

Additional written evidence submitted by Medical Justice (COR0246)

18 February 2021

About Medical Justice

Medical Justice was founded in 2005. We assist people detained under immigration powers, by providing independent medical evidence including documenting the physical and psychological scars of torture and challenging instances of inadequate healthcare. We work with over 80 volunteer clinicians and 100 volunteer interpreters, and handle between 700 and 1,000 referrals per year.

As well as our work with individual detainees, Medical Justice also undertakes research, advocacy and litigation on immigration detention policy to bring about wider systemic change.

Evidence

1. Lack of information from Home Office

- a) As noted in our submission to the Committee on 1 February 2021, Medical Justice would expect the Home Office to have conducted an updated risk assessment for the immigration detention estate in light of information about new strains of Covid-19, and in particular around their greater transmissibility. Based on this risk assessment, we would expect them to have adjusted their response in Immigration Removal Centres (IRCs) accordingly.¹
- b) We requested a copy of the risk assessment by letter to the Home Office on 5 January 2021. To date, we have received no response, despite repeated chasing.
- c) We would again urge the Committee to request the risk assessment from the Home Office as soon as possible. The information it contains will be vital to accurately understanding and assessing the Home Office's response to the pandemic in detention.

2. Management of Covid-19 in IRCs, including consistency between IRCs

- a) The Home Office has published guidance for Home Office staff and supplier staff in immigration removal centres (IRCs), residential short-term holding facilities (RSTHFs), pre-departure accommodation (PDA) and on escort about the principles for managing COVID-19 in places of detention. The latest version was published for staff on 27 January 2021, and circulated to other stakeholders on 5 February 2021.²

¹ See section 5 <https://committees.parliament.uk/writtenevidence/22210/html/>

- b) The Committee may be interested to note that the document provides no guidance on:
 - i) The approach to identifying Covid-19 cases once people are in detention. Previous evidence submitted to the Committee by some IRC providers referenced daily health checks on detainees. We do not know whether this practice has continued or not, nor how widespread it is. Anecdotal evidence from our casework suggests such tests may be happening at Yarl's Wood IRC. Without checks, we presume centres would be relying on self-reporting by detainees themselves, reporting by healthcare services and the use of testing. Such an approach is concerning given the reduction in face-to-face healthcare appointments and the other barriers detainees may face in accessing healthcare (see section 8 in our submission of 1 February 2021), as well as the fact that the extent of testing in the immigration detention estate is not clear to us at this time (see section 6 in same submission, and point below).
 - ii) Medical Justice do not have visibility of the testing protocol, either for detainees or staff. We would urge the Committee to request the protocol from the Home Office as soon as possible. The actual adherence to and implementation of any protocol is also of course vital, and again we would urge the Committee to explore this in its questions to the Home Office and providers.
- c) The Committee may also be interested to note that the document provides very little guidance on:
 - i) Provision of PPE to detainees. The guidance states that detainees should be encouraged to wear masks outside their cells; and that detainees should be issued with facemasks for their initial health screening, and when being transferred/escorted. It is not clear what other PPE, if any, detainees can access. The PPE provision to IRC staff includes masks, goggles, aprons, and gloves. It is important to note that detainees may be very anxious about their risk of infection inside the IRC and their ability to access PPE.
 - ii) Cleaning regimes, and in particular whether cleaning should be undertaken by trained professionals or by detainees.
- d) It is important to understand the extent to which the guidance is being adhered to and implemented in practice, as well as any inconsistencies that are arising across the estate. This is not easy information to access, and we would urge the Committee to explore it in their questions to the Home Office and IRC providers.
- e) From the information Medical Justice has been able to gather through our casework, there appear to be substantial inconsistencies. For example:
 - i) At Morton Hall IRC detainees are able to move around the centre, and can attend the healthcare unit in-person to request an appointment. At other IRCs, detainees are restricted to their wing, and requests for healthcare appointments must be made in writing or via a Detention Centre Officer (DCO) (for further information about changes to detainees' access to healthcare see Section 8 in our submission of 1 February 2021).

² <https://www.gov.uk/government/publications/coronavirus-covid-19-immigration-removal-centres>

- ii) The extent of testing across the immigration detention estate has not been clear. As stated in our submission of 1 February 2021, it appears that a programme of voluntary testing was introduced on 26 October 2020, and began with Harmondsworth, Colnbrook, and Brook House IRCs.³ It has since been extended to Yarl's Wood,⁴ Dungavel⁵ and Morton Hall IRCs, but it is not clear when testing at each of these sites began.
- iii) Immigration detainees held in mainstream prisons face extremely severe restrictions. Differences between IRCs and prison in terms of the regime and level of freedom of movement granted to people held of course predate the Covid-19 pandemic. However, the pandemic has led to extreme levels of restrictions in prisons that appear entirely inappropriate for immigration detainees, who are being held for administrative reasons.

3. The challenges of maintaining independent oversight and scrutiny

- a) We would advise the Committee to consult HM Inspectorate of Prisons (HMIP) and the Independent Monitoring Boards on this topic, as they are best placed to provide further information.
- b) In previous our previous submission to the Committee of 5 May 2020, Medical Justice also raised concerns about reduced visits by IRC GPs and faith leaders.⁶ Whilst we have no further update to provide in this respect at this time, we would urge the Committee to seek more information from the Home Office and providers on this, as such visits offer represent an important additional form of oversight and avenue through which to raise concerns/whistle-blow.

