

Detention Action response to
Home Affairs Select Committee consultation on
Home Office preparedness for COVID-19

Summary

1. We are commenting specifically on Home Office preparedness for COVID-19 in the context of immigration detention.
2. We have been deeply concerned by the impact of COVID-19 within the immigration removal centres (IRCs) and the Home Office's response to this, from the continuing decisions to detain and to maintain detention to the lack of even basic protection measures within the centres.
3. We believe that the two officially confirmed COVID-19 cases within IRCs to date understate the spread of the virus of the detention estate, and that testing has been wholly inadequate.
4. We include evidence of the death of a man two days after his release from detention with apparent COVID-19 symptoms. We call for urgent investigation into this tragic and deeply concerning incident.
5. We commissioned an expert report into the likely impact of COVID-19 in IRCs which projected a risk of a 60% infection rate across the detention estate.
6. We are currently involved in legal action seeking to secure the urgent reviews of all continued detentions. Under pressure, the Home Office has released hundreds of people in detention since we issued our claim and committed on 25th March to review all current detentions. However, we believe that over 500 people may still be being held across the detention estate at the time we make these submissions. At the time of writing we have heard from another organisation that works with detainees that the Home Office is planning two charter removal flights to Poland on the 1st May. A business as usual approach to Immigration Enforcement during a national lockdown risks the health of detainees, escorts and the general public. It is also highly unlikely that detainees are currently able to access lawyers effectively due to legal visits being suspended, calling into question the legality of any forced removals at this time.
7. As part of our recommendations, we call for all those currently detained to be released and for no new detentions to take place while the COVID-19 risks remain high.

Introduction

8. Detention Action is a national charity established in 1993 that seeks to defend the rights and improve the welfare of people in immigration detention by combining support for individuals with campaigning for policy change. We work with around 1000 individuals held in detention each year.
9. Detention Action's casework service provides practical advice and emotional support to people held in immigration detention. We support them to obtain legal representation, to advocate for their physical and mental health needs and to understand their rights in immigration detention centres.
10. We provide this service through monthly drop-in workshops in Harmondsworth and Colnbrook IRCs and HMP Pentonville. We also offer regular social visits and operate a phone line which is open throughout the week to people in the above IRCs, as well as people held in Morton Hall IRC and within London prisons.
11. We welcome the opportunity to feed into this consultation.
12. Given our remit and area of expertise, we are addressing two of the issues detailed in the terms of reference:
 - a) How the Home Office and its major contractors are working together to ensure the safe and effective operation of contracted services is maintained, particularly where these services affect vulnerable people.
 - b) The effectiveness of Home Office communications to its partners, responders and the wider public about its preparations.
13. Within these issues, we are addressing the specific question of our experience on how the Home Office have prepared for and managed the COVID-19 pandemic within IRCs, and what steps we believe should now be taken for those detained. However, we recognize that COVID-19 has widespread implications for immigration and the rights of migrants more generally within the UK. We fully endorse the recommendations submitted to the Home Office by the Immigration Law Practitioners' Association on 21st March. We have also made a joint submission to you, with eight other NGOs¹, on 27th March.
14. We estimate that there may be around 400-500 people still detained in IRCs at the time we are making these submissions. In normal times there are between 400-500 people held under immigration powers in prisons. The Home Secretary is under no obligation to maintain any detentions at all - it is a civil detention power used for administrative convenience. The Home Office is currently excusing detentions by referring to "high harm" individuals, but any ex-offenders in immigration detention have already served their custodial sentence. We note the Government's moves to release 4000 British citizen prisoners before their term has expired in response to the COVID-19 crisis. In this context it is perverse and discriminatory to continue to detain non-British

¹ Refugee Action, Detention Action, Doctors of the World UK, Freedom from Torture, Asylum Matters, The Lesbian and Gay Immigration Group, The No Accommodation Network, Refugee Council, and Scottish Refugee Council

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citizens long past the end of their custodial sentence. This inconsistency also places further unnecessary strain on the Ministry of Justice and a prison service already struggling with a COVID-19 outbreak and overcrowding. Any perceived risk that may be posed by a small minority of those detained under immigration powers should be managed by the probation service and through licence and monitoring arrangements, not through indefinitely maintaining detention.

