychological health beyond the gates of detention. This is compounded by the experiences that many migrants face in the UK due to the “hostile environment” including destitution and inadequate or no accommodation.

Case studies in this report show the experience of clients and the impact it has had on them. This includes **Sophie**,⁷ who missed her orthopaedic oncology appointment because she was detained and upon release, she was not re-referred, nor provided information about how to get a new appointment or register with a GP. According to a Medical Justice doctor, the delayed treatment “could potentially have life or limb threatening consequences”.⁸ In another case, instead of getting an urgent specialist referral whilst in detention or upon release, **Aran**,⁹ who has Hepatitis C, which can cause fatal liver disease if left untreated, was unable to access appropriate medical care for several months upon his release.

In this report, Medical Justice sheds light on the many issues its clients face in accessing healthcare upon release into the community. It further reveals how, despite its own policies on the safe release of vulnerable people, the Home Office fails in its duty of care towards these individuals. The findings in this report raise wider concerns about the provision for all those released from detention into the community, beyond those who happen to be Medical Justice clients. Not only is the Home Office responsible for the damage caused to those held in detention, but it is toying with the lives of vulnerable people by releasing them in a medically unsafe way.

By highlighting these issues, Medical Justice seeks significant improvements in the Home Office’s continuity of care of all individuals upon release and provides specific recommendations to the Home Office.

This report also aims to inform NHS England and NHS Improvement’s RECONNECT programme on the specific needs and barriers that those held in immigration detention face and need addressing. The programme represents a real opportunity to bridge the gaps identified in this report and to do so from the outset of their programme launching in IRCs.

Discontinuity of care is only one of the many problems in the immigration detention system, which are so widespread and systemic that the only solution to prevent the harm being caused is to close all IRCs.¹⁰ To this end, Medical Justice continues to call on the Home Office to urgently end immigration detention and the “hostile environment”.

7 Sophie’s name has been changed to protect her identity.

8 Medical Justice doctor’s assessment in Sophie’s Medico-Legal Report.

9 Aran’s name has been changed to protect his identity.

10 Medical Justice. 2016. *Detained and Denied: The Clinical care of immigration detainees living with HIV*. [Last accessed on 26 January 2022] Available at: www.medicaljustice.org.uk/wp-content/uploads/2016/03/detained-and-denied.pdf.

METHODOLOGY

This research is based on a review of 15 casefiles of individuals released from IRCs between December 2019 and August 2021; 8 of whom took part in semi-structured interviews, conducted by Medical Justice, about their experiences.¹¹ It also draws on the organisation's continuous monitoring and documenting of health issues faced by clients both inside and upon release from detention.

This research was supplemented by information provided by IRC healthcare teams, NHS England and NHS Improvement, and information received from the Home Office following Freedom of Information Access requests.

Medical Justice wrote to the healthcare teams at Dungavel, Yarl's Wood, Brook House, Colnbrook/Harmondsworth, and Morton Hall IRCs in September 2021 asking for further information about how they ensure individuals' continuity of care upon release. Only Dungavel IRC and Yarl's Wood IRC responded.¹²

Medical Justice obtained information from the Home Office through six Freedom of Information Access Requests on several issues covered in this report. The Home Office provided information in response to **five** of these requests.

Medical Justice also met with senior members of NHS England and NHS Improvement on several occasions to further understand the RECONNECT programme as it relates to those held in immigration detention. Medical Justice also participated in the national RECONNECT stakeholder engagement event and fed into the National Minimum Standards for the RECONNECT service which will form the basis for local commissioning of services in England.

Limitations

The Detention Services Order (DSO) 08/2016 *Management of Adults at Risk in Immigration Detention*, which was a point of reference for this research, is currently being updated by the Home Office. Medical Justice submitted its consultation response to the updated DSO in September 2021, however it is not known when it will be published or what changes will be made. Consequently, throughout the report we refer to version 2.0 of DSO 08/2016.

Medical Justice recognises that the problems with continuity of care identified in this report is based on Medical Justice clients released from immigration detention, and may not present a universal account of the experiences of all those released. However, the findings of this qualitative study reflect the many years' experience of Medical Justice caseworkers who work with those held in immigration detention, information from Freedom of Information Access requests and experience of other organisations working in the sector. This suggests that the findings are illustrative of wider experience.

¹¹ None of the cases reviewed were detained in Dungavel IRC. At the time research was conducted, Derwentside IRC had not yet opened.

¹² Colnbrook/Harmondsworth IRC responded that it had passed on the email to the relevant team but no further response was provided by the time of writing.

ACKNOWLEDGEMENTS

This report was researched and written by Ariel Plotkin, with input from Idel Hanley, Theresa Schleicher, and Rachel Bingham. Medical Justice is grateful to Kristine Harris who initiated this research project and contributed to the research and findings, as well as to Medical Justice caseworkers for all their invaluable knowledge and insights from their casework.

Medical Justice would like to thank all its clients who took part in interviews and who gave their time and consent for their information to be used in this report and in its research.

The organisation would also like to thank Chris Kelly and Kate Morrissey from NHS England and NHS Improvement's Health and Justice National Team for their time and contribution to this research project.

Glossary of terms

IRC: Immigration Removal Centre.

IRC Healthcare: The healthcare team is responsible for the provision of healthcare for those held in Immigration Removal Centres and is commissioned by NHS England.

IRC staff: Custodial staff in Immigration Removal Centres.

NHS England: National Health Service England.

NHS England and NHS Improvement's Health and Justice National Team: The team responsible for commissioning healthcare in secure and detained settings, including in IRCs.

RECONNECT service: An NHS England and NHS Improvement service which aims to act as a 'wrap-around' service for those leaving prison to ensure continuity of healthcare from prison to the community. NHS England and NHS Improvement plan for this service to also be rolled out in immigration removal centres but this has been paused due to the COVID-19 pandemic.

'Adults at Risk' Policy: A Home Office policy for determining whether a person is vulnerable and suitable or not for detention. Its stated purpose is to protect vulnerable people who may be at increased risk of harm in detention. The guidance states that vulnerable individuals or 'adults at risk' should not normally be detained and can only be detained when immigration factors outweigh their indicators of risk.

Rule 35 (of Detention Centre Rules 2001): This is a mechanism which aims to ensure that particular groups are brought to the attention of those with direct responsibility for reviewing detention. These are people whose health is likely to be worsened by detention, people who have suicidal ideations, or people who have been a victim of torture. It is the primary safeguard for vulnerable individuals whose health would be injuriously affected by continued detention.

Medico-Legal Reports (MLRs): These are detailed reports written independent clinicians at Medical Justice, which provide evidence for asylum cases and other legal decisions. This may include details of the person's physical and mental health, examination findings, forensic assessment of scars and psychological consequences of ill-treatment or torture, consideration of the impact of detention on the person's health, and identification of unmet health needs.

INTRODUCTION

Immigration detention in and of itself is harmful to the mental health of people held in detention, and those with previous trauma or mental health issues are at particular risk of harm. The severity of this harm has long been documented by Medical Justice and other organisations.¹³ There have been several cases where the treatment of people in detention has been found to amount to inhuman and degrading treatment which both the Home Office and IRC healthcare staff have been responsible for.¹⁴

Immigration detention is authorised by the Home Office for its administrative convenience and is not mandated by a court. There is no time limit on how long someone can spend in immigration detention in the UK. The decision to release someone from detention is taken either by the Home Office or ordered by the Tribunal/courts following a successful application for release. Unlike prison sentences which have a pre-determined duration, it is not possible to predict when and if someone will be released from immigration detention. This makes release planning difficult. What is more, when release has been ordered by a judge following a successful bail application, the Home Office must release the individual from detention very quickly, in some cases within two hours of this decision being made, making planning for continuity of care very challenging at the point of release.

Health experts have already warned that the current release arrangements are “medically unsafe”.¹⁵ This builds on the Centre for Mental Health’s “rapid mental health needs analysis” in 2017, commissioned by NHS England in response to the Shaw report, which highlighted IRC healthcare staff concerns about ensuring continuity of care upon release, particularly for those with a “need for secondary mental health care support”¹⁶. A mental health team member from one IRC highlighted the problem with “short-notice releases”: “...so they [people in detention] are stable with us here, we see them regularly, they take their medication... then you’re told they are being released...I have had that on a Friday afternoon and you try finding someone to refer them to on a Friday...I’ve just crossed my fingers and hoped they make it through the weekend...”.¹⁷ The Centre for Mental Health reports that they received similar accounts “at all IRCs visited.”¹⁸

Other health experts in the UK have highlighted the importance of continuity of care outside of detention and called for “proper discharge arrangements to be made prior to release”¹⁹ and the “provision of a release care plan” which includes details of the individual’s nearest primary healthcare provider.²⁰

13 See for example, Amnesty International UK. 2017. *Home Office use of indefinite immigration detention ‘causing serious harm’*. [Last accessed on 26 January 2022] Available at: www.amnesty.org.uk/press-releases/home-office-use-indefinite-immigration-detention-causing-serious-harm-new-amnesty.

14 See for example, BBC News. 2020. *Prince Fosu inquest: Man died ‘in plain sight’ at detention centre*. [Last accessed on 18 January 2022]. Available at: <https://www.bbc.co.uk/news/uk-51660696>.

15 F W Arnold, J Chisholm, J Cohen, C Katona, J Payne-James. 2020. *‘Release arrangements for immigration detainees are medically unsafe. Providers must ensure continuity of care for this vulnerable group’*, British Medical Journal, DOI: [10.1136/bmj.m15](https://doi.org/10.1136/bmj.m15).

16 Graham Durcan, Jessica Stubbs and Jed Boardman. 2017. *‘Immigration Removal Centres in England: A Mental Health Needs Analysis’*, Centre for Mental Health. [Last accessed on 18 January 2022]. Available at: www.centreformentalhealth.org.uk/sites/default/files/2018-09/immigration_removal.pdf.

17 Ibid.

18 Ibid.

19 Royal College of Psychiatrists. 2021. *Detention of people with mental disorders in immigration removal centres (IRCs)*. Position Statement PS 02/21. [Last accessed on 18 January 2022] Available at: www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/position-statement-ps02-21---detention-of-people-with-mental-disorders-in-immigration-removal-centres---2021.pdf?sfvrsn=58f7a29e_6.

20 Faculty of Forensic and Legal Medicine. 2019. *Quality Standards for healthcare professionals working with victims of torture in detention*. [Last accessed on 18 January 2022] Available at: https://fflm.ac.uk/wp-content/uploads/2019/07/HWVT_QualityStandards_May19-ONLINE-FINAL.pdf.

