



Developing HMI Prisons' scrutiny of immigration removal centres during recovery from the COVID-19 pandemic

From thematic to individual centre scrutiny visits

The short scrutiny visit (SSV) model developed by HM Inspectorate of Prisons (HMI Prisons) in April 2020 was designed to provide independent oversight of a system navigating its way through the COVID-19 crisis. SSVs were developed to minimise the burdens of inspection at a time of unprecedented operational challenge. They involved two to three inspectors spending a single day in an establishment. The methodology is set out in detail on our website for [immigration removal centres \(IRCs\)](#) and our [published reports can be read on our website](#). By the end of the SSV programme in early July 2020, HMI Prisons had undertaken SSVs in 31 prisons and four IRCs.

All IRCs have substantially reduced their populations since March 2020, partly because immigration detention ceases to be lawful if there is no reasonable prospect of removal. It is likely that these releases, alongside swift management action by Home Office and IRC managers, have helped to prevent the spread of the virus in these establishments. There have been very few cases of COVID-19 in IRCs and there are no concerns about overcrowding.

Nevertheless, our SSVs found that some of those who remained in detention had been held for extended periods, many were frustrated at their ongoing detention and high numbers were identified as adults at risk, often because they met the criteria for shielding. SSVs found that there had been a reduction in support services and activities for detainees. In addition, the suspension of face-to-face Home Office and Legal Aid surgeries was significant at a time when few detainees could be removed.

The COVID-19 pandemic picture in the UK has changed significantly since COVID-19 measures were implemented in March 2020. While the threat posed by the virus remains high, the risk calculation is changing. It has become increasingly clear that it is time to change our approach to oversight.

The most pressing need appears to be for a greater focus on the treatment of detainees in individual establishments. This paper sets out an incremental development of the SSV model in the immigration estate that takes account of this point. It also recognises that IRCs now require and can accommodate more intensive scrutiny, even though the ongoing challenges they face mean that it is too early for the restoration of full inspections.

The breadth and depth of scrutiny will therefore be expanded through longer 'scrutiny visits' (SVs), which focus on individual IRCs. There will be a continuing strong focus on health and safety because of ongoing risks from spreading infection. The SV methodology is being developed following a human rights scoping exercise. An equality impact assessment is also being completed and a stakeholder consultation exercise will take place.

1. Statement of purpose for immigration detention SVs

Individual establishment SVs will provide effective independent scrutiny of IRCs which are recovering from the effects of COVID-19, while continuing to adhere at all times to the 'do no harm' principle. This means that HMI Prisons will take all reasonable steps to mitigate risks for detainees, IRC staff and its own staff, and will work in line with national guidance.

SVs recognise that IRCs have become stable enough for more intensive scrutiny of detainee outcomes, but that the ongoing challenges presented by the COVID-19 pandemic mean that it is too early for restoration of full inspections.

SVs will examine the necessity and proportionality of measures taken in response to COVID-19, and the impact that they are having on the treatment of and conditions for detainees during the recovery phase.

SVs will critically assess the pace at which individual IRCs (re-)establish constructive and supportive regimes. They will recognise that IRCs are at different points in their recovery journey.

SVs will provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly and notable positive practices shared.

2. Key characteristics of SVs

The rest of this paper details the next phase of our scrutiny visits methodology. It is tailored to current circumstances and focuses on the treatment of and conditions for detainees. It is a specific methodology developed as a response to the COVID-19 crisis.¹ The visits will entail a total of three days on site: one day in week one, and two days in week two. The first week will be used primarily to carry out a detainee survey. The SVs will have the following main characteristics:

- Visits will be announced to the Home Office two weeks in advance.
- The reports will be about individual IRCs, ensuring more detail and accountability.
- Inspectors will spend two days on site, allowing coverage of more areas and greater triangulation. A further inspector will work off-site.
- The team will normally comprise five inspectors, but an additional member of staff may attend for induction purposes.
- If there are heightened concerns about virus transmission in the selected centre, HMI Prisons may reduce the number of on-site staff and/or the time spent in the centre. The visit may also be postponed.
- The Chief Inspector or Deputy Chief Inspector will attend some visits.
- Data will be requested from the Home Office at the time the inspection is announced.
- Inspectors will look at key areas based on a sub-set of our existing human rights-based *Expectations*. Inspectors will use guidance questions related to each *Expectation* (see below, section 5).
- The team will examine Home Office records for a sample of detainees who appear more vulnerable or who have been detained for lengthy periods.
- A sample of Rule 35 reports and responses will be examined.
- There will be examination of areas of thematic interest.
- There will be restoration of a specially designed detainee survey and/or all detainees will be offered confidential interviews with interpreters where necessary.
- A staff survey will be retained.