15. There would appear to be minimal testing taking place within IRCs. We are repeatedly told by clients that they have exhibited COVID-19 symptoms and not been tested. Clients continue to report unsanitary conditions in detention, including lack of soap and hand sanitiser, insufficient cleaning materials, rats, and lack of ventilation. Effective social distancing is impossible and bathroom and showering facilities continue to be shared by large numbers of people. Some wings have closed, reportedly due to staff shortages, increasing overcrowding.
16. We produced a leaflet for detainees to provide information about COVID-19 and the undertakings given by the Home Office following our legal challenge²; however, we understand that the Home Office has prohibited the distribution of the leaflet in IRCs.
17. While there is a prohibition on transfers of serving prisoners between prisons, we understand that transfers from prisons to IRCs are continuing despite the large outbreak of COVID-19 in prisons and resulting deaths. We know of at least one case of a detainee with COVID-19 being transferred from prison to Brook House IRC and allowed to mix openly with other detainees and staff before being tested and isolated.
18. We do not believe the Home Office can safely remove individuals to any country. We are not aware of any removals taking place for the last month, although on 22nd April we became aware that the Home Office may be planning to schedule two charter flights to Poland on the 1st May. We would question the safety of any removals for the foreseeable future, whether or not countries are still accepting removals, due to the lack of testing within IRCs and the risks of further COVID-19 transmission, including to escort staff. Access to justice for detainees has also been severely compromised by the suspension of legal visits by solicitors firms on the Detained Duty Advice rota due to the pandemic. This undermines detainees' ability to challenge their detention and removal making any forced removals during this period potentially unlawful.

Apparent death of a detainee immediately following release

19. On 7th April, a man currently being held at Harmondsworth IRC informed us that he understood a fellow detainee ("A") to have been released from the centre recently with 'flu-like symptoms'. Friends of "A" within the IRC subsequently learnt that A had died. From conversations with several detainees, we understand that "A" left the IRC around 20th March. We understand "A" to have had a fever and a cough for about a week prior to release and to have died within 24 hours of being released. He had apparently been refused bail at a hearing two days before release. During those

² We have enclosed a copy of this leaflet with these submissions

two days, “A” went to healthcare with his symptoms; he requested medication but this was denied, with healthcare apparently informing him that they couldn’t help because he ‘didn’t have COVID-19 symptoms’. Far from being isolated as a precaution, “A” continued to share a cell with another person until the day of his departure from the centre. Two days after “A”’s release, his uncle contacted “A”’s former cellmate and informed him that “A” had sadly passed away.

20. It is deeply concerning that a person with apparent COVID-19 symptoms appears to have lost his life so soon after release, with the IRC having not tested him for the virus. We believe that this case and “A”’s cause of death needs to be urgently investigated and we would be happy to assist the Committee with further information concerning “A”’s identity on request.
21. We are further concerned that there is widespread understating of possible COVID-19 cases across detention, with testing not being carried out on a sufficient scale. We are aware that on 18th March the Committee heard concerning evidence from Lucy Moreton from the Immigration Services Union. Ms Moreton stated that the Heathrow IRCs were at that time in lockdown for ‘seasonal flu’, that there had been limited procedural changes in the centres in response to COVID-19, and that the Home Office were ‘not testing because no testing is available’.
22. Ms Moreton’s evidence is consistent with our understanding, based on our conversations with detainees at Harmondsworth IRC, that Centre Management were (as of the commencing 16th March) “quarantining” people exhibiting COVID-19 symptoms on “Dove Wing”. We heard of at least six detainees who had been moved to that wing after exhibiting COVID-19 symptoms such as a high fever or a continuous cough. It appeared that the Home Office were holding those with COVID-19 symptoms together on one wing, yet had not carried out testing for COVID-19 among those individuals, and instead concluded that there was an outbreak of ‘seasonal flu’.