Despite the challenge that the nature of release presents for IRC healthcare teams, the Home Office nevertheless have a responsibility to ensure continuity of care on release is provided quickly. Accordingly, there are policies in place that provide guidance on how to safely release vulnerable people and ensure continuity of care in the community.²¹

There are further challenges to the safe release of individuals from detention created by the way healthcare is organised and funded; following the Health and Social Care Act 2012,²² no one organisation has the responsibility for ‘care through the gate’ for IRCs and prisons. IRC healthcare is responsible for care provided in the institution but has no remit to provide outreach to patients leaving the IRC. The responsibility for community care lies in principle with GP practices, who would receive patients leaving IRCs and would refer individuals on to secondary care where needed. To function effectively, this set up is reliant on people leaving detention having prompt access to a GP in the community, understanding their entitlement and how to register with a GP practice, whilst overcoming the significant barriers to access to primary care that many people in the asylum seeking, refugee and migrant communities face.²³

A ‘wrap-around’ service for prisons to ensure continuity of care was created in 2019 by NHS England and NHS Improvement in the form of “RECONNECT – Care After Custody”.²⁴ The service “starts working with people before they leave prison and to make the transition to community-based services that will provide the health and care support that they need”.²⁵ There is very little publicly available information on how the RECONNECT service will work for those leaving IRCs. However, members of the NHS England and NHS Improvement’s Health and Justice team have told Medical Justice that the service recognises that the situation for those leaving immigration detention is slightly different to those leaving prison. They told Medical Justice that many of those who leave immigration detention do not end up connecting with healthcare services in the community and are effectively ‘lost’ to the system.²⁶ This led people recently-released from detention to use services such as A&E or urgent care centres which have a high cost and cannot themselves provide preventative care or continuity, for which they would still need to have a GP. In this time, the patient’s condition has often, in the absence of care, deteriorated significantly since they left immigration detention, resulting in avoidable pain and suffering to the individual. Increased severity and complications are also associated with significantly increased cost of treatment.

A RECONNECT Pathfinder was established at Yarl’s Wood IRC to explore the particular issues faced by those held in immigration detention. Due to COVID-19, the original launch date of April 2020 for the RECONNECT programme to be established in IRCs continues to be on hold.²⁷

21 For those considered ‘Adult at Risk’ and whom IRC staff or healthcare have ‘significant concerns’, see: *Detention Services Order 08/2016 Management of Adults at Risk in Immigration Detention*. July 2019, version 2.0 (v.2), paragraph 33.

22 Health and Social Care Act 2012. [Last accessed on 18 January 2022] Available at: www.legislation.gov.uk/ukpga/2012/7/contents/enacted.

23 Equality and Human Rights Commission. 2018. *Making sure people seeking and refused asylum can access healthcare: what needs to change*. [Last accessed on 18 January 2022] Available at: www.equalityhumanrights.com/en/publication-download/making-sure-people-seeking-and-refused-asylum-can-access-healthcare-what-needs.

24 National Health Service. *NHS Long Term Plan v1.2*. 2019. [Last accessed on 18 January 2022] Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>. According to NHS England and NHS Improvement staff, the RECONNECT service was awarded £20 million for roll out over 5 years. At the end of the 5-year period the intention is to hand the service over to Integrated Care Systems which should by then have a statutory standing. It will only be supporting individuals in England as NHS England does not have responsibility for delivery of services in Scotland, Wales and Northern Ireland.

25 Ibid.

26 Meeting with NHS England and NHS Improvement, November 2020.

27 Meeting with NHS England and NHS Improvement, September 2021.

Tailoring the RECONNECT service to the particular needs of people released from detention is important as they have different experiences to those released from prison, and have specific vulnerabilities related to their unstable immigration status. Immigration detention is a harmful environment, particularly for those who have a history of mental health issues or a history of trauma.²⁸ People can deteriorate over time and some deteriorate rapidly. Detention can erode a sense of self-worth and undermine people's confidence in themselves and in the system through a loss of agency and a deep sense of disempowerment; these impacts can continue to affect individuals beyond the detention gates.²⁹

Medical Justice has conducted a review of some of its clients who have been released in order to shed light on the many barriers they face in accessing and continuing healthcare upon release into the community.

The aim of this report is to highlight the failings of the Home Office in its 'Duty of Care' and to seek significant improvement in the care of all vulnerable people in detention upon their release.

It also aims to highlight to NHS England and NHS Improvement the barriers and disruption to healthcare that those held in immigration detention face upon release before the RECONNECT service is rolled out in IRCs. The RECONNECT service has potential to be extremely beneficial; this report highlights the experiences of Medical Justice clients to ensure that the design and implementation of this service is tailored to the needs of people released from immigration detention and bridges the gap between healthcare in detention and in the community.

Facts about immigration detention and access to healthcare

- Immigration detention is indefinite;
- Detention is meant to only be in cases where there is a realistic prospect of removing the individual;
- The majority of people detained are not removed, and are released back into the community;
- Those with a vulnerability which places them at increased risk of suffering harm as a result of being detained should only be detained if the risk of harm to them is outweighed by immigration factors.
- Healthcare in detention is meant to be equivalent to that in the wider NHS in the community;
- Once released, people without leave to remain have a right to free primary healthcare in the community.
- Most secondary healthcare is chargeable to those considered 'overseas visitors' unless they are covered by an exemption. Those exempt from charging for secondary care include those seeking asylum who are awaiting a decision on their claim for asylum or an appeal, and survivors of trafficking with a positive Reasonable Grounds Decisions. There are also exemptions for specific conditions including many communicable diseases, sexually transmitted infections, palliative care and health needs caused by torture, trafficking, sexual assault or FGM.³⁰

28 Bosworth, M. 2016. 'Mental Health in Immigration Detention: A Literature Review'. Review into the Welfare in Detention of Vulnerable Persons, Cm 9186. London: HSMO. Criminal Justice, Borders and Citizenship Research Paper No. 2732892. [Last accessed on 26 January 2022] Available at: www.papers.ssrn.com/sol3/papers.cfm?abstract_id=2732892.

29 Axel Klein and Lucy Williams. 2012. *Immigration Detention in the Community: Research on the Experiences of Migrants Released from Detention Centres in the UK. POPULATION, SPACE AND PLACE* DOI: [10.1002/psp](https://doi.org/10.1002/psp).

30 Public Health England. 2014. *NHS entitlements: migrant health guide*. [Last accessed on 18 January 2022] Available at: www.gov.uk/guidance/nhs-entitlements-migrant-health-guide.

WHAT SHOULD HAPPEN WHEN PEOPLE ARE RELEASED FROM DETENTION INTO THE COMMUNITY

The Home Office provides guidance to its staff, IRC operators and healthcare staff in the detention estate on the release of people from IRCs, in the form of Detention Services Order Release of Detainees 01/2018 and Detention Services Order Management of Adults at Risk in Immigration Detention 08/2016.

DSO 01/2018 *Release of Detainees* cites DSO 08/2016 *Management of Adults at Risk in Immigration Detention* regarding the safe release of individuals and the continuity of care in the community. It stipulates that “Where there are outstanding safeguarding concerns an onward care plan should, where possible, be arranged before release.”³¹ It goes on to instruct that “where IRC or healthcare staff have significant concerns about releasing a detainee considered to be at risk...a multi-disciplinary meeting... must be arranged by the local DET team [Detention Engagement team] to agree a plan to safely release the individual... This should include consideration of any safeguarding issues that may arise following release”.³² Healthcare is listed as an attendee of this meeting “if applicable”.³³ The policy makes clear that this meeting should be “expedited” so that it does not impact on “release timings”.³⁴

The guidance instructs the IRC healthcare provider to “inform the relevant healthcare provider in the community to ensure continuity of care, where possible”, to forward medical records “as appropriate” and provide people with a copy of their medical record upon release.³⁵

Fundamentally, the Detention Centre Rules (2001) sets out that all people in detention – and therefore not only those identified as having safeguarding concerns – should have “all their medical records... forwarded as appropriate following the person’s transfer to another detention centre or a prison or on discharge from the detention centre.”³⁶

From 2019, NHS England provided guidance on how to register patients with a GP practice prior to their release from the secure residential estate which includes IRCs.³⁷ However, Medical

Justice is not aware of any of our clients having been registered with a GP prior to their release, suggesting that though this may have been implemented in prisons, it has not been actioned in IRCs.

31 *Detention Services Order 08/2016 Management of Adults at Risk in Immigration Detention*. July 2019, v.2. Paragraph 33.

32 *Ibid*.

33 *Detention Services Order 08/2016 Management of Adults at Risk in Immigration Detention*. July 2019, v.2. Paragraph 34.

34 *Detention Services Order 08/2016 Management of Adults at Risk in Immigration Detention*. July 2019, v.2. Paragraph 33: “This should be expedited to avoid any impact on release timings as the Home Office will use the outcome of the meeting to inform implementation of the release decision.”

35 *Detention Services Order 08/2016 Management of Adults at Risk in Immigration Detention*. July 2019, v.2. Paragraph 35.

36 Detention Centre Rules. 2001. *Medical practitioner and health care team*, Paragraph 33 (9).

37 National Health Service England. 2019. *Process for registering patients prior to their release from the secure residential estate*. [Last accessed on 18 January 2022] Available at: <https://www.england.nhs.uk/publication/process-for-registering-patients-prior-to-their-release-from-prison/>.

Medical Justice wrote to all IRC healthcare teams to ask them about how they ensure continuity of care of people upon release into the community.³⁸ The healthcare team at Dungavel IRC told Medical Justice that they provide the individual with their medical records summary, medication “if prescribed and enough notice given”, and information regarding ongoing care and how to register with a GP “if required”. If the individual has an upcoming secondary care appointment or investigation, healthcare provides them with the appointment letter or X-ray/blood request to present to a GP. The healthcare team shared that they have “liaised with community mental health teams”, their “psyche [sic] has supported continuity of services” and have “had the occasion to liaise with Medical community services and a local hospice.³⁹” It is not known how Dungavel IRC healthcare assess when this support is “required” or not or how much notice is “enough notice”.⁴⁰

The healthcare team at Yarl’s Wood IRC told Medical Justice that they “understand the importance of continuity of care for our residents, this is at the for front [sic] of the care we deliver within the centre. We have implemented and structured process in place for discharging residents into the community to provide continuity of care.”⁴¹ The details of these processes are not known.⁴²

³⁸ IRC healthcare teams were contacted by email by Medical Justice in September 2021. Dungavel and Yarl’s Wood IRCs responded and their responses are reflected here.

³⁹ Email from Dungavel IRC healthcare, 16 September 2021.

⁴⁰ Medical Justice asked Dungavel IRC healthcare these follow-up questions but did not receive a response by the time of writing.

⁴¹ Email from Yarl’s Wood IRC healthcare, 24 September 2021

⁴² Medical Justice asked the healthcare team at Yarl’s Wood IRC for further details on these process but did not receive a response by the time of writing.

