



# Annual Report of the Independent Monitoring Board at Yarl's Wood IRC

**For reporting year  
1 January – 31 December 2020**

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## **1. Statutory role of the IMB**

### **1.1 Statutory role in the IRC**

The Immigration and Asylum Act 1999 requires every immigration removal centre (IRC) to be monitored by an independent board appointed by the Secretary of State from members of the community in which the IRC is situated.

Under the Detention Centre Rules, the Independent Monitoring Board (IMB or Board) is required to:

- monitor the state of the premises, its administration, the food and the treatment of detainees
- inform the Secretary of State of any abuse that comes to their knowledge
- report on any aspect of the consideration of the immigration status of any detainee that causes them concern as it affects that person's continued detention
- visit detainees who are removed from association, in temporary confinement or subject to special control or restraint
- report on any aspect of a detainee's mental or physical health that is likely to be injuriously affected by any condition of detention
- inform promptly the Secretary of State, or any official to whom authority has been delegated, as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the IRC has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every detainee and every part of the IRC and all its records.

### **1.2 Statutory role in the STHF**

The Board is appointed by the Home Secretary to monitor and report on the welfare of people in immigration detention within a short-term holding facility (STHF) through observation of their treatment and of the premises in which they are held.

The Board conducts its work in line with the STHF Rules, which place the day-to-day operations of STHFs on a statutory footing. Part 7 of the Rules sets out the responsibilities of the Board (referred to in the Rules as the Visiting Committee). The Board has unrestricted access to every detainee and all immigration detention facilities and to most records. IMB members always have access to all parts of the facility and can speak to detainees outside of the hearing of officers. They must consider any complaint or request which a detainee wishes to make to them and make enquiries into the case of any detainee whose mental or physical health is likely to be injuriously affected by any conditions of detention. The IMB must inform the STHF manager about any matter which they consider requires their attention, and report to the Secretary of State about any matter about which they consider the Home Office needs to be aware.

The Board's duties also include the production of an annual report covering the treatment of detainees, the state and administration of the facility, as well as providing any advice or suggestions it considers appropriate. This report has been produced to fulfil that obligation.

### **1.3 OPCAT**

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMBs are part of the United Kingdom's National Preventive Mechanism.

## 2. Description of the establishment

Yarl's Wood IRC ('the Centre') is a purpose-built establishment for the detention of single women, single men and adult family groups under immigration legislation. The Centre is managed on behalf of the Home Office Immigration and Enforcement unit (HOIE) by Serco.

During 2020 the establishment has been used as both an IRC for women, men and family groups and a STHF for men.

The maximum capacity of the Centre is 410 housed in 5 units Avocet, Bunting, Crane, Dove and Hummingbird which can be used for either female or male occupancy. At the start of 2020, the Centre operated as an IRC for women and adult family groups and a STHF for men. During the Covid-19 crisis, removal of women from the UK drastically reduced and, as detention without a realistic prospect of removal within a reasonable time is unlawful, the women who remained in detention were either bailed or transferred across the estate. In August 2020, the Centre became a predominantly male only STHF. Since May 2020, the Centre has not held any family groups and since October 2020 the Centre has operated as a STHF for men and an IRC for both men and women. The number of men passing through the Centre in 2020 was 5,139 with a peak average occupancy of 163<sup>1</sup> in September. The number of women passing through the Centre in 2020 was 586 with a peak average of 88<sup>1</sup> in February.

The former separation unit, Nightingale, is now multi-purpose and includes cells and rooms for use under IRC Rules 15, 40, and 42, and STHF Rules 13, 35 and 37. Since 2018 it has sometimes provided more relaxed accommodation for detainees requiring a greater level of support. The adjacent supported living facility provides temporary accommodation for detainees who struggle to cope on a main unit. In addition, Nightingale is used at times as a pre-departure area.

Most of the accommodation is in en-suite twin rooms, although single rooms are provided when necessary. All detainee units provide access to a garden area.

On-site healthcare is provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT), commissioned for the Centre by NHS England. Additional services are provided by the Kaleidoscope Group which supports their well-being.

The Home Office detainee engagement team (DET) communicates with detainees and helps them understand their cases and detention. Pre-Covid-19 they ran daily surgeries in the units but are now contacting detainees by phone as well as face to face meetings in the legal corridor. The Home Office detention & escorting services compliance team (DES) is responsible for all on-site commercial and contract monitoring. The welfare office also runs daily surgeries to support detainees and further services are supplied by external organisations: Hibiscus, who advise on resettlement, the Red Cross who help trace families and Bail for Immigration Detainees (BID), which advises on bail applications. Yarl's Wood Befrienders also visited the Centre pre-Covid-19 but are now providing support to detainees remotely.

Spiritual support and counselling for pastoral purposes are provided by the religious affairs team, with representatives from all the main faiths.

Educational opportunities are provided by a teacher employed by the Contractor.

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<sup>1</sup> Serco data

### **3. Executive summary**

#### **3.1 Covid-19**

Covid-19 has presented many challenges to the Yarl's Wood management in providing a safe environment for detainees, the workforce and visitors. There was good management planning for the crisis including a desktop exercise in January for dealing with a Covid-19 outbreak. There were sufficient stocks of personal protective equipment and processes put in place for supporting vulnerable detainees such as isolation, shielding and cohorting. The last of these involved keeping new arrivals quarantined from other detainees for 14 days to prevent the spread of the virus. All detainees were provided with face masks and advised both verbally and pictorially about social distancing requirements. Wearing of face masks was well observed but social distancing less so, not helped by the narrow corridors in some parts of the Centre.