Confirmed cases of COVID-19 within IRCs

23. On 21st March, we and colleagues at our partner organisation Women for Refugee Women received several panicked phone calls from women being detained at Yarl’s Wood IRC. We spoke with a client (“V”) who we were supporting within the centre. “V” told us that all the officers were suddenly in full PPE suits. “V” told us that after dinner there was a meeting, and centre staff said they had received a call from NHS England saying that there was a suspected COVID-19 case in Yarl’s Wood. They asked who it was, but officers said that they could not say. Officers told them to go back to their rooms and that they would be isolated for 14 days. They were told that all communal areas of Yarl’s Wood would be closed, including the kitchen and dining room, and that food would be brought to their rooms. V was very worried about becoming infected with the virus as she was severely asthmatic and so at heightened risk of serious ill health and death. Despite asking the healthcare team on several occasions, V did not have an inhaler.
24. On 22nd March, the first case of COVID-19 within an IRC was officially confirmed by the Home Office in a statement to the Guardian.
25. On 22nd March, we spoke with Natasha Walter, Chief Executive of Women for Refugee Women, who said that she and her team had spoken with several women at Yarl’s Wood who were very

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frightened and desperate to be released. These individuals included a woman in her 60s, and detainees suffering from heart conditions, high blood pressure, and a kidney infection.

26. On 7th April, all those being held at Brook House received a notice from the Centre Director informing them that a detainee had tested positive for COVID-19. He had been held on B wing before being moved to isolation on 5th April.
27. A specific further concern relating to the Brook House case is that we understand the detainee in question to have been transferred from HMP Maidstone on 2nd April. As the Committee will likely be aware, cases of COVID-19 are widespread across the prison estate. At 5pm on Tuesday 14th April half the prisons in England and Wales had confirmed cases of COVID-19, with 13 prisoners and 3 prison staff confirmed to have died from COVID-19. In these circumstances, we cannot understand the justification for transfers taking place between prisons and IRCs currently. We further understand, as reported by the Daily Record, that staff required to undertake such transfers and those they are transferring are not being provided with PPE.³ We believe this is deeply irresponsible, especially given that such transfers are not necessary.
28. We suspect there to have been more positive cases of COVID-19 within IRCs than the two that have so far been officially confirmed. On 24th March we heard, via our partner organisations Gatwick Detainees Welfare Group (GDWG) and Bail for Immigration Detainees (BID) respectively, of apparent confirmed cases of COVID-19 at Brook House and Harmondsworth IRCs. This detainee was apparently a food server at Brook House and was serving food to other detainees the day before he was removed from his cell. To our knowledge, neither of these alleged cases have been confirmed by the Home Office.

Detention Action's legal challenge to the Home Office

29. On 19th March, we initiated a legal challenge to the Home Office in relation to its response to COVID-19 in the detention context. We asked for interim relief in the form of the release of all those being held under immigration powers who suffer from a COVID-19 comorbidity, and the review of all ongoing detentions in the light of the impact of COVID-19 on the third *Hardial Singh* principle⁴ and the Adults At Risk policy. At a subsequent hearing on 25th March, the High Court refused to grant interim relief in light of the Home Office committing to reviewing all decisions to detain shortly before the hearing and undertaking to implement a number of other policy changes. We would be happy to provide the Home Office's evidence in our case to the Committee. Home Office policy appears to have developed significantly following our issuing of proceedings although the Home Office has failed to publish its revised policy anywhere, including on its website.