4. Reasons for errors in vulnerability assessment

- a) The inadequacies of the Home Office's assessment of vulnerability is a long-standing issue about which Medical Justice has regularly documented and expressed concerns.
- b) Measures implemented in response to the Covid-19 pandemic have further exacerbated an already very worrying situation.
- c) These measures include:
 - i) Reduced access to healthcare (see section 8 in our submission of 1 February 2021).
 - ii) Rule 34 and 35 assessments being conducted mostly by telephone.
 - iii) Reduced face-to-face contact between detainees and IRC staff, including healthcare staff.
 - iv) Until November 2021 the use of abbreviated asylum screening interviews. When not abbreviated, these interviews provide an important opportunity for the Home Office to identify potential victims of trafficking for example.⁷

³ <https://www.theyworkforyou.com/wrans/?id=2021-01-11.135965.h&s=testing+detention#g135965.r0>

⁴ Ibid.

⁵ <https://www.theyworkforyou.com/wrans/?id=2021-01-26.143793.h&s=yarl%27s+wood#g143793.r0>

⁶ See section 4(e) <https://committees.parliament.uk/writtenevidence/4005/html/>

5. Update regarding Napier barracks / Tinsley House IRC

- a) In light of the interest taken by the Committee on issues relating to Napier barracks, Medical Justice also wishes to draw the Committee's attention to the fact that on 31 January 2021 between 10 and 15 people seeking asylum were moved from Napier barracks to Tinsley House IRC. Medical Justice is now assisting many of them.
- b) All of the people who were moved had been arrested at the barracks in the aftermath of the fire there. They were then released by the police pending further enquiries. None of the people moved to Tinsley House IRC have been charged by the police.
- c) The people taken to Tinsley House were told that they were not detained. It therefore seems that Tinsley House IRC is currently being used by the Home Office as asylum accommodation rather than as an IRC.
- d) An IRC is not an appropriate environment to be used as accommodation for people seeking asylum, due to its prison-like features. Medical Justice therefore has serious concerns about this repurposing of Tinsley House, and for the safety and health, including the mental health, of the people currently placed there.
- e) Our concerns have been exacerbated by the fact that the repurposing process appears to have been disorganised, with key questions around, for example, access to healthcare apparently not being resolved prior to the residents' arrival (see point 5(h)(i) below).
- f) Due to their possible exposure to Covid-19 at the Napier barracks, the people transferred to Tinsley House were told on arrival at the IRC that they must isolate for 10 days and would not be allowed to leave the premises. They were also told that the police would be called if they did attempt to leave. This created considerable confusion for residents as to whether or not they were in fact detained.
- g) Technically the residents are now able to leave Tinsley House during the day. However, the location of the centre next to Gatwick airport and at some distance from community facilities, combined with a lack of funds to access public transport or taxis, mean that in practice leaving the centre is not a viable option for many.
- h) Despite being placed in an IRC and experiencing de-facto detention (especially during the initial 10 days of their stay when they not allowed to leave), residents at Tinsley House are being denied access to facilities normally available to detainees. For example:
 - i) Although residents were initially given an induction by the Tinsley House healthcare unit, it appears that the offer of access to the IRC's healthcare service has since been withdrawn. On 9 February 2021 the residents received a letter advising them that they could not access the healthcare facilities at Tinsley House, and should instead rely on their registered GPs, walk-in centres, or calling 111 or 999. A copy of the letter is enclosed with this submission at Annex A. The decision not to allow access healthcare at Tinsley House was taken despite residents, at the time, not being allowed to leave the centre (see point 5(f)) and

⁷ <https://www.theguardian.com/uk-news/2020/nov/13/priti-patel-departing-from-her-own-anti-trafficking-policy>

therefore not being able to access other healthcare services in the local area or register with a local GP.

- ii) Resident cannot access the centre's Skype facilities e.g. to allow remote medical assessments for medico-legal reports, including the documentation of evidence of torture.
 - iii) Residents do have access to smartphones (their own or those provided by volunteers). However, they are not allowed to access the IRC's WiFi network and mobile network coverage in parts of the centre is extremely poor. This means that video calls are not possible for many residents.
 - iv) Currently no fax machines (used to send legal and healthcare records for example) appear to be working at Tinsley House. Residents are relying on faxes being brought over from nearby Brook House IRC.
- i) Many of the residents have health needs that would fall within the remit of Primary Care. None of the residents were already registered with local GPs since none had lived in the area previously. Medical Justice has been trying to assist the residents in registering with GPs. This has proved difficult however: there is only one GP practice in whose catchment area Tinsley House falls. To register, residents are required to attend the practice in person and to provide proof of ID and proof of address. This is difficult for residents firstly because the GP practice is located some distance away and, as noted above, residents have few funds with which to access public transport or taxis. Secondly residents have very little paperwork with them, since their belongings were left behind when they were moved to Tinsley House (see point 5(j) below). It also appears that the document usually served on people released on immigration bail, the Bail 201 Form, may not have been served on the residents at Tinsley House. The Bail 201 Form is the main document usually used as proof of address in such cases.
- j) As mentioned above, much of the residents' property was left behind in Napier when they were moved to Tinsley House on 31 January. To date, the property has still not been transferred to Tinsley House. As a result, many do not have access to their legal papers relevant to their asylum claim. Anecdotally it appears that residents have received one set of clothes. Many report feeling dirty due to not having clean clothes.

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