The IRC population was initially quickly reduced as there was no reasonable prospect of removal because of travel restrictions.

Management of healthcare has been effective. All detainees entering Yarl's Wood have their temperature taken and those who are symptomatic are tested and placed in protective isolation. Detainees who have travelled with a person who is symptomatic are placed in precautionary isolation in a separate unit. From December all IRC detainees entering the Centre were tested for Covid-19 using the lateral flow test (LFT) and this was also extended in December to voluntary testing of Centre staff.

HMIP made two short scrutiny visits to the Centre specifically to report on how the Centre had responded to the risks presented by the Covid-19 pandemic. One visit was made in May and the other in September. The reports concluded that the Centre had responded well to the challenges of the pandemic. They did however highlight the poor communication and information received from Dover.<sup>1</sup>

#### **3.2 Background to the report**

This report presents the findings of the Board at the Centre for the period 1 January 2020 to 31 December 2020. The Board's evidence comes from observations made on rota visits, remote monitoring by telephone, scrutiny of records and data, informal discussions with detainees and staff, and detainee applications. At times during the year the board was unable to visit the Centre due to lockdown restrictions. To mitigate in-Centre visits, a telephone number and email address was provided so that detainees could contact the Board with issues and applications. However, hardly any contact was made using these methods.

The Covid-19 outbreak has had a significant impact on the Board's ability to gather information and discuss the contents of this annual report. The Board has therefore tried to cover as much ground as it can in these difficult circumstances, but inevitably there is less detail and supporting evidence than usual. Ministers are aware of these constraints. Regular information is being collected specifically on the Centre's response to the pandemic, and that is being collated nationally.

The Board has additionally been hindered in its monitoring and scrutiny by the withdrawal by Serco in June 2020 of the Board's access, via the computerised custodial management system, (CMS) to the records of the Centre. This is in contravention of the Board's statutory rights, and of the service level agreement and memorandum of understanding between the IMB Management Board and the Home Office. Serco management also ceased providing

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<sup>1</sup> HMIP Aggregate report of short scrutiny visits

its monthly Centre manager's report to the Board in June. The Board was further hindered in its reporting by removal of its access to any computer and printing facilities during the summer months. At the time of writing, access to CMS, a computer and printing facilities has been restored.

### **3.3 Main judgements**

#### **How safe is the IRC?**

2020 has been a challenging year due to the Covid-19 pandemic, the changing status of the Centre and the occasions when large numbers of STHF detainees have arrived in a short period of time. The Board applauds the Centre's management in the way that they have managed these challenges with systems and procedures to provide a safe environment for all detainees and those who work at Yarl's Wood. This is evidenced by the fact there were only six cases of Covid-19 during 2020, four of which were amongst STHF detainees arriving at the Centre, one was an IRC detainee and one was a removal from prison case [see paragraph 6.1.4]. There was also a low level of violence within the Centre.

The Board is, however, concerned that in operating predominantly as a STHF, with large numbers of detainees passing quickly through the Centre, vulnerable adults and minors may not be properly identified and released into the community or transferred within the estate without appropriate support. This was evidenced by there being minors passing through the Centre without being identified [see paragraph 4.5.3].

#### **How fairly and humanely are detainees treated?**

There has been an improvement in reliability in the provision of escort services. However, due to the constantly changing restrictions around travel during the Covid-19 pandemic, removal flights were cancelled at the last minute, causing detainees considerable stress [see paragraph 5.1].

The Board is concerned about the procedures for the notification, investigation and resolution of complaints. While the Board is made aware of all complaints that are made, agencies other than Serco and Mitie do not automatically send the outcome of their investigation to the Centre. The Board is, therefore, unable to monitor the investigation and outcome of complaints properly, or to see evidence that a reply has been sent to complainants [see paragraph 5.7.7].

#### **How well are detainees' health and wellbeing needs met?**

The improvement witnessed during 2019 in healthcare availability has continued. Staffing in mental healthcare has been maintained and increased with the addition of a psychologist. A good quality of primary and mental healthcare is provided to all detainees in a timely manner [see sections 6.1 & 6.2].

The Board is concerned that some STHF detainees may have been released without their mental health vulnerabilities being communicated to agencies in the community where they will live [see paragraph 4.5.1 & section 7.4]. There is also evidence that the medical records of released STHF detainees cannot be sent to GPs where they will live as the detainees' address is not available to healthcare at the time of departure.

## **How well are detainees prepared for return or release?**

IRC detainees who are to be removed are treated justly and humanely by the Home Office Detainee Engagement Team (DET) and Centre staff.

The Centre has witnessed some difficulty with STHF detainees feeling anxious and sometimes angry at the length of time they have been detained. They have expectations that they will be quickly released and managing these expectations could be improved by explaining to them the process in the Centre in a language that they can clearly understand [see section 4.2].

## **3.4 Recommendations**

### **TO THE MINISTER**

- Vulnerable adults are still being detained despite there being a pilot underway to explore an enhanced pre-detention screening tool to help facilitate the disclosure of vulnerability. The Board recommends that a clear evaluation of this pilot is published to ensure that the measures necessary for the safeguarding of vulnerable individuals are in place [see section 3.5].

