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Dear Chief Inspector

IMMIGRATION EXPECTATIONS CONSULTATION

Thank you for the opportunity to comment on the new drafts of HMIP's expectations relating to immigration detention, which set out the standards against which inspections take place. BID is commenting specifically here on two of the four sets of expectations: immigration removal centre expectations, and the new criteria for the inspection of family detention. We also wish to comment on the new approach to inspection of immigration removal centres.

Producing "expectations that where possible focus more on outcomes and less on process"

BID welcomes the ongoing commitment by the Inspectorate to both human rights principles and recognised best practice as a foundation for the immigration detention expectations. However, this acknowledgement of the importance of recognised best practice seems to be at odds with the greater focus on outcomes and a reduced focus on process, in what looks like an end-justifies-the-means approach to inspection. Downplaying the role of process in the administrative detention of thousands of people in the UK each year does not seem like a safe way in which to assure the quality of service provision. We acknowledge that a number of authorities and inspectorates are currently moving towards Outcomes Focused Regulation (OFR). However BID is concerned that this change in emphasis on the part of HMIP, which has the effect of downplaying the role of process in the inspection function, may compromise the remit of the inspectorate to scrutinise and assess "the conditions and treatment of immigration detainees".

This switch in emphasis is of particular concern in a context where custodial services and healthcare services are contracted out to a number of suppliers, each operating its own protocols and practices within the broadly drawn Detention Centre Rules and Detention Operating Standards. Differential

interpretations of these operating standards and the management of centre contracts by UKBA, alongside often repeated failure to meet HMIP recommendations, are recurring features of inspectorate reports in the immigration detention sector.

We note that in a number of indicators in the new set of general expectations for immigration detention, the role of time taken to carry out a task appears to have been taken out of the equation. However, time is of the essence in many services provided in exercising a positive duty of care for administrative detainees, for example in the arrangement of transfers under the Mental Health Act for acutely and severely mentally ill detainees requiring hospital treatment. Attention paid to timeliness affects, for example, the urgency and efficiency with which access to legal advice is administered for detainees, and this is surely essential in a context in which lawfulness or otherwise of ongoing detention must be considered.

Your covering letter notes, in explaining this new approach to inspection, that “if outcomes have been achieved in other ways, the indicators may not be relevant”, but that is surely to completely ignore what could take place in order to arrive at a particular outcome. Again, in reference to provision of mental health treatment, the desired outcome for severely ill individuals may be a transfer to hospital under the Mental Health Act, but examination of processes used to reach this outcome show severe failings, breaches of detainees’ human rights, and unlawfulness of ongoing detention. Recent litigation in this area shows that repeatedly, different contractors working with UKBA may fail to correctly diagnose severe mental disorder despite being in possession of relevant information, take several months to achieve MHA transfers against Department of Health guidelines, and in the meantime use segregation against the provisions of the Detention Centre Rules. We would urge caution in removing too many indicators, such as the apparent removal of the expectation that restraints such as handcuffs will not be used for outside hospital appointments.

Reducing the number of expectations and shortening inspection reports to make them more accessible.

It is not clear to BID what would be gained by shortening inspection reports to make them more accessible. HMIP reports currently consist of a short executive summary alongside the full report. Inspection reports are surely not intended, necessarily, to be read through at a single sitting. They form the public record of the inspection function. Different agencies, organisations and types of individual, with a professional interest or otherwise, will focus on specific sections of a report if not the whole, and will tend to refer to different sections in response to different needs over time. There may be some sections of the report which are only read in detail by a small number of people, including HMIP staff, UKBA staff and contractors at the point of publication. Nevertheless, the recommendations implemented from these sections may result in significant improvements to aspects of the day to day life of detainees, and may be an important resource to be referred back to in future years. HMIP inspection full reports (as opposed to executive summaries) are presumably not intended for a general public audience that might require greater levels of accessibility than the current well presented inspection reports offer.

As professional users of your inspection reports we would feel less well served if reports were shorter, and appeared to result from lighter-touch inspections. Should we take the change in format of the reports, shortening them and making them more accessible, to mean that the inspection process itself would be shortened and made less rigorous? We would be grateful if you would respond to us specifically on this point.

We are particularly concerned that the healthcare inspection expectations and indicators appear to have been diluted, especially with regard to mental health. This is worrying given findings of Article 3 breaches in 2011 in two separate cases of the detention of severely mentally ill men¹.