- The report will be published within four weeks of the visit.
- There will be a narrative judgement in the introduction, that directly addresses progress towards recovery, but no scores.
- There will be a small number of key concerns and recommendations. Service improvement plans will be provided by the Home Office.
- Recommendations made at an SV will be followed up at the next visit to the centre.
- Notable positive practice will be included.

3. Continuation of policy analysis and remote monitoring through data analysis

The SVs will continue to be supported by systematic gathering and analysis of information and intelligence and by policy analysis. The following strands of policy analysis and remote oversight have become embedded during the SSV methodology:

1. A strong strand of policy analysis.

- Examine how legal powers relating to detention are being used during the crisis and their impact on treatment and conditions.
- Monitor whether new places of deprivation of liberty/detention are opened or the functions of places of detention change, and what governance is in place for these establishments.
- Examine the impact of policy responses, for example, how restrictions on association and freedom of movement within centres affect the ethos and stated purpose of detention centres as set out in the Detention Centre Rules.ⁱⁱ
- Examine the impact of detention on the well-being of detainees, and the safeguards in place for those who may be at risk in detention.

2a. Maintenance of the following lines of communication to ensure that information is received regularly from the sources listed below (non-exhaustive list):

- Daily information from central government (COBR)
- Daily situation reports from the Home Office
- Daily incident reports
- Information received via correspondence and phone calls to HMI Prisons
- Information from Independent Monitoring Boards (IMB), including via the IMB Secretariat
- Information from partners, non-governmental organisations (NGOs) and other stakeholders
- Information from media
- Intelligence from HMI Prisons staff
- Intelligence from Twitter and other social media

2b. Organisation and analysis of the information gathered to assess risks and determine priorities:

- Identify specific problems and concerns at individual establishments such as:
 - acute staffing shortfalls
 - clusters of COVID-19 infection
 - spikes or increases in indicators such as self-harm, use of force and concerted indiscipline
 - emerging concerns about local capability and proportionality of response
 - concerns about health provision
 - concerns about safeguards, for example, under Rule 35 and the Adults at Risk policy.

- Identify emerging themes across establishments such as:
 - shortages of equipment
 - lack of escort staff to facilitate transfers to hospital
- Use the information to make risk-based recommendations for further monitoring and/or site visits. These recommendations will be judgement-based rather than algorithmic, as the quality, quantity and consistency of the available information is likely to be variable.

4. SV timetable

Announcing and risk assessing the visit

- The Home Office will be notified of the visit location approximately two weeks in advance. At the same time, HMI Prisons will request relevant data, which allows the Home Office approximately 10 days to provide the data before the second week of inspection commences. The Home Office or centre contractors will advise HMI Prisons if there is heightened concern about virus transmission in the selected centre(s). HMI Prisons will take this into account during its risk assessment and may also seek advice from Public Health England (PHE). HMI Prisons may then decide to undertake one or more of the following actions:
 - reduce the number of staff on site to a minimum of three in the second week and a minimum of four in the first week
 - reduce the amount of time on site in the second week
 - decide to postpone the visit and select a different centre for the SV.
- One week in advance, on the Monday before the week one visit, the coordinating inspector will contact the centre to discuss arrangements for the visit and begin the health and safety risk assessment process, taking particular account of factors such as sudden critical staff shortages or increases in virus cases. HMI Prisons will contact some NGOs working directly with detainees to ask for relevant information. This will also allow NGOs time to speak to detainees ahead of the visit to explain HMI Prisons' remit and independence should they wish to do so.
- On the same day, the coordinating inspector will send the centre the following documents: this methodology paper; information about the conduct of detainee and staff surveys and detainee interviews; and a template to help plan the surveys, which should be returned by Thursday.
- The centre will be invited to provide initial responses to the list of guidance questions in the methodology paper before the main visit week. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the centre's capacity to meet this request.
- Risk assessment of the week one visit will be completed by the coordinating inspector in liaison with the centre, and circulated to the team leader, lead researcher, health and safety lead and HM Deputy Chief Inspector of Prisons (HMDCIP). Account will be taken of current health risks, national guidance and adherence to the 'do no harm' principle. The centre manager will be asked to contact the coordinator as soon as possible if there are sudden changes in risk.
- A liaison officer will be appointed by the centre to coordinate information gathering and make practical arrangements for the week one and week two site visits.