³ <https://www.dailyrecord.co.uk/news/scottish-news/forced-removals-leave-immigration-workers-21856249>

⁴ <https://www.tandfonline.com/doi/abs/10.5235/108546810793129330?journalCode=rjdr20>

30. In the week prior to the hearing on 25th March, the Home Office released over 350 detainees. In late evidence submitted prior to the hearing, the Home Office also confirmed that they had largely halted new detentions of people from 49 countries given the practical impossibility of removing to those states. At the time of the hearing there were 736 people still detained, a fall of nearly 500 in the detained population since the start of the year.
31. In the month since the interim relief hearing, we have seen, through our frontline service, a high number of successful bail applications and an increase in proactive releases by the Home Office. However, we are aware of a number of vulnerable people still in detention, and believe there still to be around 200 detainees at the Heathrow IRCs alone. We do not have confirmed figures but believe, anecdotally, that there may still be between 400 and 500 people still being held in IRCs, and several hundred more being detained under immigration powers in prisons.
32. On 7th April, as part of our litigation we wrote to the Home Office asking for an update on progress being made towards reviewing all detentions as pledged, with particular reference to those detainees with COVID-19 comorbidities, those assessed at Adults at Risk Level 2 or 3, and those who cannot be removed due to travel restrictions at present. We included a list of 22 clients, accepted as vulnerable who were still detained as of 7th April. We have included a copy of this letter, with client details redacted, with these submissions. We asked for a response to this letter by 9th April but the Home Office informed us that no substantive response was possible until at least 16th April. On 16th April, the High Court ordered the Home Office to file its substantive defence in our claim, along with a written response to our questions by 4pm on 22nd April. We are still awaiting this response and will endeavor to update the Committee once it is received.

COVID-19 risks within IRCs

33. We commissioned a report by public health expert, Professor Richard Coker.⁵ We believe that the Committee has a copy of this report. In Professor Coker's evidence, he projected a possible infection rate of 60% across the detention estate if the virus were left unchecked.
34. As you will be aware, the primary mechanisms for identifying vulnerability prior to and during immigration detention are the Adults at Risk policy and the Rule 35 mechanism. As we have previously detailed to the Committee, we have serious concerns regarding the shortcomings of these mechanisms.
35. It is the position of Detention Action that the Adults at Risk policy is fundamentally flawed, most notably because it balances vulnerability and risk against 'immigration factors', with the latter outweighing the former in the majority of cases. The policy fails to adequately consider the impact of detention on vulnerable individuals, and puts the detainee in the position of having to demonstrate their vulnerability.⁶

⁵ <https://detentionaction.org.uk/wp-content/uploads/2020/03/Report-on-Detention-and-COVID-Final-1.pdf>

⁶ <https://detentionaction.org.uk/publications/adults-at-risk-in-immigration-detention/>

36. Rule 35 is the critical process for helping the Home Office identify vulnerable detainees, but in the experience of ourselves and other agencies Rule 35 reports are rarely carried out unless the detainee is a torture survivor. The minimal use of Rule 35 to identify other vulnerabilities means that there is a serious risk that vulnerable detainees are not considered under the Adults at Risk policy. In any event, many of the underlying health conditions that may put individuals at risk for COVID-19 would not ordinarily require a Rule 35 report, and thus may not have already been drawn to the Home Office's attention.
37. We therefore have serious concerns that individuals with underlying physical health problems which put them at increased risk of suffering serious harm or death if they contract COVID-19 (such as high blood pressure, heart disease, lung disease, cancer or diabetes) have not been and will not be identified by the Home Office. First, as is suggested from the data, there is no culture of identifying individuals with physical health problems. Second, this is an entirely new situation and those who may previously not have been classified as an Adult at Risk (due to a stable underlying condition) may now be the most at risk. Detention Action has little confidence in the system adjusting to this given our previous experience.