### **TO HOME OFFICE IMMIGRATION ENFORCEMENT**

- The Board recommends that the systems and procedures in place for processing small boat migrants are more careful and thorough to ensure that those arriving at IRCs do so accompanied by the correct personal information [see paragraph 4.2.3].
- The Board recommends that upon the release of STHF detainees, their destination addresses are confirmed as a matter of urgency to enable medical records to be forwarded swiftly to their GPs, so allowing access to essential medical care [see section 7.4].
- The Board recommends that, subject to the agreement of the complainant, the DES Complaints Team ensure all agencies fulfil their obligation to share complaints and their outcomes with the Board so that the Board can monitor the rigour of the investigation, and the timeliness and fairness of outcomes for detainees. The Board also recommends that all complaint resolutions are automatically returned to the Centre management for their review [see paragraph 5.7.7].

### **TO THE DIRECTOR/CENTRE MANAGER**

- The Board recommends that the Centre ensures the induction process is fully understood by detainees, particularly those detained under STHF rules, and that their expectations about the length of their detention will be clearly explained to them in a language they understand. The Board repeats its 2019 annual report recommendation that an induction video for IRC detainees is introduced with a video soundtrack in the languages of the major nationalities encountered in the Centre and that this should be played to STHF detainees on arrival [see paragraph 4.2.2].
- The Board recommends that the Centre should maintain its vigilance in the identification of vulnerable persons and minors [see paragraphs 4.5.1 & 4.5.3].

## **TO NHS ENGLAND**

- The Board recommends that NHS England maintains the excellent staffing levels and services of the last year [see sections 6.1 & 6.2].

### **3.5 Progress since the last report**

In last year's report, the Board commented on and made recommendations about the detention of vulnerable persons. In the Minister's response to the report and the accompanying action plan, the Board was advised that a pilot exploring enhanced pre-detention screening had been introduced. The Board has had no feedback about this pilot, hence this year's recommendation to the Minister [see section 3.4].

The Board is pleased to report that there have been improvements in the preparation for detainees' release and removal. Detainees have been much better informed about removal directions and escorts have been more punctual. Where possible detainees have been informed about cancelled charter removal flights. The foregoing has all reduced stress to and complaints from detainees [see sections 7.2 & 7.4].

The translation of the induction video into the major languages encountered in the Centre has been placed on hold, necessitated by the Covid-19 pandemic and the changing role of the Centre. The Board has continued to witness some detainees who do not understand the induction process because of language difficulties and encourage Serco to complete this task [see section 4.2].

The Board is pleased to report that the improvement in healthcare staffing and depth of services, experienced since NHFT took over the contract in 2019, has been maintained [see sections 6.1 & 6.2].

## **4. Safety**

### **4.1**

A safer detention multidisciplinary team meets every month. Attendees include representatives from healthcare, health and safety, security, the Home Office and the mental health lead. A representative from the Board also attends. This meeting covers an in-depth look at assessment, care in detention and teamwork (ACDT) statistics, supported living plans, tackling anti-social behaviour, trafficking and modern slavery referrals, policy development and quality assurance. There is also ongoing work to gain residents' feedback through focus groups and exit interviews. The Board consider this meeting an important element towards understanding patterns of need and vulnerability and areas of safer detention that need strengthening. Unfortunately, due to the Covid-19 pandemic and operational issues, this meeting did not take place in September, November and December. However, safety continues to be addressed during daily and weekly individual needs meetings.

### **4.2 Reception and induction**

#### **4.2.1**

The Board has, where possible, continued to monitor the reception process and induction. Between January and July, the numbers coming into the Centre remained low. During this period, reception was seen by the Board to be calm, orderly and welcoming. A woman transferred from a prison was observed by a Board member as she arrived<sup>1</sup>. The receiving officer was able to speak to her in her own language and was reassuring in his manner. She was spoken to by the Board member afterwards. She reported having felt fearful on arrival but was very relieved by the way she was spoken to and the way her belongings were handled.

#### **4.2.2**

The change to housing mainly men subject to STHF regulations has presented the Centre with new challenges. Several times since September the large number of men arriving simultaneously and needing to be processed has stretched the officers with several coaches arriving from Dover at the same time. However, systems have been put in place to alleviate this and appear to be working efficiently. All the men arriving are seen by a member of the health team and are provided with clean towels, bedding, new clothes, shoes and toiletries. The Board have spoken to some of the men about their arrival into the Centre and their responses have been largely positive<sup>1</sup>. One consequence of dealing with the large numbers is that the induction has been condensed. Pamphlets, available in 12 different languages are distributed. An induction appropriate for a STHF is being considered. There has been some difficulty with men feeling anxious and sometimes angry at the length of time they have been kept at the Centre. Many detainees did not know where they were being discharged to. Managing STHF detainee expectations could be improved by explaining to the detainees the process in the Centre in a language that they can clearly understand.

#### **4.2.3**

One of the challenges facing the reception team has been the poor quality of information coming from the reception team at Dover<sup>1</sup>. Often the IS91, (the authority to detain form), does not arrive at the same time as the detainees and arrives at a later stage. At times, the

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<sup>1</sup> IMB rota reports

numbers of detainees arriving does not tally with the information provided and case information, photos and names do not match. Detainees have also been arriving in wet clothing and with untreated conditions such as a broken wrist, leg injuries and advanced cancer<sup>1</sup>.