WHAT IS HAPPENING: UNSAFE RELEASE OF VULNERABLE INDIVIDUALS

Key Findings

Our research reveals how the Home Office policies are not consistently ensuring that vulnerable individuals are safely released from detention. In particular:

- 1. Home Office policies relating to the safe release of vulnerable people are not applied to *all* vulnerable people being released because the flawed 'Adult at Risk' policy fails to identify them, from the outset, as an 'Adult at Risk' and therefore vulnerable;**
- 2. There are several shortcomings in the Home Office DSOs on *Release from Detention and Management of Adults at Risk*;**
- 3. These DSOs, which provides guidance on how to safely release vulnerable people, are not being consistently implemented in practice;**
- 4. The Home Office does not have any guidance for IRCs to advise those with vulnerabilities at the point of release how to access health services in the community.**

Our research also exposes the range of issues Medical Justice clients experienced that disrupted their healthcare when released from detention into the community. Many clients experienced several of these issues at the same time. These include:

- 5. Release without an onward care plan in place and/or implemented;**
- 6. Release without being given information or guidance by the IRC staff, Home Office or healthcare about entitlement to healthcare in the community and how to access a GP;**
- 7. Release of people with specialist and complex needs without adequate referrals to general and specialist healthcare;**
- 8. Inability to access primary healthcare for a period of time due to a range of barriers including language, internet access, release to quarantine hotel restricting access to healthcare or other hotels with variable support with registration, homelessness, lack of knowledge of entitlement;**
- 9. Release without any or an adequate supply of medication;**
- 10. Release without complete copies of their medical records and discharge papers including secondary healthcare letters;**
- 11. Release into the community and then re-dispersed, disrupting care again;**
- 12. Other disruptions to healthcare include being dispersed, becoming destitute or homeless, and being re-detained.**

Each of these key findings will be considered in turn below, firstly addressing the Home Office policies, before turning to the experiences of Medical Justice clients. Home Office policies: flawed, lacking or not consistently implemented.

Medical Justice's assessment is that some elements of the aforementioned Home Office policy should, in theory, ensure the onward care for vulnerable individuals. However, this requires the policy to be implemented in practice by IRC staff, IRC healthcare staff and the Home Office. Crucially, whilst it should apply to all vulnerable people in detention, this is inherently impeded by the failure to identify vulnerabilities due to the flawed 'Adults at Risk' policy.

A flawed 'Adults at Risk' policy

Medical Justice has repeatedly set out its concerns about the 'Adults at Risk' policy which fails to identify vulnerable people in detention.⁴³ In particular, the policy does not contain provisions for active screening for vulnerability. Moreover, it puts a high evidential burden on individuals whereby the level of evidence supporting the vulnerability, rather than the level of risk to an individual, is relied on to decide if they are an 'Adult at Risk' or not. This means that very vulnerable people may be classed as having a low 'Adult at Risk' level due to the type of evidence they have. The perceived risk is then balanced against a wide range of 'immigration factors'.⁴⁴ As a result, more vulnerable people are being detained for longer and they may not be classed as an Adult at Risk with a high enough evidential level to trigger their release.

In addition, the policy relies on the assumption that the IRC has elicited all of the necessary information from the individual to make this decision. This is despite the difficulties widely documented in people's willingness or capacity to disclose sensitive information in a detention environment to healthcare, whom they may distrust due to the perception that they are the authorities.⁴⁵

Many vulnerable and unwell people, including Medical Justice's clients, are therefore released without any measures in place to ensure continuity of care in the community, compromising their safety and health.

There are also several shortcomings in the DSOs on *Release from Detention* and *Management of Adults at Risk* which must be addressed by the Home Office in order to deliver on its duty of care to vulnerable people released into the community. This includes:

- A failure to include any guidance on medication provision upon release;
- The policy only requires multi-disciplinary meetings and an onward care plan if IRC staff or healthcare staff have 'significant concerns',⁴⁶ without describing what circumstances would merit a 'significant concern' and without setting out any process or criteria for identifying those most at risk if released in an unplanned and unsupported manner;

⁴³ See also, The Independent Chief Inspector of Borders and Immigration. 2021. *Second Annual Inspection of 'Adults at risk in immigration detention' July 2020-March 2021*. [Last accessed on 26 January 2022] Available at: www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027583/E02683602_ICIBI_Adults_at_Risk_Detention_Accessible.pdf.

⁴⁴ For further details, see: Medical Justice. 2018. *Putting Adults at Risk: A guide to understanding the Home Office's "Adults at Risk" policy and its history*. [Last accessed on 26 January 2022] Available at: www.medicaljustice.org.uk/wp-content/uploads/2018/09/Putting-Adults-at-Risk-CONCISE-WEB.pdf.

⁴⁵ Blerina Këllezi, Juliet Wakefield, Mhairi Bowe, Clifford Stevenson, Niamh McNamara. 2021. *Healthcare provision inside immigration removal centres: A social identity analysis of trust, legitimacy and disengagement*. Applied Psychology: Health and Well-Being - Wiley Online Library. DOI: 10.1111/aphw.12263.

⁴⁶ Medical Justice sought information regarding the multi-disciplinary meetings through a Freedom of Information Access request (66644), however, the Home Office did not provide the information as it "exceeds the appropriate cost limitation." See Annex 1 for the Home Office responses to Freedom of Information Access Requests.

- It also gives the IRC healthcare providers the discretion to decide if there are safeguarding concerns, and relies on the assumption that vulnerabilities will have been identified by the Adults at Risk process, which as described above, is not sufficient for this purpose. It also assumes that the information given by the individual is believed by the healthcare provider;
- The policy also only requires the IRC healthcare provider to “inform the relevant healthcare provider in the community to ensure continuity of care, *where possible*”, without clarifying what circumstances would make this possible or not.

What is more, Medical Justice’s evidence shows that Home Office policies on the safe release of ‘Adults at Risk’ are not being consistently implemented in practice by IRCs,⁴⁷ healthcare teams or the Home Office. Most Medical Justice clients are considered to be an Adult at Risk level 2 or 3⁴⁸ at the time of their release. They are often released because of their mental and/or physical vulnerabilities documented in Medico-Legal Reports which have been flagged to the Home Office by Medical Justice. Yet, Medical Justice sees repeated cases of vulnerable people released from detention without any or very limited onward care and referral, including those who had very recently attempted suicide.

For those not identified as Adults at Risk by the Home Office, the guidance to safeguard and ensure continuity of care upon release does not apply. The Adults at Risk policy not only fails to identify vulnerable individuals and route them out of detention,⁴⁹ but it also results in a failure to protect and safeguard them upon release.

Whether clients were identified as an Adult at Risk or not, the failure to identify someone as an Adult at Risk and flaws in the policy itself have led to the unsafe release of vulnerable and unwell individuals into the community without a care plan, information or support to access a GP, without referral to community support services such as local mental health teams and without access to medication.

Medical Justice is also particularly concerned that the Home Office has confirmed that it does not have any guidance for IRCs to advise those with vulnerabilities at the point of release how to access health services in the community. In response to a Freedom of Information request, the Home Office stated:

“There is no Home Office guidance or template letters used by Home Office staff to advise individuals with health problems or those at risk of self-harm and/or suicide about how to access health services and seek relevant help in the community upon their release from immigration detention”.⁵⁰

47 This refers to IRCs in England as no clients included in this research were detained at Dungavel IRC.

48 Level 2 is where there is professional evidence or official documentary evidence that the person is at risk and Level 3 is where there is professional evidence stating that the person is at risk and detention is likely to cause harm.

49 Independent Chief Inspector of Borders and Immigration. 2021. *Second Annual Inspection of Adults at risk in immigration detention*. [Last accessed on 18 January 2022] Available at: www.gov.uk/government/news/inspection-report-published-second-annual-inspection-of-adults-at-risk-in-immigration-detention.

50 Home Office response to FOIA 67085 received 30 November 2021. See Annex 1 for the Home Office responses to Freedom of Information Access Requests.

The experiences of Medical Justice clients

Our evidence shows that many of those released from detention experience it as incomplete, unplanned, chaotic and with little to no onward care in place.

Many of our clients leave detention traumatised by their experience and detention causes them to be so unwell that when they are released, they are more likely to need secondary care in the community. Some have attempted suicide, have self-harmed or had suicidal thoughts in detention. The trauma that they were put through in detention may also jeopardise their ability to engage with community healthcare or utilise any ongoing treatment provision.

This is why it is particularly important these people be supported to access care outside of detention.

Consistent research beyond Medical Justice's evidence

The observations based on our casework are substantiated by academic research into barriers to accessing healthcare faced by those leaving immigration detention⁵¹ as well as the wider asylum seeking, refugee and migrant community.⁵² The Equality and Human Rights Commission found the barriers which delay or disrupt healthcare for those seeking or refused asylum range from misinterpretation of healthcare rights and Home Office dispersal policy to lack of financial resources, language and communication barriers, lack of information and knowledge, and fear, trust and stigmatisation.⁵³ Doctors of the World found that restrictive registration policies at GP surgeries meant that vulnerable people, including those from the migrant community, were refused registration at GP practices, delaying their access to primary care.⁵⁴ Many also face healthcare charges which deters access and delays treatment.⁵⁵ The barriers faced by patients of Doctors of the World in September 2021 were more or less the same as before the COVID-19 Pandemic.⁵⁶

Our evidence echoes these findings, though Medical Justice finds that people who have just been released from detention face additional barriers, or all of these barriers. For example, the constant fear of getting detained again and/or deported. They also have additional vulnerabilities due to the harm caused by immigration detention, making some too unwell to be able to engage with or access healthcare in the community.⁵⁷

51 Katie Lau. 2019. 'Disruption, delay and denial: the healthcare needs and provisions for people released from immigration detention'. UCL Institute for Global Health post doctorate student report prepared for Doctors of the World.

52 For example, Equality & Human Rights Commission. 2018. *Access to healthcare for people seeking and refused asylum in Great Britain: a review of evidence*, Research Report 121. [Last accessed on 18 January 2022]. Available at: www.equalityhumanrights.com/sites/default/files/research-report-121-people-seeking-asylum-access-to-healthcare-evidence-review.pdf and Kang, C., Tomkow, R., Farrington, R. 2019. *Access to primary health care for asylum seekers and refugees: a qualitative study of service user experiences in the UK*. [Last accessed on 18 January 2022] Available at: <https://bjgp.org/content/69/685/e537>.

53 Equality & Human Rights Commission. 2018. *Access to healthcare for people seeking and refused asylum in Great Britain: a review of evidence*, Research Report 121.

54 Doctors of the World UK. 2019. *Registration Refused: A study on access to GP registration in England*. Update 2018. www.doctorsoftheworld.org.uk/wp-content/uploads/2019/08/Registration-Refused-final.pdf.