Week one visit – Detainee survey and preparation for the full team visit

- The team will spend one day on site: Tuesday.
- On that day, HMI Prisons will announce the SV on Twitter and invite stakeholders to provide relevant information. Such information should be sent to: intel@hmiprisons.gov.uk

- The team will arrive in the IRC on Tuesday morning at about 9am. The team will normally consist of the coordinating inspector, two researchers, one survey support inspector and a safeguarding inspector who will examine individual cases on the Home Office database. In some circumstances, this inspector may work from home. The same inspectors will attend the centre the following week.
- Staff will have laptops and a camera with them.
- Hotels may be used if needed.
- The coordinating inspector will meet with the centre manager to discuss key issues.
- The coordinating inspector will give the liaison officer a request for centre documentation.
- Researchers and the support inspector will carry out the detainee survey.
- The coordinating inspector will produce a written briefing for the full team, having visited key areas if it is safe to do so.
- The coordinator's briefing and information from the liaison officer will be distributed to the team on Thursday.
- The results from the detainee and staff surveys and detainee interviews will be distributed to inspectors on Friday.

Week two visit – Main visit week

- The team will spend two days on site: Tuesday and Wednesday.
- The coordinator will complete an updated risk assessment on Monday and circulate it to the team leader, health and safety lead and HMDVIP. Account will be taken of any current health risks and national guidance, and adherence to the 'do no harm' principle.
- Five inspectors will normally attend the centre, but this may be reduced to three or four in line with the risk assessment (a five-person team would include a team leader, three core inspectors and one health care inspector).
- Staff will have laptops and a camera with them.
- If HM Chief Inspector of Prisons (HMCIP) or HMDVIP attends, they will speak to the centre manager and undertake a limited tour of the centre with a member of staff, if available.
- An additional off-site inspector will be part of the core team and allocated the same amount of time to assist as necessary for the duration of the inspection, e.g. by gathering and collating data remotely, and providing analysis for the on-site team.
- Inspectors will arrive by about 9am depending on distance travelled. One or more team members, normally including the team leader, may attend the morning meeting.
- Immediately after the morning meeting, the team leader and potentially one other inspector will meet with managers to discuss key questions. It will not be possible to go through all of them, and selection will be down to the discretion of the inspectors attending the meeting.
- Inspectors will be allocated areas to write up but the on-site team will continue to work collaboratively to gather evidence across all areas.
- Hotels will be used if needed.
- Team meetings will be kept as short as possible and will be by telephone or Microsoft Teams if necessary.
- If the IRC does not have a large enough board room, the team will use different rooms across the centre. Health care inspectors could be based in or near the health care department.
- The team leader will meet the centre manager before leaving the establishment to feed back emerging findings.
- On Thursday, the team will prepare feedback bullet points off site.
- A Thursday 2pm meeting will discuss the bullets via Microsoft Teams. This will include HMCIP or HMDVIP. This meeting will agree notable positive practice, key concerns and recommendations and key overarching points to assist the narrative judgement in the introduction.

- Notable positive practice is defined as, ‘*Innovative practice or practice that leads to particularly good outcomes from which other centres may be able to learn*’. Inspectors will apply the following tests to establish if the threshold has been reached:
 - Is there triangulated evidence of good outcomes for detainees?
 - Does the example show an original, creative or particularly effective approach to problem-solving or achieving the desired goal?
 - Is it apparent how other centres could learn from or replicate the practice?
- On Friday, the team leader will send feedback to the centre manager, copied to the Home Office, and follow up by phone or video call if necessary. Health inspectors will send feedback to health commissioners and providers.
- From Thursday to Monday, team members will write their sections of the reports.