### **4.3 Suicide and self-harm, deaths in custody**

There were no deaths in custody in 2020. There were 12 incidents of self-harm compared to 54 in 2019<sup>2</sup>. This figure reflects the changing population in the Centre. Since August, most arrivals have been held on a STHF basis. The men have expectations of being moved into the community within days and, providing this expectation is met, the levels of anxiety appear low. However, there is evidence that men displaying high levels of anxiety, talk of self-harming or having previous history of taking illegal drugs are spoken to and given appropriate levels of support in a timely manner.

### **4.4 Violence and violence reduction**

#### **4.4.1**

The Centre operates a system of opening tackling anti-social behaviour booklets (TABs). The aim of a TAB is to monitor and reduce tensions and maintain a safe and peaceful atmosphere within the Centre. In 2020 staff opened 18 TABs (19 in 2019, 20 in 2018).<sup>1</sup> Of these, 10 were for intimidation or antisocial behaviour and three for physical altercations between detainees. Twelve (66.6%) of these were opened between January and May, two (11.1%) in September and four (22.2%) in December. Except for September, when the number of detainees was at its highest for the year, these figures coincide with the months when the Centre's population was greater.

#### **4.4.2**

In late November, there were several concerns when 57 Albanian men were held at the Centre under STHF rules. They became agitated about the circumstances of their detention and staged a food refusal protest. Some detainees reported intimidation by a supposed ringleader, but the Centre found no evidence of this. It was felt, though, that one man always seemed to be more vocal in points of dispute. Once he was removed from the unit, the men resumed eating within 24 hours, suggesting the intelligence was correctly managed and identified.<sup>1,3</sup>

### **4.5 Vulnerable detainees, safeguarding**

#### **4.5.1**

The number of ACDTS opened during 2020 was 71<sup>2</sup>. This is 1.35% of the population of 5,248. This is much less than the 10.7 % of the population of 2019. This again reflects the changing nature of the population of the Centre. Little is known about the mental health or past experiences of the men who arrive via the channel crossings. Their stay in the Centre is often not long enough for officers or health professionals to identify vulnerabilities. This is of concern to the Board which is aware that there is no guarantee that men released into the community with an unidentified mental health issue will receive the necessary support. The Board understands that any ACDT paperwork only goes with men being moved to another

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<sup>1</sup> Serco daily operations report

<sup>2</sup> Equality action team report

<sup>3</sup> IMB rota report

IRC, not with men going into the community. The Board regularly monitors the ACDT paperwork and this appears to be of a good standard and kept up to date. The paperwork is also quality assured by managers within the Centre.

#### **4.5.2**

There were 179 supported living plans (SLP) opened during 2020. Many of these related to both IRC and STHF detainees who had health issues making them more vulnerable to Covid-19. All residents on an SLP are reviewed daily to ensure continuity of care upon release, discharge or removal. The Board acknowledges the efforts that are being made to support vulnerable detainees with these plans.

#### **4.5.3**

There was a total of 14 age disputes during 2020.<sup>1</sup> Eight of these took place in September when seven men were deemed to be under eighteen and discharged to the local social services department. In October, two male STHF detainees were held at the Centre for four days and subsequently transferred to Brook House IRC where they were then identified as minors.<sup>2</sup> These men should have been identified as minors on their arrival at the Centre and discharged to social services.

#### **4.5.4**

There was a total of 133 referrals concerning human trafficking and modern-day slavery. There were 116 positive outcomes, and 66 detainees were released.<sup>3</sup> (255 referrals and 133 positive decisions in 2019). A positive outcome does not mean that the detainee is automatically released, rather that there is evidence to suggest that the detainee has been trafficked or involved in modern day slavery. There were no referrals in April and only six between May and August reflecting the low occupancy of the Centre during that period. STHF arrivals increased significantly from August onwards, which was reflected in the subsequent increase in referrals.

#### **4.5.5**

Missed meals were carefully monitored. In most cases, the detainee was recorded as purchasing food from the shop or seen eating during the monitoring period. A small number of detainees were placed on the food and fluid refusal register (FFR) if there was no evidence of alternative eating. There were no significant incidents of food and fluid refusal other than with the 57 Albanian men, which appeared to be a protest about the circumstances of detention rather than a vulnerability issue.<sup>4</sup>

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<sup>1</sup> Equality action team report

<sup>2</sup> Communication from IMB at Brook House IRC, confirmed by Home Office

<sup>3</sup> Home Office data

<sup>4</sup> Serco data

## **4.6 Use of force**

### **4.6.1**

Force was used 11 times in 2020<sup>1</sup>. This is a considerable decrease from the 32 occasions in 2019 when force was used, although there were fewer detainees. Ten of these were unplanned and one was planned to assist with removal.

### **4.6.2**

The reasons for the unplanned uses of force were to prevent harm and to maintain safety. Five (45.5%) were for the detainee's own safety, three (27.7%) to protect staff and two (18.18%) to prevent acts of self-harm<sup>1</sup>. No body belts or handcuffs were used, only control and restraint methods.

