Independent Chief Inspector of Borders and Immigration

Third annual inspection of 'Adults at risk in immigration detention'

June – September 2022

David Neal

Independent Chief Inspector of Borders and Immigration

Third annual inspection of 'Adults at risk in immigration detention'

June – September 2022

Presented to Parliament pursuant to Section 50(2) of the UK Borders Act 2007

January 2023

This publication is available at www.gov.uk/official-documents

This publication is available at www.gov.uk/ICIBI

Any enquiries regarding this publication should be sent to us at:

Independent Chief Inspector of
Borders and Immigration
1st Floor, Clive House,
70 Petty France,
London, SW1H 9EX
United Kingdom

ISBN 978-1-5286-3715-2
E02806186 01/23

Printed on paper containing 75% recycled fibre content minimum

Printed in the UK by HH Associates Ltd. on behalf of the Controller of His Majesty's Stationery Office

Our purpose

To help improve the efficiency, effectiveness and consistency of the Home Office's border and immigration functions through unfettered, impartial and evidence-based inspection.

All Independent Chief Inspector of Borders and Immigration inspection reports can be found at www.gov.uk/ICIBI

Email us: chiefinspector@icibi.gov.uk

Write to us: Independent Chief Inspector of
Borders and Immigration
1st Floor, Clive House,
70 Petty France,
London, SW1H 9EX
United Kingdom

Contents

Foreword

This report is the third annual inspection of the 'Adults at risk in immigration detention' policy as commissioned by the-then Home Secretary in 2018. It focuses on the effectiveness and efficiency of Rule 35 of the Detention Centre Rules 2001.

The second annual inspection was drawing to a close when I was appointed Chief Inspector in March 2021. My concern then was that the pace of change was too slow and the enthusiasm to protect vulnerable people in immigration detention was held back by a narrative that placed abuse of the system ahead of protecting the vulnerable. It is disappointing to see that little has changed.

The curtailing of an individual's liberty is one of the most significant of the state's powers and carries high levels of risk for the Home Office and those detained. Rule 35 provides an important safeguard, bringing to the Home Office's attention (specifically staff with direct responsibility for authorising, maintaining and reviewing detention) individuals who are particularly vulnerable. This inspection found that this important safeguard was not working consistently or effectively.

The perception that the Rule 35 process was being abused by detainees was common across teams in the 3 locations I inspected. I do not accept the limited evidence provided to support this assertion and there were few obvious activities underway to address this concern.

Some Home Office staff and Immigration Removal Centres (IRCs) healthcare staff considered that detainees who could not clearly articulate why they wanted a Rule 35 assessment had been misdirected by legal representatives or coached by fellow detainees. In some cases, this may well be true, but this view has become all-pervading. If vulnerable detainees are to be effectively identified there needs to be an injection of leadership and energetic management oversight to mitigate the risks created by this scepticism and ensure that the Rule 35 safeguard is working effectively.

The central Home Office Rule 35 team needs to be better resourced – it is not acceptable to come across instances of managers clearing backlogs that should be addressed by junior staff. Nevertheless, there was real spirit in the team and a strong supportive collegiate approach. They are independent from the detention caseworking teams and professional and committed to their role and function.

I have made 10 recommendations.

David Neal
Chief Inspector

1. Recommendations

1.	As a matter of priority, commission an independent review to develop an in-depth, robust understanding of the abuse of Rule 35. It should be evidence-based and make assessments as to the prevalence, shape and impact of the abuse, with particular reference to how perceptions of abuse may impact how staff undertake their roles. It should assess the impact that abuse may have on the effectiveness of Rule 35 and make recommendations for improvement.
2.	Within 1 month, issue communications to staff setting out who has responsibility for making a referral to the National Referral Mechanism (NRM) or submitting a Duty to Notify (DtN), where modern slavery and/or trafficking indicators are included in a Rule 35 report; and mandating that the Rule 35 team check, and where required follow up on whether an NRM/DtN has been made.
3.	Within 3 months, review the accessibility, value for money offered, consistency and quality of service provided by current interpreting and translation services used in Immigration Removal Centres (IRCs), giving consideration to opportunities for improvement including the provision of in-person interpreting for detainees' most common first languages (such as Albanian).
4.	Within 3 months, ensure that planned training on Rule 35 for doctors draws on feedback from the Rule 35 team, and is tailored to the identified needs of doctors, to enable the production of consistent, and high quality, Rule 35 assessments and reports.
5.	Within 3 months, develop wider training, complemented by regular communications with healthcare, contractor and Home Office staff on the purpose and process of Rule 35, including raising awareness of the psychology of trauma.
6.	Within 3 months, develop a plan to address the resourcing challenges experienced by the Detention Engagement Teams to ensure they are able to efficiently and effectively deliver on all aspects of their role, with particular reference to Rule 35.
7.	Within 6 months, together with NHS and contractor partners, review the effectiveness of the additional screening and assessment model developed at Derwentside IRC, with a view to informing the design and delivery of any equivalent models in other IRCs.
8.	Within 6 months, expedite the planned review of the Detention Centre Rules which includes the review of Rule 35, taking into account the findings of this inspection, with particular reference to the development of a resilient, operational model for the Rule 35 team, to enable it to effectively meet peaks in volumes of Rule 35 reports received.