55 Doctors of the World. 2017. *Deterrence, delay and distress: the impact of charging in NHS hospitals on migrants in vulnerable circumstances*. [Last accessed on 26 January 2022] Available at: www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Research_brief_KCL_upfront_charging_research_2310.pdf.

56 Institute for Research into Superdiversity and Doctors of the World UK. 2021. *Barriers to wellbeing: Migration and vulnerability during the pandemic*. [Last accessed on 18 January 2022] Available at: www.doctorsoftheworld.org.uk/wp-content/uploads/2021/09/Barriers-to-wellbeing-09.21.pdf.

57 Medical Justice. *Impact of detention on health*. [Last accessed on 18 January 2022]. Available at: www.medicaljustice.org.uk/healthcare-in-detention/impact-of-detention-on-health/.

Release of people without an adequate onward care plan in place and/or implemented

Nearly all Medical Justice clients have not had an adequate onward care plan in place or implemented upon release, despite the majority being recorded as “Adults at Risk”⁵⁸. Even when the need for a care plan on release is previously recorded in the healthcare records, effective arrangements are often not made. As a result, Medical Justice continues to support clients upon release to access the healthcare they require, including registering and making an appointment with a GP in order to access secondary healthcare.

None of the clients that Medical Justice interviewed for this research said they saw healthcare staff just before their release. This may be because the Home Office did not make the healthcare team aware that an individual was to be released. None had an adequate onward care plan in place or had the plan implemented upon release;⁵⁹ they were simply discharged from detention and left to fend for themselves, in spite of their vulnerabilities. It is clear that without Medical Justice’s support or the support of other NGOs, vulnerable people would have been left without any access to healthcare. One client said: “When I was told I was being released, the detention centre did not say anything or direct me to see the nurse or doctor...Only Medical Justice helped me.”

The Home Office has confirmed in a response to a Freedom of Information Access Request regarding the number of people who had onward care plans arranged upon release,⁶⁰ that between January 2019 and June 2021:

- Two individuals recorded as ‘Adults at Risk’ had an onward care plan arranged upon release from Brook House IRC;
- One individual had an onward care plan from Yarl’s Wood IRC but was not recorded as an ‘Adult at Risk’;
- 14 had onward care plans from Tinsley House IRC but only one was recorded as ‘Adult at Risk’;

No data is recorded by the Home Office from Colnbrook and Harmondsworth IRCs so it is not known how many care plans were arranged upon release from these IRCs.⁶¹

This was out of a total of 29,516 people who were released on bail or granted leave to remain/enter between January 2019 and June 2021.⁶²

This data provided by the Home Office indicates that our findings – that Medical Justice clients had little or no onward care plans in place upon their release – reflects a lack of onward care plans arranged for the wider population in immigration detention, upon their release.

58 Some clients who return to their previous address are able to continue with their care plans which were in place before they were detained.

59 To see an example of a case where a care plan was put in place by healthcare but not implemented upon release, see Release of people with specialist and complex needs without referrals to general and specialist healthcare.

60 Home Office responses to FOIA 66696 received on 1 December and 15 December 2021. See Annex 1 for the Home Office responses to Freedom of Information Access Requests.

61 According to the Home Office, no data is held on Dungavel IRC prior to 25 September 2021 due to a change in IRC supplier contract.

62 This number was calculated using Home Office Immigration statistics in tab labelled ‘Data – Det_D03’. See Home Office Detention Summary Tables. 2021. Immigration Statistics, year ending September 2021. [Last accessed on 31 January 2022] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1034418/detention-datasets-sep-2021.xlsx.

David

One ‘care plan’ seen by Medical Justice was a letter in English, given by the Home Office to **David**,⁶³ a Medical Justice client who does not speak English, in detention just before his release from an IRC. The client had been identified as an Adult at Risk Level 2 in their Rule 35 report and a Medical Justice doctor who conducted an independent medical assessment as part of their MLR found him to have mental health issues. The ‘care plan’ letter describes how the Home Office had been informed of their “mental health difficulties” and advises David to request a copy of their medical records. It further explains that they can register with a GP, describing how to find a GP and walk-in centres.

The ‘care plan’ letter also describes how to contact The Samaritans for support. However, it is important to note that The Samaritans do not have an interpreting facility, creating additional barriers. The letter advises David to view an online guide at Mind, to deal with any “mental health crisis” and to seek medical attention if he has “an urgent mental health crisis”.

Medical Justice has never seen a letter from the Home Office like this from other clients so is not able to say how often they are provided to people in IRCs.⁶⁴ It is deeply concerning that David was inherently vulnerable and unwell and this was the only ‘care plan’ put in place. He was identified as having “mental health difficulties”, as a survivor of torture, recorded as an Adult at Risk and diagnosed as having mental health issues – and yet the only ‘care plan’ was a letter – in a language they cannot read or understand.

Release without the provision of information or guidance from IRC staff, Home Office or healthcare about entitlement to healthcare in the community and how to access a GP

Our evidence shows that it was very rare for people in detention to be given information or guidance on entitlement to healthcare in the community and how to access primary care, such as a GP. All clients Medical Justice spoke to reported that they received no information or guidance from IRC staff, healthcare staff or the Home Office about entitlement to healthcare upon release and/or how to access a GP. For clients released to hotels from detention, staff in the hotel should be able to help them register with a GP, but in practice this was variable and could be delayed. By not knowing that they could access free healthcare by registering with a GP, or knowing how to do this, clients depended on Medical Justice caseworkers or other NGOs to support them with this process ([see Inability to access primary healthcare](#)).

“When I was told I was being released, no clinician or nurse gave me advice, my medication or any help with healthcare outside.” Medical Justice client

“When I came out of detention, no one in the detention centre helped me with information about how to register with the GP.” Medical Justice client

⁶³ David’s name has been changed to protect his identity.

⁶⁴ Wording in the letter regarding the individual suggests that this is a generic letter.

Daniel

Daniel⁶⁵ suffers from eye problems and severe headaches. He had seen a neurologist in the previous country he lived in and was prescribed medication. But, upon being detained, this medication was confiscated.

Daniel was in detention for almost two months during which time he suffered from severe headaches. He said: “Taking my medication away and being in detention gave me these headaches.”

When he was released, he was not given any support or information by the IRC or healthcare provider with accessing a GP. Daniel said: “It was not easy to get a GP”.

With the help of the housing management at his accommodation, he was able to register with a GP, who then referred him for an MRI. He told Medical Justice: **“It took a long time to get any treatment since I arrived in the UK and I am still in pain. I [still] haven’t seen a neurologist or had my eye problem looked into.”**

Our evidence is supported by the Home Office’s own confirmation that no Home Office guidance for Home Office staff to advise vulnerable individuals about how to access health services in the community upon their release.⁶⁶

This indicates that our findings – that Medical Justice clients were very rarely given information about accessing healthcare in the community upon their release – reflects a lack of information given to the wider population in immigration detention.

Medical Justice finds it deeply concerning that there is no Home Office guidance for IRC staff to advise those released from detention who are extremely vulnerable/at risk, how to access health services and seek help in the community.

If the IRC and healthcare staff supported those released to access primary care by providing information in a language they understood about entitlement, how to find a GP and how to register, clients may have faced far fewer barriers and been able to access much needed healthcare, much quicker.

Following a Freedom of Information Access request, the Home Office made Medical Justice aware that, in 2019, it had created a design for healthcare ‘Zip cards’, “designed to provide information on accessing healthcare in the United Kingdom following release from an IRC with details of general practitioners, mental health, sexual health and maternity services and the access routes to these services.” However, the production was put on hold due to COVID-19.⁶⁷ The Home Office told Medical Justice “The Home Office are reviewing their previous plans for providing the zip cards in all IRCs.”⁶⁸ No date for the roll out has been confirmed. If implemented, this will go some way to ensure individuals understand their healthcare entitlement and how to access healthcare services.

⁶⁵ Daniel’s name has been changed to protect his identity.

⁶⁶ Home Office response to FOIA request 6708 received on 30 November 2021. See Annex 1 for the Home Office’s responses to Freedom of Information Access Requests.

⁶⁷ Home Office response to FOIA 67623 received on 10 January 2022. See Annex 1 for the Home Office’s responses to Freedom of Information Access Requests.

⁶⁸ Correspondence from Home Office staff member, January 2022.

Release of people with specialist and complex needs without referrals to general and specialist healthcare

Many Medical Justice clients have specialist and complex needs and these were brought to the attention of the Home Office before their release in the form of Medico-Legal Reports from Medical Justice doctors documenting their physical and/or mental health issues. This medical evidence can be one of the reasons that Medical Justice clients are released. Nevertheless, our evidence shows that people with these health needs are being released without referrals to general and specialist healthcare in the community. Even more concerning is the release of individuals who recently attempted suicide in detention or had expressed suicidal thoughts to IRC staff and healthcare staff, which is documented in their medical records, or to Medical Justice doctors and caseworkers who immediately alerted healthcare, without any planned follow up in primary or secondary mental health care in the community.

Though very rare in our casework, Medical Justice is aware of one client who was referred to it by the Home Office with a view to helping the person to register with a specific GP practice upon their release. However, when Medical Justice called this GP surgery, they said they had not received any information about the client. It was only because of Medical Justice's support that the client was able to register with this GP.

In another case of an individual with a long history of mental health issues documented in the client's medical records, the IRC healthcare alerted the Home Office of these issues and requested it informs the local community mental health team of "any planned release so that a referral...can be made".⁶⁹ It is not known if healthcare was made aware of the person's release but the extremely vulnerable individual was released without any safeguarding referral, nor support or information on how to access a GP.

Sophie

*Sophie*⁷⁰ suffers from severe leg pain and leg swelling, PTSD and moderate depression. She had an appointment with orthopaedic oncology which she was unable to attend because she was detained. The IRC healthcare were aware of this missed appointment when she was detained. She told Medical Justice: "When I was in detention the doctor just gave me strong painkillers for the pain in my leg, no appointment at the hospital... The painkillers would work for a bit and then the pain would come back."

In her Medico-Legal Report, the Medical Justice doctor stated that delay of treatment "could potentially have life or limb threatening consequences" and recommended further assessment by her GP. Despite this report, when she was released from detention, Sophie was not provided with information about how to register with a new GP, as she had moved to a different area following release, or re-referred for the hospital appointment that she missed due to her detention.

She told Medical Justice: **"When I was released I had no hospital appointment. I have never had the appointment until today...I want to have my hospital appointment as soon as possible for my leg. It is really stressing me out to not have it looked at."**

⁶⁹ According to the individual's medical records.

⁷⁰ Sophie's name has been changed to protect her identity.