### **4.6.3**

Due to the Covid-19 pandemic, the Board was unable to monitor removals for charter flights in 2020 and so cannot comment on the use of force during the removal process.

## **4.7 Substance misuse**

### **4.7.1**

In 2020 there were only four reported cases of detainees suffering from substance abuse. This is lower than in 2019, reflecting the reduced population. Healthcare can conduct urine drug screening tests on new arrivals, but it is not mandatory, as the incidence of substance abuse is not widespread in the Centre <sup>2</sup>.

### **4.7.2**

Healthcare runs a detoxification programme and medicines are available only from the medicine administration point (MAP). Occasionally detainees complain that they cannot have their medication when they want it, but staff deal with this firmly.

### **4.7.3.**

In November two Romanian men became ill after being offered cigarettes by two other detainees and had to be taken to hospital. It was thought, but not proven, that the cigarettes may have been spiked with another substance, possibly spice<sup>3,4</sup>. It is important that the Centre maintains its vigilance in checking items brought into the Centre.

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<sup>1</sup> Serco data

<sup>2</sup> Healthcare data

<sup>3</sup> Serco daily operations report

<sup>4</sup> IMB rota report

## **5. Fair and humane treatment**

### **5.1 Escorts, transport, transfers**

Escort services have improved in their reliability and punctuality. However, due to the constantly changing restrictions around travel during the Covid-19 pandemic, removal flights were cancelled at the last minute, causing detainees considerable stress. The Centre staff did their best to support the detainees during those times. The Board was contacted on one such occasion when flights were cancelled at the last minute without an explanation provided <sup>1</sup>. The Board brought this to the attention of DET, which contacted the detainees. Due to the Covid-19 pandemic, the Board did not monitor the few removals for charter flights that were scheduled but no issues or complaints were reported.

### **5.2 Accommodation, clothing, food**

#### **5.2.1**

The Centre has predominantly held single men and women during 2020. Men and women are housed separately in discrete units and the men held under IRC rules are housed separately from men held under STHF rules.

#### **5.2.2**

A shared regime is implemented to allow all detainees access to the main central activities area of the Centre at allocated times. The schedule has been professionally managed and provided for men, women and family groups to be kept apart.

#### **5.2.3**

Emergency clothing packs are assembled and stored in the post room. When required they can be instantly provided to detainees. This has been invaluable on the many occasions when STHF detainees had arrived from Dover in wet clothing from having crossed the English Channel in small boats.

#### **5.2.4**

Dining rooms are open on each unit three times a day for meals. At the start of the year detainees took meals in the dining rooms but once Covid-19 procedures were put in place, detainees collected meals and ate them in their rooms to maintain social distancing. Detainees in isolation and separation have their meals taken to them by staff. Board members have spoken to detainees during the year and have received positive feedback about the quality and quantity of the food. The Board received one application from a detainee about the unavailability of vegan food <sup>1</sup>. This was reported to the Centre management which had not been made aware of the detainee's requirements. Vegan food was subsequently made available to the detainee.

### **5.3 Separation**

There was a reduction in the number of cases of separation reflecting the reduced occupancy of the Centre. In 2020 there were six removals under IRC rule 40 and one removal under IRC rule 42 (31 and three respectively in 2019). There were five removals under STHF rule 35 (none in 2019)<sup>2,3</sup>. There were no removals for mental health issues.

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<sup>1</sup> Applications to the IMB

<sup>2</sup> Serco data

<sup>3</sup> Serco use of force analysis

The Board tries to review all cases of separation to ensure that it is justified and to discuss the removal with the detainee if the detainee so wishes. However, this was not always possible during 2020 when Board visits were suspended due to Covid-19 lockdown. The Board was notified of all cases of removal.

## **5.4 Staff-detainee relationships**

### **5.4.1**

The Board commends the way that staff have managed the challenges of running the Centre both during the Covid-19 pandemic and its functional change to a predominantly male STHF. This is evidenced by the generally good relationships with detainees in difficult circumstances and the way in which the Covid-19 cases that occurred have been managed and contained. The staff have also had to adjust to the more challenging behaviour of some of the detainees arriving from prison prior to their removal. The Board observed some issues with staff motivation during the low Centre occupancy of the summer months.<sup>1</sup> However, the staff professionally managed the subsequent challenge of the high occupancy and large influx of STHF detainees arriving from Dover, often several coaches at a time and with inadequate information being provided by the Kent Intake Unit. The Board has not observed any issues with the transition of the Centre to a predominantly male establishment.

### **5.4.2**

Building trusting relationships with detainees has been more difficult as the STHF detainees only stay for a short period. However, in conversations with detainees, some said that most staff were kind and helpful. Use of force and separation numbers are down from 2019, albeit with lower Centre occupancy, and this supports the generally positive culture that is observed in the Centre. There have been only three complaints about staff, two concerning Serco (one officer, one cleaner) and one concerning the Home Office.