9.	Within 6 months, enhance the quality assurance process for Home Office Rule 35 responses, specifically by: i. increasing the proportion of Rule 35 responses subject to second line quality assurance ii. and utilising outcomes from the quality assurance process to inform continuous improvement, including feedback to doctors and identifying Home Office and contractor training needs.
10.	Within 6 months, develop a process whereby in the event second line assurance identifies a Rule 35 response with the incorrect outcome, Home Office electronic records are updated to reflect the correct outcome and circumstances of the case at the point second line assurance is completed and, in cases where the report was fundamentally flawed, and the individual still detained and the circumstances in favour of maintaining detention had changed, the report should be reissued.

2. Scope and methodology

2.1 This inspection initially sought to examine the efficiency and effectiveness of Rule 32 in Short-Term Holding Facilities and Rule 35 in Immigration Removal Centres (IRCs) between 1 April and 30 June 2022. Due to the exceptionally low numbers of Rule 32 reports received (only 2 within the inspection timeframe) the inspection solely focused on Rule 35.

2.2 Inspectors:

- reviewed open-source material on immigration detention
- on 9 June 2022, convened the ICIBI's 'Adults at risk in immigration detention' forum to hear views from stakeholders
- on 28 June 2022, notified the Home Office of the intention to inspect and requested data
- on 29 June 2022, conducted a familiarisation session with Home Office staff
- on 5 July 2022, convened the ICIBI 'Adults at risk in immigration detention' medical sub-forum
- on 6 July 2022, formally notified the Home Office of the scope of the inspection and requested documentary evidence
- reviewed and analysed over 100 pieces of Home Office evidence
- reviewed 50 electronic records of cases with Rule 35 decisions made between 1 April and 30 June 2022, drawn from detainees held in IRCs on 13 June 2022[1]
- reviewed and analysed submissions from external stakeholders
- met with 10 external stakeholders from NGOs, trade unions and medical professionals
- between 20 July and 3 August 2022 interviewed Home Office staff, from grades AO to 6, from:
    - Detained Medical Reports Team – Rule 35 team
    - Foreign National Offenders Returns Command
    - Detention and Escorting Services
    - Detention Engagement Team
    - Returns, Enforcement and Detention Policy
    - Detained Vulnerability Assurance and Advice Team

1 Inspectors reviewed: R35 report produced by the GP (as annexed to DSO 09/2016); R35 team response to the R35 report (form IS335); ad hoc Detention and Case Progression Review (DCPR) undertaken by the R35 team at the time of the R35 consideration (form ICD3469); next DCPR undertaken by the responsible Home Office caseworker after the R35 consideration.

and staff from:

- Mitie Care & Custody and Practice Plus Group at Harmondsworth IRC
- Serco and Northamptonshire Healthcare NHS Foundation Trust (NHFT) at Yarl's Wood IRC
- Mitie Care & Custody and Spectrum at Derwentside IRC
- Chaplaincy, Independent Monitoring Board, Kaleidoscope and Hibiscus from Yarl's Wood, Harmondsworth and Derwentside IRCs
- and detainees from Yarl's Wood, Harmondsworth and Derwentside IRCs

- on 3 August, held an onsite debrief session for operational Home Office staff
- on 10 August, held a further onsite debrief with Senior Civil Servants

2.3 The report was sent to the Home Office for factual accuracy checking on 15 September 2022 and returned on 30 September 2022.

3. Key findings

3.1 Rule 35 (R35) provides an important safeguard for the Home Office to ensure "particularly vulnerable detainees are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention".[2] Covering physical health, suicidal intention and torture respectively, the mechanism requires firstly an assessment by a doctor in an Immigration Removal Centre (IRC) of an individual's specific physical and mental state and then an assessment of the impact of ongoing detention on that individual. The Home Office weighs this health assessment against immigration and public protection considerations to decide whether detention remains appropriate.

3.2 Inspectors found perceptions of the purpose and operation of R35 to be contentious amongst stakeholders, IRC and Home Office staff alike. Echoing the findings of the first and second annual inspections of the 'Adults at risk in immigration detention' policy, the majority considered that R35 was no longer achieving its aim, mired by disproportionally high volumes of R35(3) reports, concerned with torture, in comparison with exceptionally low volumes of R35(1) and R35(2) reports relating to health and suicidal intentions respectively.[3] Inspectors and stakeholders alike also highlighted the impact of some poor quality R35 reports by doctors not meeting the policy requirements, a lack of Home Office feedback on these reports, weak quality assurance mechanisms for Home Office R35 responses, Home Office concerns that R35 was being abused by detainees and legal representatives, and the under-resourcing of the R35 team, on the effective delivery of Rule 35.