Our comments on the general immigration detention expectations and the new family detention expectations now follow.

GENERAL IMMIGRATION DETENTION EXPECTATIONS

On the revised general immigration detention expectations section we have the following comments and recommendations.

SECTION 1: SAFETY

Early days in detention

1.6. Detainees are fully supported on arrival and during their early days in detention.

At indicator 1 we recommend re-instating expectation 29 in full, namely “detainees are able to obtain assistance with pressing welfare or support needs from an appropriate person in private within 24 hours”.

Bullying and violence reduction

1.9. Detainees at risk or who have been subject to bullying or victimisation were protected from any further victimisation through active and fair systems, which are known and used by all staff.

We recommend adding a further indicator to the effect that daily incident reports from the centre to UKBA specify, where named individuals are listed as having been involved in incidents, whether they were involved as aggressor or victim. We understand from two centres that the reporting format currently does not make this clear, and adverse behaviour reports are sometimes logged by UKBA as a result, with subsequent appearances in bail summaries and monthly reports. Logging of incidents is an issue that BID has taken up with Detention Services, UKBA.

¹ R (S) v Secretary of State for the Home Department [2011] EWHC 2120 (Admin), available at <http://bit.ly/lpEbno>, and R (BA) v Secretary of State for the Home Department [2011] EWHC 2748 (Admin), available at <http://bit.ly/lpE3nW>

Self-harm and suicide prevention

1.10. The centre provides a safe environment which reduces the risk of self-harm and suicide

We recommend the addition of three further indicators:

- i) to the effect that additional self-harm monitoring and management systems, over and above ACDT, such as raised awareness programmes (e.g. Brook House) should not be deployed as they are neither monitored nor inspected, and have the effect of diverting detainees with needs from the ACDT system which has been shown to work;
- ii) to the effect that UKBA should be informed of each and every incident of self-harm for an individual in such a way that patterns of behaviour become apparent for the purpose of decisions to detain. Raising an IS91RA Part C and sending this to DEPMU is not sufficient as this bypasses decision makers;
- iii) Expectation 19 under 'duty of care' should be re-instated, "Food refusal is always taken seriously by staff and a care and support plan initiated". We are concerned that emphasis has been downgraded in the revised document. The revised indicator "missed meals are monitored" does not seem to give sufficient weight to the seriousness of food refusal, the harm it can cause and its role as a possible indicator of psychotic illness or other mental disorder.

1.11. Detainees at risk of self-harm or suicide receive personal and consistent care and support to address their individual needs and have unhindered access to help.

We recommend that the final indicator in this list be amended to make it clear that in addition to separation (removal from association) and/or strip conditions, segregation under Rule 42 of the Detention Centre Rules is not used to manage the risk of self-harm.

Rewards scheme

1.16. Any rewards scheme encourages active participation in the regime and is not punitive.

We recommend that an additional indicator be added, namely that details of any reward scheme are communicated in the language of detainees (see former expectation 14).

The use of force and single separation

1.17. Detainees are only subject to force which is legitimate, used as a last resort and for no longer than necessary.

We recommend that this heading revert to the former expectation 18 (page 93), namely “Force (control and restraint) and single separation are only used legitimately and as a last resort and for the shortest period necessary”. We believe that it is important to spell out exactly what constitutes ‘force’ in this custodial setting.

1.18. Detainees are held safely and decently in the separation unit for the shortest possible period and for legitimate reasons only.

We recommend that the first indicator, namely “detainees are separated with proper authorisation and for reasons of security or safety only, not for punishment” should have the additional words “or reasons related to management of mental illness”.

We recommend that the second indicator on reasons for single separation should make clearer the timescale within which reasons should be provided by adding the words “of being placed in removal from association” at the end of the sentence. Otherwise this could be taken to mean within two hours of release from Rule 40.

Legal rights

1.19. Detainees are supported by centre staff to freely exercise their legal rights.

In the first indicator we recommend changing the phrase “good quality legal advice” back to the earlier phrase “competent and regulated legal representation”. It is notoriously difficult to determine “good quality” in the context of legal work and this phrase could be viewed as somewhat meaningless. However, regulated individuals and legal firms must act in a competent fashion against the immigration specification of the Legal Services Commission, and this is measurable to some degree (though not, we accept, by HMIP), making the original formulation of this expectation more precise and illuminating.