## **5.5 Equality and diversity**

An equality action team operates to represent the interests of protected characteristics groups in the following areas: Age, disability, religion, race, gender, gender reassignment, sexual orientation, pregnancy, marriage and civil partnership. There have been no identifiable discrimination trends during 2020 or evidence that there are different outcomes for persons of different ethnicity, nationality or protected characteristics. Three discrimination incident report forms (DIRF) were raised in 2020, two concerning race and one concerning religion.<sup>2</sup>

## **5.6 Faith and religious affairs**

Spiritual support and counselling are provided by the religious affairs team with representatives from all the main faiths. Individual prayer rooms are provided for all the main faiths, but these have been closed for periods during the year due to Covid-19 restrictions. Religious services have continued however with adjustments made to accommodate worship with social distancing. Other adjustments include single use disposable prayer mats for Muslim worship and single use disposable cups containing communion wine and bread for Christian mass. Charitable donations have been made by the Mother's Union, Trinity Bible Society and 180 winter coats were donated by a charity from London.

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<sup>1</sup> IMB rota report

<sup>2</sup> Equality action team report

## **5.7 Complaints**

### **5.7.1**

Detainees can make formal complaints about their dissatisfaction with the service provided or about the professional conduct of Home Office staff and contractors. Complaints are made using a DCF9 form. All complaints are sent to detention services complaints (DETSC) where the complaints are categorised as serious or minor. Minor complaints are sent to the appropriate agency for investigation and serious complaints are sent to the professional services unit (PSU), which is a separate unit within the Home Office. Minor complaints can be sent to the following agencies: Serco, detention and escorting services (DES), central correspondence team (CCT), Border Force, HMPPS and Mitie. To the knowledge of the Board there were no serious complaints in 2020. To the best of its knowledge, all DCF9 complaint forms are sent to the Board, provided the complainant gives permission for the Board to be informed.

### **5.7.2**

Nine complaints involved agencies other than Serco, five were sent to CTT, two to HMPPS, one to Border Force and one to Mitie. The response to the Mitie complaint was returned to the Centre and the complaint was partially upheld<sup>1</sup>.

### **5.7.3**

Eight complaints involved Serco, three of which were withdrawn<sup>2</sup>. Of the five complaints that were investigated by Serco, three were unsubstantiated, one did not contain enough detail and did not provide more information when requested and one was provided with a response, but the complainant did not give permission for the Board to be given details.

### **5.7.4**

One of the five complaints investigated one was potentially serious but could not be fully investigated. It was received by email and concerned a woman who claimed that she had been subject to a serious sexual assault and hit every day while in an IRC in 2008. The investigations undertaken by both Serco and the Home Office could not identify anyone with the complainant's name having been detained at the Centre<sup>2</sup>. The complainant did not reply to a request for more information. Had more tangible information been available the complaint would have been passed to the PSU. Due to the serious nature of this accusation, the police were informed of this complaint.

### **5.7.5**

In January 2020, the Board received an application from a detainee concerning a complaint about discrimination by a member of Home Office staff that she had made in December 2019<sup>3</sup>. The detainee was interviewed by an independent investigator and sent a letter which stated her complaint had been investigated and concluded. However, no further information could be given as it concerned a member of staff and was therefore subject to confidentiality. The Board questioned HOIE about this and stated that although the Board acknowledged the need for discretion, they were concerned by the lack of response and considered this

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<sup>1</sup> Home Office operational compliance

<sup>2</sup> Serco data

<sup>3</sup> Applications to the IMB

unfair to the detainee. The Board was advised that the DET senior executive officer had consulted human resources for guidance, who in turn overruled the decision not to inform the detainee of the outcome and advised any response should contain limited information. The Board felt this was a satisfactory outcome.

#### **5.7.6**

In monitoring the outcome of complaints raised at the Centre, the Board has been made aware that the resolution of complaints by agencies other than Serco and Mitie, is not automatically returned to the Centre nor to the complainant. The Board considers this to be unfair to the complainant and does not automatically provide feedback to the Centre which may benefit from knowledge gained during the investigation and lessons learned. It also deprives the Board of the ability to adequately monitor the investigation and resolution of complaints.

### **5.8 Property**

#### **5.8.1**

There have been issues raised by some male detainees who have been transferred from the Dover STHF arriving at the Centre without their property. In these cases, the Welfare Officer is utilised to help the men contact the Midlands intake unit (MIU) and Kent intake unit (KIU) to try and locate their missing property.

#### **5.8.2**

In November, the Board received an application from a female IRC detainee who had arrived from prison and who was missing some property including correspondence concerning her appeal against removal <sup>1</sup>. This was pursued with Serco and eventually the detainee's property and paperwork were returned to her.

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<sup>1</sup> Applications to the IMB

## **6. Health and wellbeing**

### **6.1 Physical healthcare**

#### **6.1.1**

There is a daily, appointment-driven GP service staffed by male and female general practitioners and 11 general nurses. This provides a primary care service and a range of preventative care services such as HIV testing and hepatitis B and C screening, anti-smoking and drug misuse clinics. Appointments have been available on a same day basis for most of this year and during 2020 there were 2,525 doctor appointments and 5,265 nurse appointments (9,939 total appointments in 2019)<sup>1</sup>. The Board welcomes the continued high level of service since NHFT took over the provision of healthcare in 2019.

#### **6.1.2**

IRC rule 35 and STHF rule 32 medicals relating to special conditions such as torture and other conditions that would be particularly aggravated by detention, normally have a two-day waiting time. 134 rule 35 examinations were made and resulted in the release of 78 detainees (328 assessments and 70 releases in 2109)<sup>2</sup>. The Board is also aware that some rule 32 assessments were identified and booked but were missed as the detainee left the Centre before their assessment. These missed appointments could affect any future asylum claims. However, healthcare has introduced raising an IS91 part C in these cases so that the Home Office is aware that the detainee has requested a referral and that it could not be completed at the Centre. Feedback about the outcomes of these assessments is not available to healthcare making it impossible for them to monitor the quality and outcomes of the initial report.