Report writing and editing

- By 11am on Monday, the team leader will circulate the introduction to the team.
- By 3pm on Monday, all contributions will be sent to the coordinator, copied to the team leader.
- By 1pm on Tuesday, the coordinator will send the collated report to the team leader.
- By 5pm on Thursday, the team leader will send the report to the editor.
- The publications team will complete the report’s production, including a window of five working days for factual accuracy checks. Publication will be within a month of the visit.

5. What will the SVs look at?

SVs will maintain a clear focus on regime expansion and realistic progression plans. Inspectors will examine the necessity and proportionality of restrictions in place and the impact these have on detainees. They will examine the pace at which individual IRCs are re-establishing full regimes and services. They will look at key areas based on our existing human rights-based *Expectations* and will use the questions below to guide them.ⁱⁱⁱ These questions are linked directly to the *Expectations* and are designed to help inspectors get to the heart of the issues quickly during their limited time on site. They can also help centres to understand the probable main focus of inspectors’ inquiries before the SV. They are *not* a prescriptive checklist and inspectors will continue to identify other issues relating to treatment and conditions. Triangulation of evidence will be supported by the detainee and staff surveys, data analysis and evidence from stakeholders, including the IMBs, Prisons and Probation Ombudsman (PPO) and non-governmental organisations (NGOs). Where an SV takes place in a centre holding women or families, inspectors will additionally refer to the specific *Expectations* designed to inspect outcomes for these groups.

Guidance questions

Centres will be sent the questions two weeks in advance of the main visit, when the HMI Prisons coordinator first contacts the IRC. Given the limited time that inspectors will be on site, it would help if managers could provide some response to the questions in advance of the visit. Bullet points and/or a summary briefing addressing the key points will suffice. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the centre’s capacity to meet this request.

Safety

1. Leadership and management

- Are lessons being learned from the pandemic? Have positive practices been retained, e.g. in relation to cleaning, vulnerability and the numbers of people being detained?

- Is oversight and management of the risk of infection effective in safeguarding detainees and staff? Is there adherence to social distancing and handwashing?
- Are any ongoing restrictions on activity and movement demonstrably necessary and proportionate? Are safeguards in place to ensure that restrictions do not amount to ill-treatment?
- Have any poor or disproportionate practices become established?
- Are realistic recovery plans being implemented and are they understood and supported by staff and detainees?
- Is there clear and effective communication with staff and detainees about the restrictions, and about the centre's journey towards recovery? Is this provided in a range of language and formats and with the assistance of interpretation when needed?
- Is the Home Office detainee engagement team working well with the management of the centre and providing effective support to detainees?
- How are detainees/staff coping and how is their morale?
- Are cohorting arrangements (protective isolation unit (PIU), reverse cohort unit (RCU) and shielding units) applied rigorously and effectively?

2. *Arrival and early days in detention*

- Are detainee movements managed safely and respectfully?
- Do reception procedures ensure detainees are kept safe?
- Can detainees make contact with family or friends on their first night?
- Can detainees on the RCU access daily showers, exercise and other facilities?
- Is induction comprehensive and suitable for detainees who do not speak English or who have literacy problems? Does it clearly describe what opportunities detainees have for constructive activity and how to obtain support?
- Are peer supporters able to support and inform arriving detainees?

3. *Security, freedom of movement and personal safety, use of force and single separation*

- What does local security intelligence reveal about the way that COVID-19 has affected the centre? Have relevant actions been taken in response to this analysis?
- Has the centre maintained adequate oversight of key areas such as restraint, use of force, victimisation and separation (including analysis of data and action planning) to ensure that all uses are necessary and proportionate? Is consideration given to minimising the spread of COVID-19 when using force or during other close physical contact?
- Are safeguards in place to prevent unofficial or collective punishments?

4. *Safeguarding*

- Is action being taken to identify and address potential psychological deterioration of detainees, including those with mental health needs, those who have experienced trauma and those at risk of self-harm?
- Are concerns under Rule 35 raised and responded to in a timely manner?
- Are Rule 35 reports of sufficient quality and informed by a face-to-face consultation with and medical examination of detainees?
- Are any restrictions on independent medical professionals attending detainees to conduct a medical assessment proportionate and necessary to keep detainees safe?
- Are detainees who may be at particular risk of harm held only in exceptional circumstances and is the justification clearly documented?
- Are detainees who say they are under 18 promptly assessed and properly cared for while in the centre?