Inability to access primary healthcare due to a range of barriers

Everyone in the UK has the right to access healthcare, regardless of their immigration status. However, evidence from casefiles of clients shows that individuals were waiting up to three months between being released and seeing a GP due to a range of barriers they faced when they were released into the community. Like all service users in the UK, once they are registered it can take two to three weeks to get a GP appointment. With the added complexity of COVID-19, many GP practices now only offer telephone appointments before deciding if the person needs to be seen in person, further delaying their access to a face to face consultation. Not being able to access a GP constitutes a significant barrier to accessing specialist healthcare or medication, as the GP is the entry point to further care.

The delay in accessing primary healthcare can therefore have a detrimental effect on people who have pre-existing vulnerabilities exacerbated by their time in immigration detention. (See also Release without any or an adequate supply of medication.)

Lack of knowledge of entitlement and how to access a GP

Medical Justice found cases of people being released from immigration detention, without knowledge of how healthcare works in the UK and their entitlement to it, how to find a GP surgery in their area and how to register. This information was almost never shared with individuals upon release and it was only because of the support given by Medical Justice caseworkers, other organisations and some hotel staff that they were able to register with a GP and make an appointment. (See Release without the provision of information or guidance from IRC staff, Home Office or healthcare about entitlement to healthcare in the community and how to access a GP.)

Language barrier

Medical Justice found cases of people trying to register with a GP but not being able to understand how to do so as the information given over the phone or online was in English, a language they could not understand. The registration forms were also in English. Clients therefore needed help to navigate the system, asking friends, family or Medical Justice caseworkers to fill out the registration form for them or speak to the GP receptionist to register them on their behalf. Beyond registration, clients faced further barriers to seeing a doctor as they had difficulties booking an appointment and explaining why they needed to see a doctor, again because this communication was in English. Medical Justice caseworkers often call GPs on behalf of clients to register them or book an appointment for them due to this language barrier.

A client told Medical Justice: "I went to the GP but because of the language barrier they couldn't understand me". Another said "I had problems with accessing the doctor because I don't know the language and no one could help me".

Lack of internet and phone access and unable to navigate the online system

Language barriers, the lack of internet access or ability to navigate the online system, to register with a GP practice, presents a further barrier to accessing primary healthcare. The lack of internet and phone access could be because the individual did not have a phone with internet connection, or did not have the financial means to pay for data to connect to the internet. Similarly, calling the GP practice to ask about their registration process or book an appointment requires phone credit, which people did not always have the means to pay for. If the person missed the telephone call for their GP appointment, they then would have to call to re-book their appointment, again facing the same barrier to this as before. With the onset of the COVID-19 Pandemic, GP services were moved online and to telephone consultations, and GP practices were not allowing patients to come inside the building, which created further barriers to accessing a doctor. Medical Justice caseworkers often call GPs on behalf of clients to register them or book an appointment for them because they are unable to do so themselves.

Release into hotels or temporary accommodation

Like other asylum seekers in the community, many clients who were released from immigration detention in 2020 and 2021 were sent to hotels around the UK.⁷¹ Some were first sent to ‘quarantine hotels’ and then moved to another hotel as temporary/initial asylum accommodation. Others remained in the same hotel.⁷² Clients told us that in the quarantine hotels, they were not allowed to leave their room so accessing healthcare was very difficult, if not impossible. Once moved to another hotel, some were helped by the hotel staff or Home Office staff based in the hotel to register with a GP, though some clients were not made aware by staff that they had been registered so were still unable to access a GP. It was more common for clients at these hotels not to be helped to register with a GP and had to rely on Medical Justice caseworkers to speak to the hotel to understand the hotel’s process of GP registration or to register them with a GP directly. A client told Medical Justice that he was moved to three different hotels in London before being dispersed outside of London: **“No one in the hotel helped me. The management of the hotel didn’t help me at all I asked in every place I was to register with a GP but no one helped me.”** His Medical Justice caseworker helped him register with a GP.

Another client told Medical Justice that while at a hotel, he had to turn to a charity to help him register with a GP. He was finally registered with a GP over three months after he was released.

An additional barrier to accessing primary healthcare is the manner in which hundreds of asylum seekers are put in hotels by the Home Office at short notice means that large numbers of new patients require registration in a short period of time – in the recent times this has coincided with GP practices being overstretched. In this situation it is even more important that people with identified vulnerabilities are supported, to enable appointments to be appropriately prioritised, and to avoid the situations described above.

71 Georgina Sturge and Melanie Gower. 2020. *Asylum accommodation: the use of hotels and military barracks*. House of Commons Library Briefing Paper Number 8990. [Last accessed on 18 January 2022] Available at: <https://researchbriefings.files.parliament.uk/documents/CBP-8990/CBP-8990.pdf>

72 Some clients were released to hotels but did not need to quarantine first.

Aran

Aran,⁷³ suffers from migraines, depression and Hepatitis C. When he was detained, he told the doctor about his health issues but was not given any medication. He was told to drink water and drink less caffeine. “When I didn’t have my medication, it was really hard for me. I had depression, nightmares and I was experiencing new symptoms.”

The doctor in the IRC arranged for Aran to get a blood test in the first two days of detention but he was not given the results, despite asking for them. Medical Justice’s doctor diagnosed Aran with symptoms of PTSD and severe depression, with psychotic symptoms, and recommended that an urgent referral for specialist care if his Hepatitis C is confirmed from the blood test.⁷⁴ The doctor who conducted a Rule 35 report concluded that “prolonged detention is decremental [sic] to his mental health” and referred him to the mental health team for further assessment. Despite this, Aran was detained for 6 weeks. He was released to a hotel where he had to quarantine for 14 days, before being transferred to a different hotel in London. He told Medical Justice that when he was released, he was not given any information about healthcare in the community or how to see a doctor.

He recounted: **“When I was in the quarantine hotel, I had no access to medical care. The receptionist said if you are in pain or have a headache, you can get painkillers from reception. When I was moved to the next hotel it was a bit better. The Home Office agent and receptionist helped me to register with a GP. It was very busy and I had to wait but after 20 days the GP contacted us there. I was able to discuss my health problems with the GP.”** Aran’s Hepatitis C diagnosis was confirmed and his GP referred him to the Hepatology department at a London hospital where he was then provided with medication as part of his treatment plan.

Hepatitis C is a virus which can cause fatal liver disease if left untreated. Confirming chronic Hepatitis C would normally warrant an urgent specialist referral.⁷⁵ Due to not getting the blood results in detention which would have confirmed his diagnosis, and the lack of care upon release, Aran was unable to access appropriate medical care for his Hepatitis C for several months.

Release without any or an adequate supply of medication

Clients frequently reported that they were not given any of their medication or were not given an adequate supply upon release from detention. This makes the need to access a GP to get a prescription even more urgent, particularly for those whose lack of medication can have a detrimental impact on their health.

There is no guidance from the Home Office on the provision of medication, including for those with HIV (See What should happen when people are released from detention into the community). However, a senior member of NHS England and NHS Improvement told Medical Justice that the Home Office and Public Health England have agreed that an individual can have up to three months of medication at the point of release, whether they are released into the community or deported from the country. Three months is the maximum amount, which is seen as an “optimum time to enable individuals to get access to their medication in the community.”⁷⁶ NHS England and NHS Improvement confirmed there is no minimum amount and that the amount of medication provided is a clinical decision and is regardless of the type of medication or whether the individual was “in possession” while in detention or not.⁷⁷

⁷³ Aran’s name has been changed to protect his identity.

⁷⁴ As per National guidance from NICE which recommends urgent referral for specialist care if chronic hepatitis C is suspected. NICE. 2020. *Clinical Knowledge Summary: Active Hepatitis C*. [Last accessed on 18 January 2022] Available at: <https://cks.nice.org.uk/topics/hepatitis-c/management/active-hepatitis-c-infection/>.

⁷⁵ Ibid.

⁷⁶ Meeting with senior member of NHS England and NHS Improvement, September 2021.

⁷⁷ In detention, some detainees are allowed to keep and administer their own medication – known as “in possession”, while some are not due to safeguarding issues or the possibility of selling this drug to other detainees or the person having taking their medication reliably and must collect their medication daily from healthcare – this is known as “not in possession”. NHS England confirmed that there is no differentiation between those in possession and those not in terms of the provision of medication at the point of release.

Mohamed

Mohamed⁷⁸ suffered from severe stomach pain and vomiting while in detention. He was sent to A&E from the detention centre, where he was prescribed medication for suspected Gastritis. During Medical Justice's medical report assessment in detention, he told the doctor that he lost a lot of weight, had sunken eyes and feels weak. Despite the medication, his symptoms persisted. The Medical Justice doctor recommended that he continued to take the prescribed medication but that he needed to undergo further investigations; as he had not responded to treatment, a more serious cause such as a stomach ulcer or cancer needed to be considered. When Mohamed was released, he was sent to a hotel with a very limited supply of his prescribed medication. He told Medical Justice that no one in the detention centre gave him information about how to see a nurse or doctor in the community and was only given a summary of his medical records upon release.

"When I was released to a hotel, the receptionist advised me that they will help me find a doctor but they did not take any action to register me with a doctor."

While in the hotel, Mohamed told his Medical Justice caseworker that he was not feeling well, couldn't eat much of the food provided and had still not seen a doctor. The caseworker then helped him register with a GP and provided a letter to the GP from Medical Justice's doctor regarding the urgent need for his registration so that he could get his medication prescribed. He told Medical Justice that it was around two months until he was able to speak to a GP and get a prescription. While waiting to access primary healthcare, he continued to suffer vomiting and severe stomach pain resulting in him needing to go to A&E where he was prescribed medication and pain killers.

"During these two months I had to go to hospital as I suffered from severe stomach pain. I requested help from the hotel staff but they refused to help me. I called [my Medical Justice caseworker] and she phoned the hotel reception and then the staff agreed to direct me/take me to the hospital...I experienced a long wait to see a doctor, meanwhile I was suffering during that time and I had no attention from anyone... Only Medical Justice helped me."

Release without complete copies of their medical records and discharge papers including secondary healthcare letters

Our evidence shows that upon release, some individuals are only given a three-page summary of their medical records which includes the last three consultations with healthcare, a list of medications and a list of diagnoses. This is despite guidance that individuals should be provided with a copy of their medical record.⁷⁹ Without the provision of a complete copy of their medical records when they are released, it is very difficult to enable continuity of medical care upon release and to ensure appropriate referrals are made by the individual's GP, when they are registered.

Medical Justice caseworkers frequently have to forward clients' medical records to their client's GP, as well as provide letters from the doctor who had conducted an assessment of the individual while in detention as part of their Medico-Legal Report, relaying specific concerns and referral needs.

⁷⁸ Mohamed's name has been changed to protect his identity.