#### **6.1.3**

A dentist attends once a week and there were 195 appointments in 2020. There are two pharmacy technicians and a pharmacist on site and all medication is now dispensed by clinical staff. The Board welcomes this safer arrangement. Detention staff are no longer involved in dispensing paracetamol.

#### **6.1.4**

There has been a low rate of uptake of the preventative care services compared with previous years. This appears to be because of the many STHF detainees with a maximum stay of seven days, which is insufficient time to undertake the testing.

#### **6.1.5**

There are adequate single person rooms for Covid-19 and other infectious disease cases that require isolation and do not require hospital admission. Since mid-December, the LFT has been used in all IRC reception cases. During 2020 all 39 LFT tests were negative. Any detainee presenting with indicative Covid-19 symptoms is isolated, and the more sensitive polymerase chain reaction (PCR) test used. There were six cases of Covid-19 infection (one IRC case, four STHF cases and one removal from prison case) out of a total of 30 detainees isolated because of indicative symptoms<sup>1</sup>. Detainees being removed are offered a PCR test by Aeromed, an external agency, in the Centre prior to their removal.

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<sup>1</sup> NHFT data

<sup>2</sup> Home Office data

### **6.1.6**

During 2020 the Board was concerned that STHF detainees were not tested as a matter of course on entering the Centre. The practice of reverse cohorting, keeping STHF detainees who arrive together in quarantine until discharge, risked the whole cohort becoming infected. The Board was also concerned that if the cohort was released before their 14-day quarantine had been completed, it was taken on trust that they would complete their quarantine at their release address. In addition, detention staff are not dedicated to cohorted units and the risk of cross-contamination is extended to other staff at the Centre. Cases of Covid-19 have presented in this group and during 2020 they were successfully isolated without hospitalisation. At the time of writing, testing had been extended and offered to all detainees entering the Centre

### **6.1.7**

All staff and visitors entering the Centre from October had their temperature taken and those who presented with a high temperature were retested and if the high temperature persisted, refused entry. LFT test availability was extended to staff in December giving them reassurance and reducing the risk of Covid-19 being introduced to the Centre from the community.

## **6.2 Mental healthcare**

### **6.2.1**

The Board welcomes the provision of 37.5 hours of psychologist and 37.5 hours psychologist assistant time per week adding to the existing two community psychiatric nurses.

### **6.2.2**

However, the mental health caseload varied from 4.5% of monthly population to 56% of monthly population. This reflects the very variable nature of the admission workload. There were 350 detainees who had initial mental health assessments (MHA) with a total of 878 MHA appointments in the year (382 and 857 respectively in 2019)<sup>1</sup>. One detainee was transferred to psychiatric hospital in the year, sectioned under the Mental Health Act (five in 2019).<sup>1</sup> The day-to-day mental health workload is dealt with by two full time mental health nurses on weekdays.

## **6.3 Welfare and social care**

The welfare team engage with all residents on arrival and prior to removal directions. Their focus is to ensure that on arrival residents are aware of the legal aid solicitors that they can contact.

## **6.4 Exercise, time out of room, gym**

Detainees are not locked in their rooms and are always allowed free access within units, although they are required to be in their rooms twice a day for roll call. During the year, despite the Covid-19 pandemic, Serco has managed access to the central activity provisions to ensure all detainees are able to have time out of their units. The gymnasium and exercise facilities were available throughout the year apart from April and November where they were largely closed in line with community guidance.

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<sup>1</sup> NHFT data

## **6.5 Soft skills**

### **6.5.1**

Activities available include arts and crafts, library, cinema, hair salon, cultural kitchen and well-being. However, arts and crafts, the cinema, cultural kitchen and hair salon have been closed for much of the year due to social distancing requirements.

### **6.5.2**

Due to the Covid-19 pandemic, Yarl's Wood Befrienders have not been able to visit the Centre since mid-February 2020<sup>1</sup>. Their services are promoted at welfare inductions and they have managed to support a small number of detainees remotely using phone calls.

## **7. Preparation for return or release**

### **7.1 Activities including education and training**

Education has continued to be provided to the detainees throughout 2020 and the teacher has worked hard to encourage detainees to participate in lessons. There was some difficulty in persuading detainees to attend English classes at the beginning of the year when there were low numbers. The attendance did improve towards the end of the year with over 200 detainees attending the classroom<sup>2</sup>. Evidence indicates that there is much better take up in education by female detainees than by male detainees. The data may be skewed by the fact that male STHF residence duration is significantly shorter than female IRC residence.

Even with the low numbers and changing regime in the Centre, the staff ensured that varied activities were put on during the year, including Black History week and the Christmas craft fayre.

### **7.2 Case management**

#### **7.2.1**

The Board welcomes the improvement in information provided to detainees. Detainees are much better informed about removal directions (RDs) and escorts have been more punctual. They have been informed where possible about cancelled charter removals and the overall improvements in communication has reduced stress for detainees.