- Are detainees in isolation, and those choosing to minimise their social contact, being appropriately identified and supported?
- Are all detainees provided with meaningful human contact each day?
- Is self-harm or the risk of self-harm being identified? Has the pattern of self-harm behaviour changed since the implementation of the restricted regime and how has the centre responded?
- Are deaths and near misses still being reported and investigated, and are lessons learned?
- Are detainees at risk of self-harm being effectively supported through case management?
- Are detainees able to quickly raise the alarm in an emergency?

5. *Legal rights*

- Can detainees exercise their legal rights? Do they have access to legal representation (in confidence)? Are any restrictions on face-to-face access to legal advisors proportionate and necessary to keep detainees safe?
- Are detainees provided with information on how to apply for bail and can they do so easily and promptly?
- Are detainees being released promptly if they cannot be removed within a reasonable period?
- Is casework progressed to ensure that detention is for the shortest possible time? Is detention regularly reviewed, including up-to-date assessments of vulnerability?

Respect

1. *Staff-detainee relationships*

- Are staff-detainee relationships positive and meaningful? How are they affected by the regime currently in place?
- Is there a care officer scheme or equivalent in place and is it operating effectively for all detainees?

2. *Daily life: living conditions*

- Are detainees held in decent living conditions?
- Are detainees, including those in isolation, able to keep themselves and their rooms clean?
- Are communal areas regularly cleaned and disinfected to a good standard?
- Can detainees access clean clothing, towels, bedding and laundry facilities?

3. *Daily life: detainee consultation, applications and redress and residential services*

- Does the food meet the varied needs of detainees, including those with specific religious and cultural needs?
- Is the detainee shop operating effectively?
- Is there an effective complaints and applications system? Is analysis of complaints undertaken and acted on?
- Is effective detainee consultation in place and does it lead to action where necessary?

4. *Equality, diversity and faith*

- Is strategic oversight of equality and diversity in place, including monitoring, analysis and action planning?
- How is the centre consulting with diverse groups to understand the impact of the restrictions on them and to inform decision-making?
- Is there monitoring of the differential impact of restrictions on particular groups? Are any mitigations put in place to address evidence of differing impacts?

- Is discrimination or harassment investigated and challenged?
- Are reasonable adjustments made to allow detainees to participate in centre life?
- Is appropriate use made of telephone interpreting services by all staff in the centre?
- Are detainees supported to practice their religion? Can they access places of worship?
- Does the chaplaincy have a presence and provide adequate pastoral support?

5. Health services

- Is there effective partnership working and management oversight of health care services to ensure health needs are being met?
- Do all detainees have equal access to health, well-being and social care services which are not unnecessarily restricted by language barriers, disabilities, location, security procedures or regime?
- Is there an up-to-date local outbreak control plan and joint risk register to mitigate infection risks?
- Are all new arrivals receiving a safe and comprehensive health screen?
- Are all new detainees given a GP appointment within 24 hours?
- Do patients have access to primary health care, mental health and substance misuse services, which meet their needs?
- Are sufficient officer escorts available to enable patients to access secondary care services in a timely manner?
- Is there evidence that health providers are innovative in implementing new ways to deliver care to meet individual needs?
- Is there a timely and equivalent dental service available to detainees, including emergency treatment?
- Are medicines appropriately prescribed and reviewed? Are they received without delay and in safe manner?
- Do detainees receive relevant pre-release/removal assessment and support, and can they access community services to maintain continuity of care on release? Does health screening prior to removal include considerations relating to COVID-19?

Activities

- Are detainees able to move around the centre freely? Are any restrictions on movement necessary and proportionate to clearly identified risks?
- Do detainees have daily access to fresh air, which is restricted only when there is a clearly assessed risk?
- Have activities that can be undertaken with sensible precautions been reinstated, e.g. education with social distancing?
- Do detainees have regular access to library resources and physical exercise?
- Where possible, do detainees continue to have access to paid activity?

Preparation for removal and release

1. Welfare

- Are detainees able to access effective welfare services?
- Do welfare staff see all new arrivals routinely?
- Are NGOs and support groups available to advise and support detainees in all aspects of their welfare and detention? Are there unreasonable restrictions on face-to-face access to NGO staff?
- Are centre managers proactively working with NGOs and putting in place appropriate measures to ensure NGOs can provide support to detainees safely?