We recommend the addition of a further indicator, in response to extensive problems across the estate that have been acknowledged by both the Legal Services Commission and firms providing advice at legal surgeries. Specifically, a requirement that custody officers or other staff (usually librarians who manage surgery lists) should not attempt to triage or otherwise restrict or ration access to the regular legal surgeries. BID’s regular surveys of legal advice across the detention estate indicate that detainees in a number of IRCs have been told that because their main immigration case is ended they are no longer in need of immigration legal advice and cannot have an appointment. Access to the legal surgeries must never be restricted by custody officers making quasi-legal decisions.

Casework

1.21. Detainees understand why they are detained. The reasons are clearly communicated and effectively reviewed.

We recommend that the second indicator be amended, inserting “including conditions of any licence” after the words “detainees who have been detained following a custodial sentence understand their position...” This is needed for those detainees who make applications for release on bail and would benefit from understanding that licence conditions will apply, especially in relation to potential bail addresses.

We recommend that the third indicator have the words “to UKBA” inserted immediately following the words “following any change of circumstances or submission of new information...”

1.23. Detainees who may not be fit for detention are quickly identified and properly assessed. Their cases are reviewed by UKBA as a matter of priority.

We recommend that the first indicator be amended to remove the word “initial” at the start of the sentence, and to replace this with “all”, as in “All Rule 35 reports are written by healthcare professionals...”. There is a common misunderstanding that Rule 35 reports are raised only when a person arrives at an IRC and following an initial healthcare screening or GP appointment. However, Rule 35 reports must be raised at any point during detention (which could last for several years in a number of cases) whenever it becomes apparent that there is a concern that detention is having an adverse effect on physical or mental health. It is now accepted that the mental state of detainees changes over time, so we believe it is misleading to refer in this indicator only to Rule 35 in a manner suggesting this is a one-time activity designed to take place early on in a detention event.

SECTION 2: RESPECT

Health services

We recommend that this heading have the sentence “and recognise the specific needs of detainees as displaced persons who may have experienced trauma”. These words appeared under the original heading ‘Health Services’ at page 53.

We have serious concerns that a number of crucial expectations have been omitted from the healthcare section of this revised document, including the use of handcuffs and restraint when attending outside medical appointments, and the presumption against detention where mental or physical well being is adversely affected, to name but two. We note that BID and other stakeholder organisations have been informed by UKBA that the transfer of commissioning of healthcare in removal centres to the Department of Health will take place over two years, taking IRCs in two tranches. However, while this process has just begun at the time of writing, we note that Clinical Commissioning Groups and other new bodies do not as yet exist in any functioning form, and apparently will not do so until at least August 2012. We expect that this situation will inevitably introduce some element of delay into the transfer of commissioning of healthcare for IRCs, and would therefore suggest that any expectations on the part of HMIP that the transfer of commissioning will somehow take care of oversight of healthcare delivery should be tempered to reflect the current situation in IRCs, at least until the transfer of healthcare commissioning has concluded across the entire estate.

2.23. Detainees are cared for by a health service that assesses and meets their health needs and which promotes continuity of health and social care on release.

We recommend that the first indicator have the word “detainee” inserted before “population” in order to make it clear that the assessed needs referred to are those of the detained population rather than the general population.

Given that the transfer of healthcare commissioning to Department of Health from UKBA will take at least two years from April 2012, we recommend that a note be added to indicator 2 to in relation to interim arrangements or current arrangements with PCTs until the new Clinical Commissioning Groups are fully functioning.

We recommend that the indicator beginning “Treatment plans...” should instead begin “Treatment plans and care pathways”.

2.24. Detainees benefit from health services that are safe and accessible and that maintain decency, privacy and dignity and promote their well being.

We suggest that the second indicator be amended to read “Staff are trained to recognise, treat and report any signs of trauma and torture or other health issues such as mental disorder that may affect fitness to detain”.

2.25. Patients are treated with respect in a professional and caring manner that is sensitive to their diverse needs, by appropriately trained staff.

We recommend that the penultimate indicator in this section on interpretation be amended to read as follows: “Professional interpretation services are offered as a matter of course for any medical consultation with detainees who are not fluent in English. Refusal should be noted in medical records. Other detainees should not be used as interpreters in confidential healthcare settings”. This change will better reflect NHS best practice on the use of interpreters, and a commitment on this point made by Detention Services to BID and Freedom From Torture at a stakeholder meeting in 2011.