#### **7.2.2**

DET drop-in surgeries for IRC detainees were suspended due to Covid-19 but detainees were able to contact DET by telephone. For STHF detainees there is no asylum engagement onsite and there is no legal advice surgery. Asylum assessment, where undertaken, was made by telephone and did not allow for visual assessment. This reinforces the Boards concern that vulnerable adults and minors may not be properly identified. Welfare staff provide detainees with contact details of solicitors

#### **7.2.3**

During the year, 4,860 male detainees left the Centre; 52 were removed from the UK, one was granted leave to remain, 4,805 were bailed and two left for unspecified reasons. Nine

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<sup>1</sup> Communication with Befrienders

<sup>2</sup> Serco data

men were detained for between two months and less than four months and four men were detained for between four months and less than six months. A total of 4,725 men were detained for less than seven days before being removed, bailed or granted leave to remain<sup>1</sup>.

#### **7.2.4**

During the year, 655 female detainees left the Centre; 229 were removed from the UK, four were granted leave to remain, 415 were bailed and seven left for unspecified reasons. Nine women were detained for between four months and less than six months and five women were detained for between six months and less than 12 months. A total of 206 women were detained for less than seven days before being removed, bailed or granted leave to remain<sup>1</sup>.

#### **7.2.5**

Length of detention data relate to the entire detention period in the estate and not just the length of detention in Yarl's Wood. It is not possible to compare the 2020 data with 2019 due to the change from a predominantly women's IRC to a predominantly men's STHF.

### **7.3 Family contact**

During 2020, in line with Government guidelines, the Centre had to temporarily suspend social visits more than once. During these times detainees continued to have access to mobile phones and to mitigate the absence of social visits, all IRC detainees received an additional £10 phone credit and all STHF detainees received an additional £5 phone credit each week. The Skype facilities were moved to the library in 2019 with an additional terminal being added in 2020 and detainees have made good use of them. This has been invaluable in helping the detainees stay in touch with family and solicitors.

### **7.4 Planning for return or release**

#### **7.4.1**

Prior to leaving the Centre on removal directions, all IRC detainees are given an appointment with Welfare. This allows them an opportunity to discuss any concerns they may have regarding their return and so support may be given to help them plan their return. During this time referrals may also be made to Hibiscus for resettlement advice and potential funding.

#### **7.4.2**

Upon removal, IRC detainees are seen by Healthcare and given a copy of their medical notes, and their medication is handed over. Anyone on medication or with health concerns will also be given a letter to help them register with a local GP. Detainees are also given a copy of their release paperwork from HOIE.

#### **7.4.3**

Detainees' property is returned to them on release and transport is either arranged to take them to their destination or a travel warrant is provided.

#### **7.4.4**

As the Centre saw an unprecedented increase in the number of STHF men arriving, there were at times logistical issues with processing the large number of men leaving the Centre. This was mitigated as necessary by using the social visits hall, which has ample space, as a departure facility.

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<sup>1</sup> Preliminary Home Office data

#### **7.4.5**

When STHF detainees are released, their health records are normally sent to a GP surgery assigned to their destination address. However, on occasions, STHF detainees have been released without healthcare being notified of their address and it has not been possible to forward the detainees details to a GP surgery. In these cases, the detainee is given a summary letter to give to a GP.<sup>1</sup> This was a significant issue at the peak of arrivals of small boat migrants. There was insufficient bail accommodation available and some people had to be sent to hotels or barracks as a temporary measure. Inevitably, this delayed registration with a GP, thereby delaying access to essential healthcare.

#### **7.4.6**

Where Serco can predict a detainee's release date, daily individual needs meetings can raise these concerns for healthcare to follow up with the detainee escorting and population management unit (DEPMU).

#### **7.4.7**

The Board is concerned that STHF detainees released into the community with healthcare needs may sometimes not get the immediate and necessary care that is required.

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<sup>1</sup> NHFT data

## 8. The work of the IMB

Monitoring has taken place either remotely or, when Covid-19 restrictions permitted, the Board made weekly rota visits where it monitored the Centre and dealt with applications. Issues have been raised immediately with Serco, HOIE or Healthcare or during monthly Board meetings, as appropriate. Members have attended committee meetings within the Centre when possible or participated remotely by video or telephone conference. Members have also been present at multi-disciplinary reviews to ascertain the best care plans for detainees. Board members attended the national immigration detention estate (IDE) study day at the beginning of the year.

### Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	10
Number of Board members at the end of the reporting period	9
Total number of visits to the establishment	79

## Applications to the IMB

<b>Code</b>	<b>Subject</b>	<b>Previous reporting year</b>	<b>Current reporting year</b>
A	Accommodation including laundry, showers	1	0
B	Use of force, removal from association	0	0
C	Equality	0	0
D	Purposeful activity including education, paid work, training, library, other activities	1	0
E 1	Letters, faxes, visits, phones, internet access	0	0
E 2	Finance including detainees' Centre accounts	0	0
F	Food and kitchens	1	0
G	Health including physical, mental, social care	7	3
H 1	Property within Centre	2	0
H 2	Property during transfer or in another establishment or location	0	2
I	Issues relating to detainees' immigration case, including access to legal advice	11	0
J	Staff/detainee conduct, including bullying	4	1
K	Escorts	0	0
L	Other	0	1
	Total number of applications	27	7



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