2. Visits and family contact and communications

- Are any restrictions on social and official visits proportionate and necessary to keep detainees safe?
- Are alternative means of communication, such as video-calling, extra letters and mobile phones, frequently and freely available to detainees? Are detainees encouraged and supported to take up these means of contact?
- Are detainees able to access up-to-date information about COVID-19 in the community and the country to which they will be removed, including any restrictions in place and how to minimise their risk of infection?

3. Leaving the centre

- Are release and removal managed safely and effectively?
- Are individual strategy meetings held for removal or transfer of complex cases?
- Where needed, is there prompt provision of suitable accommodation for detainees being released?
- Are people still detained because they cannot be bailed without suitable accommodation? How does the Home Office monitor these cases and are they promptly resolved?
- Has anybody been released homeless recently?
- Are suitable measures in place for detainees who have or are vulnerable to COVID-19 on release?

Expectations

The *Expectations* from which these questions are derived are as follows:

Safety

- Detainees are safe at all times while under escort, and individual needs are recognised and given proper attention. (2)^{iv}
- Detainees are treated with respect and sensitivity on arrival at the centre. (3)
- Detainees understand the centre's routines and how to access available services that will help them cope with detention. (6)
- Processes are in place to identify adults who may be at risk of harm in detention, and to share information about risk. (8)
- Detention of people who may be at particular risk of harm is only maintained in exceptional circumstances, and the reasons for maintaining detention are clearly documented and explained to the detainee. (9)
- Detainees at risk of self-harm or suicide receive personal and consistent care and support to address their individual needs and have unhindered access to help. (13)
- Detainees who say they are under 18 are promptly assessed and properly cared for while in the centre (15).
- Detainees are held in a safe environment where security is proportionate and there is as much freedom of movement as is consistent with the need to maintain a safe and well-ordered community. (17)
- Detainees' well-being is safeguarded by effective security intelligence systems and a robust approach to misconduct or illegal behaviour by staff. (18)
- Detainees are only subject to force as a last resort when other methods have failed. When used, force is legitimate, necessary and proportionate, and subject to rigorous governance. (19)
- Detainees are held safely and decently in the separation unit for the shortest possible period and for legitimate reasons only. (20)

- Detainees understand why they are being detained and are informed about the progress of their case. (21)
- Casework is progressed promptly and reviewed effectively to reduce the potential harmful impact of ongoing detention. (22)
- Detainees have effective access to independent legal representation. (23)
- Detainees are easily able to make applications for release. (24)
- Safe outcomes for detainees are supported by effective leadership and management. (25)

Respect

- Detainees are treated with humanity and with respect for their human dignity at all times. Relationships between detainees and staff are positive and courteous. (26)
- Detainees live in a clean, decent environment which is in a good state of repair and is fit for purpose. (28)
- Detainees are able to take an active role in influencing decisions about services, routines and facilities in the centre and in managing their own day-to-day lives. (32)
- Staff and detainees are encouraged to resolve requests informally. When this is not possible detainees understand how to apply for available services, and are able to do so easily. (33)
- Detainees have confidence in complaints procedures, which are effective, timely and well-understood. (34)
- Detainees have a palatable, varied and balanced diet which meets their individual needs. (36)
- Detainees can purchase a suitable range of goods at reasonable prices to meet their diverse needs. (38)
- Strong leadership ensures a coordinated approach to eliminating all forms of unlawful discrimination and promotes tolerance of difference. (39)
- By employing fair processes the centre ensures that no detainee or group is unfairly disadvantaged. (40)
- Detainees with protected characteristics and any other minority characteristics are treated equitably and according to their individual needs. (43)
- Detainees are able to practise their religion fully and in safety. (51)
- Detainees are fully supported by the multi-faith team, which contributes to their overall care, support and preparation for removal or release. (53)
- Patients are cared for by services that accurately assess and meet their health, social care and substance misuse needs and receive treatment from competent staff in an environment that promotes dignity and maintains privacy. (Adapted 54 and 55).
- Detainees' immediate health, substance misuse and social care needs are recognised on reception and responded to promptly and effectively. (57)
- Patients' individual ongoing health care needs are addressed through an appropriate range of care services. Continuity of care is maintained on transfer, release or removal. (58)
- Detainees with mental health problems are identified promptly and supported by community-equivalent services to optimise their mental well-being during their stay and on transfer, release or removal. (60)
- Patients receive community-equivalent, person-centred medicines optimisation and pharmacy services. (62)
- Detainees receive timely community-equivalent dental services, including oral health promotion. (63)
- Respectful outcomes for detainees are supported by effective leadership and management. (64)