Hygiene within IRCs

38. There have been repeated concerns raised from various charities, groups and inspectors regarding the cleanliness and hygiene standards within immigration detention over a number of years. Sir Stephen Shaw highlighted these concerns, for example in both his 2016 and 2018 reviews into the treatment of vulnerable detainees. In his 2016 report, he documented detainees in Harmondsworth IRC not having access to soap or paper towels, amongst other concerns. In Shaw's 2018 follow-up report, he was damning of the state of hygiene within IRCs despite his previous critique and recommendations. Shaw stated that the 'delivery of care in sometimes insanitary and unsuitable conditions raises serious concerns'.⁷ There was further said to be 'poor awareness of basic hygiene and cleaning regimes' with staff either 'desensitised or unable or unwilling' to act to improve the situation. Shaw also commented on the lack of an 'effective system' in place for those doing the cleaning (who were often the detainees themselves, see below) to inform their supervisors of what cleaning materials were required.
39. The Kate Lampard Report from November 2018 into Brook House IRC concluded that the IRC had '*limited outside space*' making it '*unsuitable to accommodate as many detainees as it does*'. She concluded that it was an '*unsuitable environment in which to hold detainees for more than a few weeks*'. A related issue with hygiene is the amount of cleaning work which is done by detainees themselves with little previous experience and who are paid a maximum rate of £1.00 per hour for such work. Kate Lampard highlighted this, describing the standard of cleaning as '*particularly poor*' and indeed '*unacceptable*'.⁸ Detainees appeared to have no routine supervision and stated that they found it difficult to clean the wings and their rooms properly due to inadequate cleaning products being available.

⁷ Para 3.153 Shaw Report 2018

⁸ <https://www.g4s.com/en-gb/-/media/g4s/unitedkingdom/files/brook-house/brook-house-kate-lampard-report-november-2018.ashx?la=en&hash=42B2E56AD3E9946AC659516AB1D6D919> para 1.62 – 1.65

40. In Detention Action's experience of speaking with many people detained every day, we share these concerns. The detainees that we speak to have been increasingly concerned about the hygiene of the IRCs in light of the news regarding the spread of COVID-19.

Communications with detainees regarding COVID-19

41. We have been in contact with a number of individuals in detention who are worried about the COVID-19 pandemic and how it will affect those held in detention. They are particularly concerned about their safety in detention and whether they will inevitably be exposed to the virus. This is especially true of detainees with underlying physical health problems who are aware that they are more susceptible to serious health risks (which may result in death) on exposure to the virus.
42. We have summarised below details of some of the conversations we have had with detainees in recent weeks. These raise a number of serious concerns in relation to COVID-19.
43. We spoke with a client who has only one kidney and felt very vulnerable. He reported symptoms to IRC healthcare of high fever and a cough but had not been tested for COVID-19. (The conversation with Detention Action took place 15th March 2020).
44. We spoke with a client who had seen several detainees being isolated and had seen medical staff in full, white suits. He had not seen any hand sanitizer in the IRCs, and they had received limited information about how to keep infections to a minimum. Similar concerns were raised regarding the showers and toilets. The client also stated that there was barely enough running water to enable detainees to properly wash themselves. (15th March).
45. We spoke with a client in Harmondsworth IRC had been quarantined due to flu-like symptoms. The client told us that had been feeling unwell since the previous Wednesday but had been moved into isolation only on the Friday. He described having a high temperature, pain all over his body, feeling sick when he went outside his room and spitting phlegm. The client worked as a detainee cleaner in the induction wing, and cleaned all the rooms between a detainee moving out and a new detainee moving in. Despite having flu-like symptoms, he was cleaning the induction wing on Wednesday. When he was taken into isolation, despite having the above symptoms, he was not tested for COVID-19 (15th March).
46. Also on Sunday 15 March 2020, we spoke with several further detainees at Harmondsworth. We were informed that the IRC had provided them with no information about COVID-19 or how to protect themselves from the virus. Detainees informed us that the IRC does not provide soap, including in the toilets, and that this had to be bought for £1.00 from the detention shop. Detainees said that some toilets did not have seats and they were finding it difficult to keep their rooms and communal areas clean.
47. On 17th March, we spoke with a detainee who had been in Colnbrook IRC for several weeks. He said that, on 5th March, a notice appeared on the noticeboard saying there had been a flu outbreak but there was no mention of COVID-19. The client said that, on the same date, a leaflet was put through