⁷⁹ *Detention Services Order 08/2016 Management of Adults at Risk in Immigration Detention*. July 2019, v.2. Paragraph 35.

Release into the community and then re-dispersed disrupting care again

Although delayed and due to the support of Medical Justice and other organisations, clients have eventually managed to register with a GP, get access to medication and secondary healthcare appointments and treatment for their mental and physical health needs. Other people released from detention that are not clients of Medical Justice and/or other organisations, may not have been able to register with a GP.

For those able to eventually access a GP, the Home Office may then disperse them to other areas in the country, further disrupting the healthcare they had been receiving in the area they were released to.

Abbas

Abbas,⁸⁰ suffers from heart problems, breathlessness, prostate problems, severe depression and PTSD. In their Medico-Legal Report of Abbas in detention, the Medical Justice doctor recommended he see a cardiology specialist with oversight and co-ordination by a GP familiar with Abbas' health needs. The doctor also recommended he access therapy and support from the community mental health team. In detention he was on a series of different medication for these medical conditions. Abbas was released after the Medico-Legal Report was submitted by his solicitor.

After his release, Abbas suffered chest pain and went to A&E in London. The doctor made a referral to a cardiologist in London and received an appointment for three weeks later. However, during that time, the Home Office dispersed him to Rotherham, meaning he missed his cardiology appointment.

“Because of the language barrier and I had difficulty to go to London, I couldn't go to the appointment.”

Abbas also faced difficulties with registering with a GP when he arrived in Rotherham. He told Medical Justice that it took him three months to see a GP. For several months after, he had not been re-referred by the GP to a cardiologist or for other medical conditions and “so almost every week I go to A&E”.

The disruption to Abbas' healthcare continues today. He told Medical Justice: **“It has now been one and a half years and I have still not seen a cardiologist.”** Abbas has since been re-referred to a cardiologist.

Other disruptions to healthcare documented by Medical Justice

Medical Justice clients have also faced other disruptions to their healthcare upon release including missing secondary healthcare appointments booked near the IRC due to getting dispersed to other areas by the Home Office. Some have been released into destitution or homelessness compromising their ability to comply with healthcare appointments and treatments without the means to travel or other barriers to care. Medical Justice also has clients who following their release, are re-detained, disrupting their care yet again.

⁸⁰ Abbas' name has been changed to protect his identity.

CONCLUSION

Many Medical Justice clients are released from detention at a point when they are acutely unwell. Some have pre-existing vulnerabilities and medical conditions, exacerbated by their time in detention, and have attempted suicide, have self-harmed or had suicidal thoughts in detention and leave detention in need of support to access healthcare in the community. Evidence in this report shows that this support is not only lacking but that the Home Office has failed to deliver on its responsibilities in accordance with the duty of care articulated in their own policies.

Having suffered the harm caused by immigration detention, people are then being discharged in a medically unsafe way.

Our evidence highlights the range of issues Medical Justice clients faced which disrupted the continuity of healthcare when they were released from immigration detention. This included the lack of an adequate onward care plan in place, release of people with specialist and complex needs without referrals to general and specialist healthcare, release without any or an adequate supply of medication and release without provision of information or guidance on accessing healthcare in the community. Many experienced several of these issues at the same time, with a domino effect of one barrier leading to another. For example, clients who are not referred to general and specialist healthcare by the IRC healthcare provider, are also released without being provided any information or support in understanding their entitlement to or how to access a GP, resulting in long delays in accessing treatment for their health issues.

Our evidence illustrates that once the decision to release an individual from detention is made, the Home Office release them in an unplanned, chaotic and medically unsafe way. People are then left to navigate healthcare in the community on their own, in spite of their vulnerabilities and additional barriers due to their unstable immigration status.

The findings in this report are based on the experiences of Medical Justice and its clients who are released. However, these problems are likely to be widespread for many and are illustrative of the Home Office not fulfilling its duty of care towards vulnerable people released from detention.

Shockingly, the Home Office revealed that only three individuals recorded as 'Adult at Risk' had onward care plans arranged upon their release from an IRC between January 2019 and June 2021.⁸¹ This was out of a total of 29,516 people who were released on bail or granted leave to remain/enter between January 2019 and June 2021.⁸² It also confirmed that the Home Office does not have any guidance for IRCs to advise those with vulnerabilities at the point of release how to access health services in the community.⁸³

⁸¹ According to the Home Office, no data is recorded from Colnbrook and Harmondsworth IRCs and no data is held on Dungavel IRC prior to 25 September 2021 due to a change in IRC supplier contract. It is therefore not known how many care plans were arranged upon release from these IRCs. See Annex 1 for Home Office responses to Freedom of Information Access Request 66696 received on 1 December and 15 December 2021.

⁸² This number was calculated using Home Office Immigration statistics in tab labelled 'Data – Det_D03'. It does not include those returned or categorized as 'other' in the statistics. See Home Office Detention Summary Tables. 2021. Immigration Statistics, year ending September 2021. [Last accessed on 31 January 2022] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1034418/detention-datasets-sep-2021.xlsx.

⁸³ Home Office response to FOIA 67085 received on 30 November 2021. See Annex 1 for the Home Office's responses to Freedom of Information Access Requests.

The Home Office must urgently review these findings and make significant improvements to the continuity of care of all upon release.

Medical Justice also urges NHS England and NHS Improvement to take heed of these findings from the outset of the RECONNECT programme in Immigration Removal Centres which will help address the specific needs and barriers identified in this report that those in immigration detention face.

RECOMMENDATIONS

Calls from the medical community about the need for continuity of care upon release from immigration detention and recommendations on how to provide for it are not new, yet our evidence shows that the Home Office has ignored this advice.

In response to the Shaw Report in 2016, NHS England commissioned the Centre for Mental Health in 2017 to do a rapid mental health needs analysis in IRCs. One of its recommendations was to give IRC health care staff “maximum possible notice of release to ensure continuity of care for the most vulnerable people (i.e. those at risk of relapse in health if released without an active care plan in place).”⁸⁴ This analysis was “supported by the Home Office”.⁸⁵

The Royal College of Psychiatrists have also called for IRCs to “link with existing local mental health provision outside the detention centre, with clear protocols for communication of clinical information and transfer of care if required. All attempts should be made to ensure continuity of care, both within primary and secondary healthcare services. This requires proper discharge arrangements to be made prior to release.”⁸⁶

The Faculty of Forensic and Legal Medicine of the Royal College of Physicians has also provided Quality Standards for Healthcare Professionals working with victims of torture in detention which includes the need for provision of a release care plan including rehabilitation needs, transfer of medical records, discharge documentation include details of nearest primary care to new address, information on their conditions, results of any investigations, further investigations or outpatient appointments scheduled and current treatment plan and provision for access to prescriptions.⁸⁷

Building on these recommendations, which we endorse, and the findings in this report, Medical Justice makes the following additional recommendations to the Home Office and RECONNECT service:

⁸⁴ Graham Durcan, Jessica Stubbs and Jed Boardman. 2017. ‘Immigration Removal Centres in England: A Mental Health Needs Analysis’, Centre for Mental Health. [Last accessed on 18 January 2022]. Available at: www.centreformentalhealth.org.uk/sites/default/files/2018-09/immigration_removal.pdf.

⁸⁵ Ibid.

⁸⁶ Royal College of Psychiatrists. 2021. *Detention of people with mental disorders in immigration removal centres (IRCs)*. Position Statement PS 02/21. [Last accessed on 18 January 2022] Available at: www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/position-statement-ps02-21---detention-of-people-with-mental-disorders-in-immigration-removal-centres---2021.pdf?sfvrsn=58f7a29e_6.

⁸⁷ Faculty of Forensic and Legal Medicine. 2019. *Quality Standards for healthcare professionals working with victims of torture in detention*. [Last accessed on 18 January 2022] Available at: https://fflm.ac.uk/wp-content/uploads/2019/07/HWVT_QualityStandards_May19-ONLINE-FINAL.pdf.

Recommendations to the Home Office

The most effective way to ensure no vulnerable people are released in a medically unsafe way is to not detain them in the first place and end harmful immigration detention. Until this happens, Medical Justice makes the following recommendations to the Home Office:

1. Detention is only meant to take place if there is a realistic prospect of the person being removed from the UK. As this is not usually the case in practice, ensure that planning for continuity of healthcare upon release is made when someone enters immigration detention and that there is proactive engagement with individuals during their detention on this issue;
2. Ensure the transfer of healthcare to local community services. This should include:
 - a. Support in registering with a GP local to their discharge address;
 - b. If the individual has been identified as an 'Adult at Risk', send this information to their local GP practice so that the GP is made aware of this at the first opportunity, speeding up the individual's access to the necessary care;
 - c. Where relevant, refer people to the Local Adult Safeguarding Team, or to local mental health teams;
3. Ensure the transfer of any outstanding secondary healthcare appointments and that the individual is aware of the appointment upon release
4. Provide information to people in detention on how to access healthcare in the community and what people's entitlements are. If relevant, provide support applying for an HC2 certificate;
5. Ensure the individual has a sufficient supply of their medication, to ensure they do not run out, and know where to get further medication from. This should also be added to guidance in Detention Services Orders 01/2018 *Release of Detainees* and 08/2016 *Management of Adults at Risk in Immigration Detention*;
6. Provide the individual with their complete medical records and discharge information including any letters from secondary healthcare;
7. Change the guidance to ensure that multi-disciplinary meetings to decide an onward care plan are arranged for all individuals identified as 'Adult at Risk', regardless of whether the IRC or healthcare staff have flagged that they have safeguarding concerns or not. We further recommend that a medical practitioner is involved in all multi-disciplinary meetings;
8. Urgently draft and provide guidance for IRC staff on advising all those held in detention on how to access healthcare services and seek help in the community;
9. Urgently roll out the Home Office healthcare 'zip cards' in all IRCs which was paused due to COVID-19. This should include providing information in different languages around all detention centres;

10. Implement the recommendation by the National Asylum Seeker Health Steering Group to introduce a 'Patient-held passport', which has recently been piloted. The 'passport' should contain key assessment findings, investigations and recommendations and should be filled in by healthcare and provided to the individual upon release from detention;
11. Implement the recommendations of the Independent Chief Inspector of Borders and Immigration, Second Annual Inspection of 'Adults at risk in immigration detention' to ensure that all vulnerable people are correctly identified as 'Adult at Risk' to ensure appropriate release plans are put in place.