Activities

- Detainees have regular and equitable access to facilities and activities that meet their needs. (65)
- Detainees benefit from learning and skills provision and a suitable range of paid work is available. (Adapted 66 and 67)
- Detainees have regular access to a suitable library and learning resources and fitness provision is safe and meets the needs of all detainees. (Adapted 68 and 69)
- Activities outcomes for detainees are supported by effective leadership and management. (70)

Preparation for removal and release

- Detainees' welfare needs are systematically assessed and addressed while they are in detention. (71)
- Detainees can maintain contact with the outside world through regular and easy access to visits. (72)
- Detainees can maintain good contact with their families. The impact of separation on both children and their parents is recognised and addressed. (73)
- Detainees are able to maintain contact with the outside world and plan for the future through regular access to a full range of communications media. (75)
- Detainees are given all necessary practical support ready for their release, transfer or removal. (76).
- Detainees who are to be removed or released are treated sensitively, humanely and safely. (77)
- Preparation for removal and release outcomes for detainees is supported by effective leadership and management. (78)

6. Visit methods

Inspectors will use the following methods:

- Data to enable triangulation.
- Observations while walking around centres.
- Speaking to detainees. This will be done while adhering to social distancing guidelines and in the following ways:
 - on units if detainees are unlocked
 - if they are locked in cells/rooms, inspectors will unlock doors where it is safe to do so and after staff have been consulted (the detainee will be advised to stand at the back of the room)
 - in work or education areas
 - at mealtimes when detainees are collecting their food
 - by phoning detainees
 - isolating detainees will normally only be spoken to by phone. If that is not possible and inspectors consider it important to speak to an isolating individual, this will be done only with HMI Prisons' own personal protective equipment (PPE) and normally by the HMI Prisons health inspector.
- Speaking to staff. This will also be done while walking around centres and while maintaining suitable distance.
- Detainee and staff surveys will also be undertaken.
- Review of detainees' Home Office case notes in individual cases of concern.

- Maintaining a direct link with IMBs. The IMBs are gathering considerable information from forms of remote monitoring, including a telephone line set up specifically for detainees. This information will continue to be shared with HMI Prisons as it has been during the SSVs. We will continue to provide the IMBs with our findings. We will also maintain contact with the Association of Visitors to Immigration Detainees (AVID).

7. Safeguarding and sanctions

HMI Prisons will continue to follow its existing safeguarding and sanctions protocols.^v

8. Health and safety

The detailed guidance established for SSVs has been updated in light of current knowledge and circumstances. Risks and mitigations are extensively documented in the current version of HMI Prisons' COVID-19 health and safety guidance, which is [available on our website](#).

9. Reporting

HMI Prisons will provide written briefings to centre managers and the Home Office in the same week as the visit. Within one month of the visit, HMI Prisons will publish an individual establishment report on the treatment of and conditions for detainees during the recovery from COVID-19. The report will include a commentary on the pace of progress towards the reinstatement of full regimes and services. Recommendations made in previous full inspection reports will not be followed up at SVs, but recommendations made at a previous SV will be.

HM Chief Inspector of Prisons (HMCIP) may also write to Ministers and senior officials to bring to their attention serious concerns that require immediate attention. HMCIP reserves the right to publish any such correspondence. The reports will be structured as follows:

- Introduction
- Fact page
- Where relevant, judgements on previous recommendations
- Key concerns and recommendations from this visit
- Notable positive practice
- Main findings under healthy establishment areas
- Photographs where useful

We will publish detainee and staff surveys alongside the report on the HMI Prisons website.

HMI Prisons may also collate the findings of individual visits to produce thematic reports on specific issues that affect the whole immigration estate.