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his door. The leaflet stated that a small number of detainees had been diagnosed with influenza B and that this was not COVID-19. It was said that such individuals were to stay at Colnbrook IRC and that they were isolated as soon as they showed symptoms. Infection control measures were said to be in place for detainees and staff. Detainees were advised to wash their hands and to 'catch it, bin it, kill it'. Any detainee who reported a sudden fever, aching body, dry cough or sore throat was asked to contact a nurse immediately. The detainee repeated the concerns regarding access to hygiene products in detention. It was said that detainees were not given soap despite their toilets being in their room and there was no shower gel (or soap) in the showers. There was no hand sanitiser and the shop was running out of items. Many individuals were sneezing and coughing in the communal areas of the IRC but not using tissues.

48. Also on 17th March, we spoke with detainees at Harmondsworth, Morton Hall and Yarl's Wood. Detainees repeated the point that the shops had now run out of hand sanitizer and the only soap available was being provided in the shop. A detainee in Morton Hall said that detainees there had received no information about COVID-19, nor anything about the flu. This detainee said that he was being detained in dirty conditions where there are lots of rats. A detainee at Yarl's Wood told us that they had not been given information about COVID-19. There was a leaflet about handwashing, but this was only in English and not translated into the other languages spoken by detainees. This detainee also informed us that there is a fingerprint scanner in Yarl's Wood which detainees must use to access everything. She explained that this scanner was used by detainees to order and collect food and get bin bags. This detainee told us that everyone is touching it all day long and it's not being cleaned.
49. On 18th March, we were informed by a detainee at Brook House IRC that on 16th March fifteen new people were detained at Brook House; on 17th March a minimum of ten and a maximum of twelve new people were detained; and on 18th March 3 new people were detained at Brook House. These people were detained from the street, airport and prison and stayed in the normal residential wing. Their initial assessments including medical assessments were not adapted to the current COVID-19 situation. The A wing at Brook House had been transformed to dedicated wing for those exhibiting COVID-19 symptoms. There was no open window, and the ventilation system provides the air. We were also informed that a detainee has been brought to Morton Hall on 9th March 2020. He has heart condition and rheumatoid arthritis and was detained despite having a high temperature and alerting the Centre of this.
50. We also received an account from Gatwick Detainee Welfare Group of a detainee held in Brook House IRC. This detainee had been diagnosed with HIV and had not had access to their medication for six days. He was quarantined on arrival into detention due to having a cough and had been isolated for five days. He had been unable to leave his room or speak to a solicitor, and understood that he would be kept there for two more days at least before they review. He had not been tested for COVID-19.
51. On 19th March, we spoke to a detainee in Colnbrook. This detainee said that two wings in Colnbrook had been closed resulting in even more cramped conditions; there were now more people sharing toilets, laundry facilities and showers. The client reported that Centre Management had invited detainees to a meeting to discuss COVID-19 earlier that same day. Around 10 detainees attended this meeting which was also attended by a Home Office staff member. The client reported that at

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this meeting they were told that two wings had been closed because of a lack of staff. Staff apparently had no answers to detainees' questions about COVID-19 and that no information was given about what was happening.