Recommendations for the RECONNECT programme

Whilst Medical Justice recognises the enormous pressure that NHS England is under due to the COVID-19 pandemic, we ask that NHS England and NHS Improvement take the following recommendations into account for the RECONNECT programme:

1. Ensure the issues and barriers highlighted in this report are taken into account from the outset of the RECONNECT service in IRCs in order to avoid repeating similar problems;
2. Ensure third sector organisations and those with lived experience are included in the development of the 'immigration pathfinder' stream within the RECONNECT service, including feeding into the tools and resources developed for this pathway, through the establishment of an advisory panel for this pathfinder;
3. Base the service on an assumption that people leaving IRCs and prisons should have this support in place, unless they opt out. This is in order to recognise the findings of this report and recognising that the barriers to care for this group are part of wider structural inequalities and complex social factors;
4. Audit the length of time between healthcare being informed and individuals released and advocate for adequate time and resources for release arrangements without causing delays to their release from detention;
5. Build the programme on the assumption that those who have spent prolonged time in detention are likely to be in need of the RECONNECT service. NHS England and NHS Improvement should consider offering the RECONNECT service as a default to anyone who spends more than one month in detention and/or anyone who may need the service.
6. Support individuals to complete HC1 forms if eligible under the NHS Low Income Scheme;
7. Work with the Home Office to help them understand the potential of the RECONNECT service to assist those considered too ill to be released from detention without further support.

ANNEX 1: RESPONSES TO FREEDOM OF INFORMATION ACCESS REQUESTS



Detention and Escorting
Services
Immigration Enforcement
3rd Floor Apollo House
36 Wellesley Rd
CR9 3RR

By email: a.plotkin@medicaljustice.org.uk

29 November 2021

Dear Ariel Plotkin,

FOI 66646

Thank you for your email dated 27 October 2021 requesting the number of referrals made by staff in the immigration removal centre (IRC) to Local Adult safeguarding teams in the community. Your request has been handled as a request under the Freedom of Information Act 2000. Your full request can be found attached at **annex A**. Your questions are answered in turn below:

You have asked for data on the number of referrals made by staff at the IRC to Local Adult safeguarding teams in the community, for individuals being released from Q1 2019 up to and including Q3 2021.

Gatwick IRCs: Since Serco took over the contract on 21 May 2020, there have been no referrals made by staff working within an IRC.

Yarl's Wood: There have been no referrals made by staff working within the IRC.

Dungavel IRC (including healthcare) and Heathrow IRCs: this information is not recorded by the Home Office.

The Home Office does not record information concerning referrals made by healthcare staff in IRCs (England). NHS England commission health services in prisons and other places of detention in England including IRCs. If you wish to, please redirect your request to NHS England via email to england.contactus@nhs.net. If corresponding with NHS England by email, please write "Freedom of Information" in the email subject line. Or by post to:

NHS England
PO Box 16738
Redditch
B97 9PT

In relation to question 2, the following Detention Services Orders issued by the Home Office to staff include guidance on making safeguarding referrals:

- Detention Services Order 08/2016 'Management of Adults at Risk in Immigration Detention' provides information for staff and suppliers on the care and management of detained individuals deemed to



be adults at risk while in detention. The Adults at Risk policy applies to all individuals who are detained under immigration powers and where vulnerabilities are identified, the appropriateness of detention is balanced against any immigration control considerations on a case by case basis. This Detention Services Order ensures that vulnerabilities are fully considered and appropriately safeguarded, allowing for a consistent approach in dealing with vulnerable individuals whilst detained. A copy of this document can be found at the link below:

<https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention>

- Detention Services Order 04/2020 'Mental vulnerability and immigration detention: non-clinical guidance' provides IRC staff with the guidance necessary to ensure that appropriate support is offered to: those who lack decision making capacity, those with disability arising from mental impairment and those who have a mental health condition; and that, for those with a disability, adjustments are made to support the individual whilst in immigration detention. A copy of this document can be found at the link below:

[DSO 04 2020 Mental vulnerability and immigration detention - non clinical guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681196/DSO_04_2020_Mental_vulnerability_and_immigration_detention_-_non_clinical_guidance.pdf)
(publishing.service.gov.uk)

- Detention Services Order 01/2018 'Release of detainees from immigration detention' clarifies the procedures to be followed by staff on receipt of an IS106 Release Order or notification of bail being granted by a Judge of the First-tier Tribunal for a detained individual in their custody. A copy of this document can be found at the link below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681196/DSO-01-2018-Release-of-Detainees.pdf

If you are dissatisfied with this response you may request an independent internal review of our handling of your request by submitting a complaint within two months to foirequests@homeoffice.gsi.gov.uk, quoting reference 66646. If you ask for an internal review, it would be helpful if you could say why you are dissatisfied with the response.

As part of any internal review the Department's handling of your information request would be reassessed by staff who were not involved in providing you with this response. If you were to remain dissatisfied after an internal review, you would have a right of complaint to the Information Commissioner as established by section 50 of the FOIA.

Yours sincerely,

Detention and Escorting Services
Immigration Enforcement
Home Office

Annex A

Could you please provide me with the following information under the Freedom of Information Act:

1. a. The number of referrals made by the Immigration Removal Centre to Local Adult safeguarding teams in the community for individuals being released from Q1 2019 up to and including Q3 2021, broken down by month and by each Immigration Removal Centre.
 - b. The number of these referrals which are known by the Home Office to have been acted upon by these teams as a result from Q1 2019 up to and including Q3 2021, broken down by month and by each Immigration Removal Centre.
2. Any guidance issued by the Home Office to its officers on making Adults safeguarding referrals.



Home Office

Detention and Escorting
Services
Immigration Enforcement
3rd Floor Apollo House
36 Wellesley Rd
CR9 3RR

By email: a.plotkin@medicaljustice.org.uk

01 December 2021

Dear Ariel Plotkin,

FOI 66696

Thank you for your email dated 01 November 2021 requesting data on care plans in immigration removal centres (IRCs). Your request has been handled as a request under the Freedom of Information Act 2000. Your full request can be found attached at **annex A**.

Detention Services Order 08/2016 'Management of Adults at Risk in Immigration Detention' provides information for staff and suppliers on the care and management of detained individuals deemed to be adults at risk while in detention. The Adults at Risk policy applies to all individuals who are detained under immigration powers and where vulnerabilities are identified, the appropriateness of detention is balanced against any immigration control considerations on a case by case basis. This Detention Services Order ensures that vulnerabilities are fully considered and appropriately safeguarded, allowing for a consistent approach in dealing with vulnerable individuals whilst detained. This guidance is currently under review. A copy of this document can be found at the link below:

<https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention>

Detention Services Order 01/2018 'Release of detainees from immigration detention' clarifies the procedures to be followed by staff on receipt of an IS106 Release Order or notification of bail being granted by a Judge of the First-tier Tribunal for a detained individual in their custody. A copy of this document can be found at the link below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681196/DSO-01-2018-Release-of-Detainees.pdf

In response to the two questions asked:

- Brook House IRC: There were two individuals who had an onward care plan arranged (prior to release) in March 2021 and one in May 2021. Both individuals were recorded as being adult at risk.
- Dungavel IRC: There was one individual who had an onward care plan arranged (prior to a transfer, not a release) in November 2021. The individual was recorded as being adult at risk.
- At both Yarl's Wood and Tinsley House IRCs, there have been no onward care plans arranged in response to either question.
- In relation to data from Heathrow IRCs, the Home Office does not hold this as it is not recorded.
- Due to a change in contract at Dungavel IRC, data cannot currently be provided prior to 25 September 2021 (the date the IRC supplier changed contract). Due to a change in contract at Gatwick IRCs, data cannot currently be provided prior to 21 May 2020 (the date the IRC supplier changed contract). The Home Office is working to pull the data you have requested so it is in an accessible format and can be provided to you. We will write back to update you with the remaining data requested once this is held centrally.

Health services in prisons and other places of detention including IRCs in England are commissioned by NHS England. If you wish to, please redirect your request to the relevant area who may be able to provide you with further information:

NHS England: england.contactus@nhs.net

NHS England
PO Box 16738
Redditch
B97 9PT

If you are dissatisfied with this response you may request an independent internal review of our handling of your request by submitting a complaint within two months to FOIRequests@homeoffice.gov.uk quoting reference 66696. If you ask for an internal review, it would be helpful if you could say why you are dissatisfied with the response.

As part of any internal review the Department's handling of your information request would be reassessed by staff who were not involved in providing you with this response. If you were to remain dissatisfied after an internal review, you would have a right of complaint to the Information Commissioner as established by section 50 of the FOIA.

Yours sincerely,

Detention and Escorting Services
Immigration Enforcement
Home Office

Annex A

Could you please provide me with the following information under the Freedom of Information Act:

1. The number of detainees who had an onward care plan arranged before release from Q1 2019 up to and including Q3 2021, broken down by month and by each Immigration Removal Centre (IRC). I am looking for the number of detainees that had an onward care plan.

a. Of these, how many of these detainees were recorded as being Adults at Risk.

2. The number of onward care plans arranged from Q1 2019 up to and including Q3 2021, broken down by month and by each Immigration Removal Centre.

a. Of these, how many of these detainees were recorded as being Adults at Risk.

I am looking for the number of onward care plans (in case these numbers differ). If they do not differ, then it is fine to answer just question 1.

I can confirm that the onward care plan in my question refers to paragraph 32 of the DSO 08/2016.

Para 32. Once release documents are served on the detainee (BAIL201), any continued detention of the detainee would be unlawful. There is no basis on which a detainee can remain in detention after the release order has been served. The supplier cannot maintain custodial responsibility once the Home Office has formally served the authority to release and therefore the supplier must release a detainee. Where there are outstanding safeguarding concerns an onward care plan should, where possible, be arranged before release.

By email: a.plotkin@medicaljustice.org.uk

30 November 2021

Dear Ariel Plotkin,

FOI 67085

Thank you for your email received 22 November 2021 in which you ask for copies of guidance and template letters. Your request has been handled as a request under the Freedom of Information Act 2000 and can be found attached at **annex A**.

We can confirm there is no Home Office guidance or template letters used by Home Office staff to advise individuals with health problems or those at risk of self-harm and/or suicide about how to access health services and seek relevant help in the community upon their release from immigration detention.

Health services in prisons and other places of detention including IRCs in England are commissioned by NHS England. If you wish to, please redirect your request to the relevant area:

NHS England: england.contactus@nhs.net

NHS England
PO Box 16738
Redditch
B97 9PT

If you are dissatisfied with this response you may request an independent internal review of our handling of your request by submitting a complaint within two months to FOIRequests@homeoffice.gov.uk, quoting reference 67085. If you ask for an internal review, it would be helpful if you could say why you are dissatisfied with the response.

As part of any internal review the Department's handling of your information request would be reassessed by staff who were not involved in providing you with this response. If you were to remain dissatisfied after an internal review, you would have a right of complaint to the Information Commissioner as established by section 50 of the FOIA.