10. Conclusion and implementation

HMI Prisons' developing approach to scrutiny during the COVID-19 pandemic will enable greater depth and breadth of scrutiny and more triangulation of evidence. The SVs will continue to provide credible, constructive and evidence-based commentary, which also tells the story of life in detention during recovery from the global COVID-19 crisis. The reports will be published quickly enough to influence decisions.

The SV approach will be initially piloted and implemented in prisons and introduced within the IRC estate thereafter. The methodology is intended to be sufficiently flexible to allow for more intensive scrutiny and longer visits as conditions improve. It will be subject to regular review to ensure that HMI Prisons' approach is responsive to changing circumstances. The viability of returning to full inspections is also under constant review. Full inspections of IRCs will be reinstated as soon as it is safe and practicable to do so. Following a health and safety assessment, full inspections of short-term holding facilities and overseas escorts have been reinstated.

Notes

- ⁱ As recognised by the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and the World Health Organization (WHO), it is crucial that National Preventive Mechanisms (NPMs) can continue to exercise their mandate, as set out in OPCAT, throughout the COVID-19 outbreak, particularly in light of the risks the outbreak poses to those detained. At times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions can be even more important than usual. The SPT guidance stresses these points and states that NPMs, ‘should continue to undertake visits of a preventive nature, respecting necessary limitations on the manner in which their visits are undertaken.’ The CPT states that, ‘Monitoring by independent bodies, including National Preventive Mechanisms... remains an essential safeguard... States should continue to guarantee access for monitoring bodies to all places of detention, including places where persons are kept in quarantine.’ For more information, see the accompanying human rights scoping document, HMI Prisons, *COVID-19 Human Rights Scoping*, July 2020.
- ⁱⁱ Rule 3(1) of the *Detention Centre Rules 2001* states: ‘The purpose of detention centres shall be to provide for the secure but humane accommodation of detained persons in a relaxed regime with as much freedom of movement and association as possible, consistent with maintaining a safe and secure environment, and to encourage and assist detained persons to make the most productive use of their time, whilst respecting in particular their dignity and the right to individual expression.’
- ⁱⁱⁱ The selection of the relevant *Expectations* and the development of the guidance questions followed a human rights scoping exercise specific to COVID-19, [available on our website](#). This exercise looked at standards applicable across detention settings. In addition, in relation to immigration detention, specific standards require the following:
- deprivation of liberty pending deportation is only permissible while deportation is being pursued with due diligence and there is a realistic prospect of removal. Detention must be a last resort and used for as short a time as possible. Individuals must be provided with reasons for their detention in a language and format they understand;
 - the individual needs and circumstances of detainees must be assessed and regularly reviewed to identify their vulnerabilities, monitor the impact of detention on them and safeguard them from harm. Some individuals should not be held in immigration detention due to their vulnerability;
 - the immigration detention environment must be non-carceral and provide an open regime which allows for as much freedom of movement as possible;
 - detainees must be able to access independent legal advice in confidence;
 - detainees must be able to contact their consulate should they wish to do so;
 - interpretation must be provided when necessary;
 - detainees must be able to remain in frequent contact with family, friends and the outside world, including through electronic/digital means. This includes regular access to news and information about the country to which they may be returned and their home country;
 - detainees must be provided with adequate clothing and sufficient means to reach their destination and to maintain themselves in the period immediately following their release;
 - any removal order must be issued in accordance with law and detainees must be informed in advance of their removal. They must be treated at all times with dignity and respect for their human rights.

See Article 5, European Convention on Human Rights; Article 3, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; Council of Europe, *Twenty*

Guidelines on Forced Return, 2005, available at:

https://www.coe.int/t/dg3/migration/archives/Source/MalagaRegConf/20_Guidelines_Forced_Return_en.pdf; United Nations High Commissioner for Refugees (UNHCR), *Detention Guidelines (Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention)*, 2012, available at:

<https://www.unhcr.org/uk/publications/legal/505b10ee9/unhcr-detention-guidelines.html>; and CPT, *Factsheet: Immigration Detention*, CPT/Inf(2017)3, 2017, available at: <https://rm.coe.int/16806fbf12>.

- iv Numbers in brackets refer to the number of each expectation as it appears in the *Expectations for immigration detention: Criteria for assessing the conditions for and treatment of immigration detainees*.
- v These can be found at <https://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>.