52. On 19th March, we received a phone call from our client "V" held at Yarl's Wood IRC. "V" informed us that she has asthma and does not have an inhaler. We understand that "V" was detained on reporting and did not have her inhaler with her. On 17th March "V" went to Healthcare and told them she was asthmatic and hadn't been able to bring her inhaler into detention. "V" told healthcare that she was feeling very weak and her chest was tight. On 19th March, we also spoke with "V"s roommate, who told us that for the past few nights she has had to wake V up several times in the night because her breathing sounded so tight. The roommate told us she was worried "V" would stop breathing in the night.
53. On 19th March, we were also called by two detainees in Harmondsworth IRC who had diabetes. One of these detainees was 67 years old and both were very worried about being infected with coronavirus.
54. On Friday 20th March we were told by our clients in Harmondsworth IRC that they had received a text message saying that later that day there would be a free BBQ party in the IRC with free ice cream. We are extremely concerned that detainees are being encouraged to congregate with each other, when the general population have been advised to enact self-distancing measures.
55. It was clear from all our communication with detainees that there was a general sense of panic within the IRCs as the COVID-19 crisis took hold. People detained saw the news on the television so knew what is going on outside. They are really scared what is going to happen to them. Rumours have spread that the induction wing has been closed down and no new detentions are being authorised; however, to our knowledge there has been no official confirmation of this, and several detainees have informed us that people were still being detained and brought to IRCs across the detention estate despite the COVID-19 pandemic. Several detainees also informed us that those with Removal Directions and flight tickets have not been removed. Detainees also saw staff desperately cleaning the induction wing which raised concerns as it is normally left to the detainees to do the cleaning. There were reports of detainees self-harming and that some started a hunger strike.

Suspension of visits to immigration detention centres

56. Effective from 17th March, Detention Action paused visiting people in detention, in response to Government advice about social distancing and the perceived risk that visitors pose to those detained. A number of other organisations that support detainees in detention took similar measures at around that time. It is noticeable that NGOs were left to make their own decisions regarding visits to the IRCs, in light of the risk of COVID-19 transmissions between all involved (detainees, IRC staff, and NGO staff and volunteers) rather than receiving any guidance from the IRCs themselves. In guidance published on 20th March, the Home Office eventually prohibited visitors from attending IRCs outside of 'exceptional circumstances'.

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57. We are deeply concerned as to the potential impact on access to justice for those detainees who are held and to what extent they can access NGO support and legal advice (for example, on the duty solicitors rota). We understand that all legal advisors are now providing advice solely by telephone. This mechanism has serious limitations, particularly where detainees are particularly vulnerable and/or speak limited English. We have, in any case, widespread concerns regarding the quality of legal advice provided within the IRCs and have been in conversation with the Legal Aid Agency (LAA) since June 2019 to highlight these issues and push for urgent improvement.
58. We are very concerned by what we believe to be a complacent attitude within IRCs and significant confusion regarding the correct approach for those who are suffering from symptoms suggestive of COVID-19. Detainees are incredibly worried about their own welfare and the heightened risk of contracting COVID-19 from within a closed, detained environment. This is especially the case for those detainees who have underlying serious physical health conditions.
59. It seems clear that insufficient steps have been taken to contain COVID-19. If a strategy is in place, it appears not to have been adequately communicated to detainees in a way that would reassure them or allow them to take preventative steps in order to stop a more widespread outbreak.

Formal Home Office response to COVID-19

60. On 16 March 2020, the Ministry of Justice and Public Health England published guidance entitled '*COVID-19: prisons and other prescribed places of detention guidance*'.⁹
61. The new guidance stressed that any detainee with a new, continuous cough or high temperature should be isolated in a single occupancy accommodation or, alternatively, if such accommodation is not available, they should be held alone in higher occupancy accommodation. Those with such symptoms who are deemed to be well enough to remain in detention are said to not be needed to be transferred to hospital.
62. We have several concerns regarding this approach and the guidance as a whole based on our experience of working within IRCs.
63. Firstly, we have serious doubts as to whether the IRCs have capacity to keep large numbers of detainees within single occupancy accommodation should there be a more widespread outbreak of the pandemic within IRCs.
64. Second, there is no mention of whether individual bathroom facilities will be available or whether shared bathroom/ shower facilities will continue. Such shared bathroom/ shower facilities would plainly undermine any proposed period of isolation and risk wider infection.