2.26. Detainees are aware of the centre health services that are available and how to access them

We recommend that the second indicator in this section revert to expectation 35, to better reflect the fact that not only should detainees know how to comment on or complain about their care and treatment, they will not be discouraged from doing so and will be supported to do so where necessary. This is an important distinction to make in the context of a vulnerable population who may fear retribution in the event of a justified complaint.

2.27. All detainees receive information about health promotion and the control of communicable diseases.

We recommend that the third indicator revert to the current expectation 45 at page 67, namely “detainees can obtain contraceptives and barrier protection without charge and without asking a member of staff”. It is important to specify that contraceptives be available as there are a number

of removal centres where couples are accommodated together and alongside adult family groups. We also note that good practice within custodial settings is for barrier protection to be available without the need to request it in order to reduce the risk of transmission of blood-borne viruses and other conditions. Availability of barrier protection should be separate from related health promotion.

Expectations – delivery of care (physical)

2.28. Detainees’ immediate health and social care needs are recognised on reception and responded to promptly and effectively.

The reference in the second of these indicators to the need for a GP to carry out a full assessment within 24 hours of arrival in a centre has been removed from this revised document, and the words “by trained staff” inserted instead. We believe this wording is simply too vague. The Detention Centre Rules and healthcare operating standards state that the full healthcare screening following the reception screening is to be carried out by a GP, and we believe it is essential that the inspection expectations reflect this important distinction. The original expectation states at point 42 (page 66) “following reception screening, a further health assessment is carried out and recorded by a general practitioner within 24 hours of the detainee’s arrival at the IRC”.

Expectation 18 in the earlier document (at page 58) has been removed. It stated that “there is a presumption against detention of any detained person whose mental or physical wellbeing is likely to be adversely affected by continued detention”. We strongly recommend that this be reinstated. We believe that this offers an important statement of principle in light of the ongoing role of human rights principles in the work of the Inspectorate, and the forward looking stance of the implied restrictions on the power to detain for the purposes of removal set out in the Hardial Singh principles.

An important expectation 20 (page 58) in the current expectations document, which states “Restraints are not used during visits to outside medical or dental facilities unless in exceptional circumstances after a risk assessment. Detainees are not handcuffed during medical or dental examinations” has been removed. We strongly recommend that this be reinstated. While recognising that the lists of indicators are not intended to be exhaustive in the revised expectations, this seems to be an unhelpful removal given the potential for inhuman and degrading treatment, and humiliation.

We suggest that the final indicator in this section on contact with any former GP in order to obtain medical records to ensure duty of care be restored to the current expectation 46, to state instead “if a detainee is registered with a GP, or any relevant care agencies, they are contacted at the beginning of detention with the detainees consent, to provide relevant information to ensure continuity of care”. This would restore the sense of a need for timely action, which will be especially relevant for those with chronic or long-term conditions.

2.29. Detainees’ individual healthcare needs are addressed through a range of indicators

We recommend that the fifth indicator “primary services meet the needs of the detainee population” revert to the current expectation at 47 (page 68), namely “the amount and range of primary care services provided reflect the needs of the detainee population”.

2.31. Detainees assessed as requiring secondary care services are able to access them without undue restrictions.

We have recommended above at (28) that expectation 20 (page 58) in the current expectations document, “Restraints are not used during visits to outside medical or dental facilities unless in exceptional circumstances after a risk assessment. Detainees are not handcuffed during medical or dental examinations” be reinstated. This would also be an appropriate section for expectation 20 to be added back in as it refers to external medical appointments.

Expectations – pharmacy

2.32. Detainees are cared for by a pharmacy services that assesses and meets their needs and is equivalent to that in the community.

We strongly recommend that expectation 58 be reinserted. This current expectation states “detainees prescribed long term medications receive them without gaps or delays including when going to court or when transferring from one centre to another”. It is BiD’s experience that this is not always the case, and that this requirement should therefore be spelled out.

Expectations – delivery of care (mental health)

2.34. Detainees with common mental health problems are recognised and supported by health staff and specialist service at the centre, and have unhindered access to help in pursuing recovery.

We recommend that the first indicator beginning “detention staff have the appropriate training...” be amended to read “detention staff on reception and in residential units...”