Yours sincerely,

Detention and Escorting Services
Immigration Enforcement
Home Office

Annex A

Freedom of Information Act Request Could you please provide me with the following information under the Freedom of Information Act: -

Please provide me with any Home Office guidance and template letters used by for Home Office staff (such as the NRC Customer Liaison Unit in Immigration Enforcement) on advising service users with mental or physical health problems or at risk of self-harm and/or suicide about how to access health services and seek relevant help in the community upon their release from detention. Thank you in advance for your assistance with this.



Home Office

Detention and Escorting
Services
Immigration Enforcement
3rd Floor Apollo House
36 Wellesley Rd
CR9 3RR

By email: a.plotkin@medicaljustice.org.uk

10 January 2021

Dear Ariel Plotkin,

FOI 67623

Thank you for your email received 22 December 2021 in which you ask for information regarding zip cards used in immigration removal centre (IRC). Your request has been handled as a request under the Freedom of Information Act 2000 and can be found attached at **annex A**.

In line with a recommendation from the Shaw review into the welfare in detention of vulnerable individuals a design was created for a healthcare zip card in 2019 to ensure that detained individuals are given correct information around healthcare entitlement in all IRCs. The onset of COVID-19 meant that, in conjunction with NHS colleagues, a decision was made to delay production of the cards.

The healthcare zip cards were designed to provide information on accessing healthcare in the United Kingdom following release from an IRC with details of general practitioners, mental health, sexual health and maternity services and the access routes to these services.

If you are dissatisfied with this response you may request an independent internal review of our handling of your request by submitting a complaint within two months to FOIRequests@homeoffice.gov.uk, quoting reference 67623. If you ask for an internal review, it would be helpful if you could say why you are dissatisfied with the response.

As part of any internal review the Department's handling of your information request would be reassessed by staff who were not involved in providing you with this response. If you were to remain dissatisfied after an internal review, you would have a right of complaint to the Information Commissioner as established by section 50 of the FOIA.

Yours sincerely,

Detention and Escorting Services

Immigration Enforcement

Home Office



Annex A

Could you please provide me with the following information under the Freedom of Information Act:

Regarding the Zip cards developed by the Home Office which have information on entitlement to healthcare in the community and how to access it for detainees to be given as they leave the Immigration Removal Centres:

- a. When will this be rolled out, printed and given to detainees?
- b. Which Immigration Removal Centres will these be able in?
- c. What information do the Zip cards contain?



Immigration
Enforcement

Immigration Enforcement Secretariat
Sandford House
41 Homer Road
Solihull
West Midlands
B91 3QJ

Idel Hanley
i.hanley@medicaljustice.org.uk

www.gov.uk/home-office

Tuesday 22 February 2022

Dear Idel Hanley,

Re: Freedom of Information request – 68200

Thank you for your emailed letter of 22 December 2021, in which you seek statistics about individuals released from detention who were Adults at Risk. Your request has been handled as a request for information under the Freedom of Information Act 2000. You specifically ask:

'Could you please provide me with the following information under the Freedom of Information Act:

- *The number of people released from immigration detention who were also Adults at Risk Level 1, Level 2 or Level 3, broken down by month and each Immigration Removal Centre from January 2017 up to and including December 2021.*
- *If this exceeds the cost limit, could the information for the following time period be prioritised: from June 2020 to June 2021.'*

The answers to your questions are shown within the appropriate tables in the attached Annex. We are only able to release data in line with the publication timescales for our published statistics and the spreadsheet covers the period up until the end of Q3 and not until December 2021 as you requested. You will be able to submit a further request once the next set of statistics are released.

If you are dissatisfied with this response you may request an independent internal review of our handling of your request by submitting a complaint within two months to foirequests@homeoffice.gsi.gov.uk, quoting reference **68200**. If you ask for an internal review, it would be helpful if you could say why you are dissatisfied with the response.

As part of any internal review the Department's handling of your information request would be reassessed by staff who were not involved in providing you with this response. If you were to remain dissatisfied after an internal review, you would have a right of complaint to the Information Commissioner as established by section 50 of the FOIA.

A link to the Home Office Information Rights Privacy Notice can be found in the following link. This explains how we process your personal information:
<https://www.gov.uk/government/publications/information-rights-privacy-notice>

Yours sincerely,

Immigration Enforcement Secretariat
ImmigrationEnforcementFOIPQ@HomeOffice.gov.uk

Freedom of Information request – 68200

Could you please provide me with the following information under the Freedom of Information Act:

- The number of people released from immigration detention who were also Adults at Risk Level 1, Level 2 or Level 3, broken down by month and each Immigration Removal Centre from January 2017 up to and including December 2021.
- If this exceeds the cost limit, could the information for the following time period be prioritised: from June 2020 to June 2021

Our records indicate that...

Table 1 - Number of individuals with Adults at Risk (level 1,2 or 3) flag raised whilst in detention, who were released from detention between 1 January 2017 - 30 September 2021.

Centre Grouping:												NON IRC	
Detention Restriction End Date	Brook House IRC	Camps-field IRC	Colnbrook IRC	Dungavel IRC	Harmondsworth IRC	Morton Hall IRC	The Verne IRC	Yarl's Wood	Larne House	Manchester STHF	Pennine House	IS-HMP	Other ⁷
2017	630	402	395	215	368	467	466	884	26	0	4	157	3,665
Jan	44	28	24	17	29	34	23	51	1	0	1	12	229
Feb	51	30	31	11	35	30	37	76	0	0	2	9	219
Mar	40	29	16	18	33	33	36	73	3	0	1	6	288
Apr	33	23	27	15	17	24	20	40	6	0	0	9	237
May	58	18	24	14	27	46	53	81	2	0	0	13	272
Jun	55	33	25	24	23	34	40	93	0	0	0	8	325
Jul	56	48	37	17	31	45	28	82	1	0	0	13	326
Aug	57	36	37	21	34	42	57	84	1	0	0	10	352
Sep	50	31	24	19	35	32	46	80	2	0	0	17	351
Oct	51	46	49	19	20	41	58	78	4	0	0	19	358
Nov	78	40	55	23	36	64	59	78	3	0	0	18	411
Dec	57	40	46	17	48	42	9	68	3	0	0	23	297
2018	546	393	604	156	522	539	0	850	22	3	0	210	3,970
Jan	45	34	20	7	22	44	0	83	3	0	0	21	365
Feb	59	44	33	15	32	40	0	78	4	0	0	17	292
Mar	31	31	34	12	38	40	0	81	0	0	0	23	320
Apr	43	39	41	19	37	48	0	86	1	0	0	9	284
May	64	53	60	16	48	71	0	91	0	0	0	21	326
Jun	56	43	66	21	47	65	0	75	2	0	0	18	350
Jul	46	28	56	18	42	57	0	63	3	0	0	16	408
Aug	34	33	45	12	35	31	0	63	2	0	0	20	320
Sep	40	20	61	14	41	24	0	44	3	0	0	16	313
Oct	48	36	56	3	59	36	0	68	3	0	0	18	361
Nov	42	24	71	13	67	45	0	65	0	0	0	14	380
Dec	38	8	61	6	54	38	0	53	1	3	0	17	251
2019	631	0	627	132	2,061	527	0	735	23	8	1	129	2,112
Jan	42	0	36	8	78	41	0	60	2	0	0	13	345
Feb	52	0	41	8	77	53	0	46	1	1	0	10	248
Mar	42	0	58	17	175	30	0	76	4	1	1	23	205
Apr	45	0	37	15	192	32	0	51	0	0	0	9	142
May	52	0	39	10	179	38	0	59	2	0	0	15	176
Jun	41	0	55	13	182	38	0	58	3	1	0	9	119
Jul	55	0	55	12	179	45	0	59	0	0	0	9	153
Aug	47	0	51	5	211	47	0	71	2	1	0	11	139
Sep	56	0	57	15	171	49	0	49	6	2	0	3	155
Oct	84	0	67	8	216	43	0	75	0	0	0	11	171
Nov	66	0	64	13	215	55	0	62	1	1	0	7	146
Dec	49	0	67	8	186	56	0	69	2	1	0	9	113
2020	593	0	296	58	875	275	0	355	4	8	0	194	736
Jan	37	0	56	10	180	40	0	55	3	1	0	9	137
Feb	34	0	55	9	200	51	0	53	1	1	0	12	116
Mar	53	0	63	11	247	67	0	66	0	2	0	13	88
Apr	17	0	25	1	60	24	0	12	0	0	0	18	6
May	4	0	12	3	20	17	0	10	0	0	0	10	9
Jun	5	0	5	1	11	8	0	10	0	0	0	19	22
Jul	8	0	2	4	14	3	0	24	0	0	0	15	40
Aug	32	0	8	4	13	12	0	24	0	1	0	16	54
Sep	68	0	9	5	18	11	0	16	0	1	0	11	66
Oct	111	0	17	2	15	17	0	28	0	1	0	16	59
Nov	98	0	13	0	30	12	0	23	0	0	0	22	70
Dec	126	0	31	8	67	13	0	34	0	1	0	33	69
2021	207	0	202	51	407	98	0	275	0	6	0	275	395
Jan	0	0	10	4	41	14	0	18	0	0	0	25	39
Feb	6	0	14	3	22	19	0	30	0	0	0	29	35
Mar	16	0	14	4	32	19	0	25	0	0	0	37	46
Apr	3	0	6	6	21	10	0	18	0	0	0	28	61
May	7	0	15	6	39	15	0	27	0	0	0	26	51
Jun	36	0	22	5	60	11	0	21	0	0	0	29	31
Jul	58	0	29	7	72	10	0	61	0	1	0	31	43
Aug	44	0	42	10	74	0	0	43	0	4	0	31	45
Sep	37	0	50	6	46	0	0	32	0	1	0	39	44
Grand Total	2,607	795	2,124	612	4,233	1,906	466	3,099	75	25	5	965	10,878

Notes

- 1 These figures have been taken from a live operational database. As such, numbers may change as information on that system is updated.
- 2 Data extracted on 8 February 2022.
- 3 Data capped to 30 September 2021, in line with published timescales.
- 4 The totals include number of individuals released from detention between 1 January 2017 and 30 September 2021 who had at least one of more Adults at Risk (level 1,2 or 3) flags open on CID whilst in detention and before their release from detention.
- 5 If an individual was released from detention more than once in the requested period and had at least one AAR flag raised in each instance of detention, all releases were included.
- 6 The summaries above can be affected by data quality issues related to the following:
 - fewer AAR events recorded between 2020 and 2021 due to a lower number of detentions because of COVID
 - some of AAR flags being recorded on CID slightly outside the detention start and end dates therefore, being excluded from the totals below.
- 7 The data below is split by main Detention Centre groupings. 'Other' grouping includes Police Stations and all types of Short Term Holding Facilities.

Medical  Justice
seeking basic rights for detainees