⁹ <https://www.gov.uk/government/publications/COVID-19-prisons-and-other-prescribed-places-of-detention-guidance>

65. Third, it is of particular concern that the guidance states that ‘standard cleaning products’ are to be used given the issues raised above regarding the limited availability of certain cleaning products. No mention is also made to the issues regarding cleanliness, hygiene and the standard of cleaning within IRCs (including within healthcare in IRCs), as set out above.
66. Fourth, there appears to be no provision for widespread testing within IRCs of those who have symptoms suggestive of COVID-19.
67. Fifth, no guidance has been produced which addresses the Adults at Risk policy and which detainees are at heightened risk following exposure to COVID-19.
68. Sixth, there is no guidance on what criteria will determine any new decisions to detain and what screening will take place prior to their detention.
69. Seventh, no guidance has been produced which addresses the widespread travel bans imposed, and identifies which detainees are unlikely to be removed within a reasonable period of time.
70. Detention Action consider that this current guidance does not adequately address the realities of the pandemic and the risks to which detainees are being exposed. It reflects a ‘business as usual’ approach which cannot be sustained given the risk of a widespread outbreak of COVID-19 within IRCs, as confined spaces with poor sanitary conditions, and real risk of serious consequences to the health and lives of vulnerable detainees.

Flooding at Harmondsworth IRC

71. At 10.37pm on 23rd March, we received a call from a detainee, A, at Harmondsworth. He told us that all the cells on his floor were flooded with dirty water up to the ankle. This started at around 9pm. A stated that the guards had not told them anything about what was happening, and A subsequently slipped in the water and injured himself. He said he had had a hip replacement and now his leg, hip and spine were in a lot of pain and he could not walk. When we contacted the centre switchboard on A’s behalf – to ask for medical attention – the operator said she was aware there was an incident but could not give us any details. The operator would not give us any details regarding any action being taken to prevent any risk of COVID-19 spreading with the water. When we checked in with A a short time later, he had been taken to the hospital wing, but no COVID-19 precautions had been taken. He had asked for a face mask but not been given one. He says he was in extraordinary pain, but healthcare would only give him paracetamol, and they told that him he could not see a doctor until the following day.

Recommendations

72. It is the position of Detention Action, from our decades of experience as an organisation and because of our conversations with detainees currently being held under immigration powers, that the situation in IRCs and for those held under immigration powers in prisons is potentially life-threatening unless urgent action is taken now by the Home Office. We are particularly worried

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about the situation for vulnerable detainees, especially for those with physical underlying health concerns.

73. **Recommendation 1:** All detainees should be released, given that the Home Secretary is under no duty to detain anybody; the extreme and deadly risks posed by COVID-19; and that individuals no longer meet the criteria for detention as their removal is no longer imminent. These releases would also prevent the spread of COVID-19 across the detention estate. In addition, all detainees must be assessed to determine if they have been exposed to COVID-19 before being safely released.
74. **Recommendation 2:** All released detainees should be accommodated in suitable, safe accommodation which allows for self-isolation and access to essential services regardless of immigration status. People with no means to provide for themselves should be provided with adequate financial support, equivalent to Universal Credit levels.
75. **Recommendation 3:** No new detentions should take place while the COVID-19 risks remain high, and an accompanying ban on all in-country immigration enforcement activities.
76. **Recommendation 4:** The death of a detainee (“A”) immediately following release to his home from the quarantined “Dove wing” at Harmondsworth IRC on 20th March 2020 needs to be urgently investigated to establish the cause of death and the Home Office’s role or responsibility in the death.
77. **Recommendation 5:** In light of the widespread failings we have evidenced in this statement, along with the serious long-term failings within the detention system, notably the failure to identify and protect vulnerable people, and the fact that 61% of detainees are currently ultimately released back into the UK in any case, the government should urgently commit to a strict statutory time limit in the forthcoming Immigration Bill as previously recommended by this Committee.

Please do not hesitate to contact us if you require any further information.

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