We recommend that the third listed indicator have the phrase “for those detainees clinically assessed to need it”, as noted more specifically in current indicator 69 at page 75. We believe that it is important to make clear the link between counselling and other therapies and the requirement for clinical assessment of mental state, in the context of ongoing problems with the assessment, diagnosis, and treatment of mental disorder in IRCs and two separate and recent findings of Article 3 breaches for severely mentally ill men in detention.

2.35. Detainees’ severe and enduring mental health needs are recognised and supported by health staff and specialist services at the centre, and have unhindered access to help in pursuing recovery.

We strongly recommend an additional indicator: “where clinically recommended release to treatment in the community is arranged expeditiously”. At present UKBA and healthcare contractors do not routinely consider a third option – release with conditions for community treatment – in

addition to maintaining detention or transfer for treatment under the Mental Health Act. However, this third option is often the most clinically appropriate for individuals who have been tortured or where there is a diagnosis of PTSD. We believe it is important that HMIP recognise this third option.

Substance misuse

2.36. Detainees dependent on drugs and/or alcohol receive clinical treatment which is safe, effective and meets individual needs.

We recommend the reinstatement of current expectation 5, which states “there is appropriate treatment and support for pregnant women with substance dependency”.

SECTION 3: ACTIVITIES

3.4. Detainees have regular access to a suitable library that meets their needs

We recommend an additional indicator, namely that “reference material in libraries is up to date”. It is BID’s experience from work in IRCs and visits to libraries that this is not always the case for legal materials.

SECTION 4: PREPARATION FOR RELEASE AND REMOVAL

We recommend that the sub-heading in this section revert to that used for the current expectations document, using the words “contact with family, friends, support groups, legal representatives and advisors” rather than “contact with the outside world”.

4.3. Detainees and their visitors are able to attend visits in a clean, respectful and safe environment which meets their needs.

We recommend the reinstatement of current expectation 13 (page 106), specifically “contact with suitable volunteer visitors, family and friends is encouraged”. We believe this sets a better tone in relation to visits. It also reinforces and lends support to staff efforts to assist detainees on an open ACDT document.

Communications

4.4. Detainees are able to maintain contact with the outside world through regular access to a full range of communications media.

We believe the indicator “detainees without money are provided with a free call at least once a week of at least ten minutes” is not adequate. It is not clear why this has been changed from current

expectation 17 (page 107) that “detainees without money are provided with a telephone allowance of £5 per week to buy phone cards of their choice”. We recommend that the current expectation is reinstated to provide detainees with an adequate opportunity to speak to legal advisors and family.

We recommend that the indicator “detainees are easily able to send and receive faxes” should be amended to reflect that this should be without limit in length of document (essential for correspondence with legal advisors), without charge, and without delay.

Removal and release

4.5. Detainees are helped to prepare for their release, transfer or removal

We recommend that the third indicator be revised to reflect that detainees are encouraged to inform legal advisors, family and friends when they are to be released, transferred to removed from the centre, rather than merely “able to”.

We strongly recommend that the sixth indicator be revised to state that “summary medical notes accompany detainees when they leave the centre by whatever means of release, including Temporary Admission or bail at relatively short notice”. This is an issue that BID is currently working on with UKBA via the Detention User Group (Medical Sub-Group). UKBA have agreed to improve information on discharge so as to ensure continuity of care, and it would be helpful if this change could be reinforced through inspection.

4.6. Detainees who are to be removed or released are treated sensitively and humanely. Detainees are able to retain or recover their property.

We recommend that indicator one reverts to current expectation 28 (page 110), which states that “there are formal arrangements to enable detainees to recover essential property prior to removal”. Recovery of personal property is a continuing problem for detainees, and we believe a clear steer on the need for formal arrangements should be continued in this area, which causes much distress to detainees.

FAMILY DETENTION EXPECTATIONS

Below, we set out indicators which, in our view, ought to be added to this document or carried over from the current Immigration Detention Expectations. We appreciate that the Inspectorate is seeking to reduce the number of expectations and indicators worked to in inspections, so that the process does not become unwieldy. However, we feel that the additions set out below are necessary to ensure that provisions for children and families’ health, welfare and access to legal rights are properly monitored.

In addition, it is our view that it would be helpful to have a specific expectation in relation to healthcare, and to include indicators on:

- Identification and care of detainees with substance use issues.
- Therapeutic, counselling and advice services being provided either directly or through external providers, and parents and children being referred to these when appropriate.
- Mental health services including access to primary, secondary and tertiary services; Detainees with mental health problems being transferred to specialist secondary and tertiary care if clinically indicated.
- Specialist mental health services being provided by community mental health services in liaison with the primary care team and residential staff.

Section 1.2

We recommend that indicators here should include:

- arrests of families should not take place before 6am, or late in the evening;
- family members should not be expected to get dressed or go to the toilet in front of immigration officers of the opposite sex.

Section 1.8

We recommend that this indicator is carried over from the current 'Expectations':

- Separation and/or strip conditions are not used to manage the risk of self-harm.

Section 1.10

The following indicator should be added:

- All relevant information about child welfare is gathered by staff in the centre and, where parents and children give their informed consent, sent to UKBA decision makers and the Family Returns panel to feed into future decisions, including decisions about whether to continue detention.

Section 1.12

We recommend that the following indicators are carried over from the current 'Expectations':

- Allegations of assault on detainees during removal attempts, which are supported by medical evidence, are thoroughly investigated with a view to prosecution, and removals delayed for this purpose.
- Those in single separation are allowed access to religious ministers, books, education staff, phones, exercise, social and legal visitors and a daily shower.

In addition, we suggest that the following indicators are added:

- Clear guidance for staff on use of C&R and other methods of managing non-compliance is published.
- Detainees are proactively informed that they can request photographs to be taken by healthcare staff of any injuries which occur during C&R, and this process is facilitated promptly if the detainee requests it.

- Detainees and their legal representatives are able to access records which staff hold of incidents where C&R has been used on them.
- Where C&R is used against the relative of a child and/or in the presence of a child, the impact on the child should be assessed appropriately and recorded in any incident report.

Section 1.13

We recommend that the following indicators are carried over from the current 'Expectations':

- Detainees are informed in a language they understand of their rights to apply for legal aid and for legal representation, as well as appeal rights, within the first 24 hours of arriving at the centre.
- Detainees receive information in a language they understand, informing them of the expected standard of legal advice, and how to complain if they do not receive it.

In addition, we note with concern that there is a current lack of clarity about whether detained families are able to access half an hours' free face-to-face legal advice through a duty legal advice surgery. We would recommend that access to such an advice surgery is added to the indicators.

Section 2.2

We note that the Operating Standards for the new family detention facility in Pease Pottage state at paragraph 7 of Annex S:

'The duty manager may, however, authorise access to a family's apartment without the family's consent for reasons of safety or security, including in connection with securing the family's compliance with legitimate instructions.'

We would therefore suggest that where staff enter a family's apartment without the family's consent an incident report should be written, setting out the reasons for this action and what the impact was on children and their parents.

Section 2.5

We are concerned to note that the Operating Standards mentioned above provide for children and other detainees to translate for parents. We are pleased to note that the draft 'Family Detention Expectations' stipulate that professional interpreters should be used. It would also be helpful for the Expectations to also specify that incidents in which children or other detainees translate for detainees ought to be logged with reasons why this happened and, in the case of children, what the impact on the child was.

Section 2.7

In most cases, families will have left the detention facility before the process of investigating their complaint is concluded. We are pleased to note that the Expectations require that 'Concerted efforts are made to communicate responses to families who have left the centre'. However, we would suggest that efforts should also be made to continue to investigate the complaint fully before families leave the centre, or after they leave where this is not possible.

Section 4.1

We recommend that the following indicators are carried over from the current 'Expectations':

- Detainees' visitors are given information about how to get to the centre, its visiting hours and details about what to expect when they arrive.
- If public transport stops some distance from the establishment, transport arrangements are in place for visitors to get to and from the centre.

In addition, we would recommend that indicators are added:

- Internet sites which detainees need to access, for example for legal reasons, are not blocked inappropriately.
- Confidentiality is respected and information is not appropriately shared for example in situations where staff are opening detainees' mail.

Section 4.2

We would recommend that indicators are added either here or under an expectation on healthcare to ensure that detainees are provided with adequate supplies of any essential medication and provisions, such as anti-retrovirals or anti-malarials and bed nets where these will be needed.

We would also like to add that while we have set out above our current thinking on the 'Family Detention Expectations', numerous changes have occurred to the Family Returns Process in the last year, and we have not yet had the opportunity to read the report of HMIP's recent inspection of the new family detention facility in Pease Pottage. There may therefore be further issues which come to light, and we would welcome the opportunity to comment on the Expectations again when the new Family Returns Process has been in operation for a longer period.

Yours

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