3.3 Inspectors visited 3 IRCs, speaking to detainees, healthcare and contractor staff, as well as Home Office staff based in IRCs and in Croydon. The picture observed on the frontline reflected that outlined above and was further shaped by a significant increase in detainees during the inspection's timeframe, high volumes of specific nationalities (Albanians, in particular), the pressure applied by charter flights for removals, and difficulties with the recruitment and retention of Detention Engagement Team (DET) officers. Across the board, staff and stakeholders shared their concern that these factors meant that vulnerable detainees, deteriorating in detention, may not be identified and safeguarded effectively.

Opportunities to identify vulnerable detainees

3.4 Inspectors found missed opportunities, by Home Office, healthcare and contractor staff, to identify vulnerable detainees for whom the R35 mechanism might be appropriate. On arrival, the assessment of detainees' English language skills was not always sufficient, meaning literature, and the induction process, may not be easily understood as interpreters were not

2 'Detention services order 09/2016, Detention centre rule 35 and Short-term Holding Facility rule 32, Version 7.0', March 2019.

3 R35 provides for reports about detainees on 3 grounds: "35.- (1) The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention. (2) The medical practitioner shall report to the manager on the case of any detained person he suspects of having suicidal intentions, and the detained person shall be placed under special observation for so long as those suspicions remain, and a record of his treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State. (3) The medical practitioner shall report to the manager on the case of any detained person who he is concerned may have been the victim of torture. "

identified as being required. The health screening appointment, held within 2 hours of arrival, while asking questions about an individual's vulnerabilities, was not considered by medical practitioners to be an environment supportive or suitable for the disclosure of sensitive personal information. The Rule 34 appointment, provided within 24 hours of arrival, and considered by the Home Office to be both a key opportunity for a GP to identify concerns which may engage R35 and signpost a detainee to R35, had low detainee attendance rates, with no follow-up by the Home Office or healthcare on this failure to attend. In 2 IRCs, DET officers were running significantly behind schedule in terms of delivering individual inductions to detainees within the 48-hour required timeframe, and broader engagement activity was largely limited to the service of legal documents. No literature or posters were available in any of the IRCs, in English or any other languages, explaining what R35 was or how it could be accessed. As a result, R35 was mostly only highlighted to detainees by legal representatives and other detainees, leading to a level of confusion about its purpose. This was subsequently considered (by Home Office staff in particular) to be an indication that the detainee was seeking to misuse R35 simply as a method of getting out of detention, rather than a flag to an individual's vulnerability and an indication that continued detention may be detrimental.

Operation of Rule 35 in Immigration Removal Centres

3.5 One impact of the increase in the numbers detained and the arrangement of charter flights was a subsequent rise in the volume of requests for R35 appointments which led to delays in detainees accessing appointments with doctors, with examples provided of appointments taking place over the telephone. Issues with the availability of consistent, good quality interpreting services had, for some detainees, undermined the quality of the R35 assessment. Doctors highlighted the need for the Home Office to provide training on R35, a concern illustrated by the mixed quality of doctors' reports reviewed by inspectors, and the focus on torture. From a total of 538 reports received by the Home Office between April and June 2022, 517 were R35(3) (torture), 10 were R35(2) (suicidal intention) and 11 were R35(1) (physical health). Doctors often perceived that mental health symptoms could be managed in detention, without the need to bring them to the attention of the Home Office via a R35(1) or R35(2) report, despite these being engaged.

3.6 The triaging activity undertaken by the DETs, to ensure the doctors' reports were legible, clear and complied with the overall reporting requirements, was subject to the pressure of limited staff resources and a lack of prioritisation. Despite further reviews by R35 team managers on arrival, some poor quality reports were considered suitable for use by the R35 team and the 'stop the clock' process (an opportunity for the R35 team to query the doctor's report) was only used in 1 case out of 538 between April and June 2022.

Response to Rule 35 reports by the Home Office

3.7 The R35 team were notable for their collegiate working and were considered by the Home Office to be internally independent from caseworking teams. However, a Monday to Friday operational model was in place to manage what the Detention Centre Rules set out as a Monday to Friday practice, but what in reality is a Monday to Sunday workstream. This leads to peaks in R35 notifications on a Monday which then have to be considered in the 2-day response time. As a result, managers were undertaking the work of more junior staff to ensure this response time was met (it was in 66.5% of cases between April and June 2022) while temporary resources were drafted in to assist.

3.8 The required volume of routine second line quality assurance of R35 responses, assessing whether the correct decision had been made in terms of release or maintain detention and that the decision was correctly evidenced, had been reduced as the result of a significant increase of R35 reports.[4] Inspectors found even this reduced target had not been met, and they noted errors in the responses' adherence to policy and administrative processes and there were issues with the quality of drafting. Such error marked Home Office responses had also already been served on detainees as the second line assurance took place after the decision had been issued.

3.9 Further, the R35 team were inconsistent in how they undertook the administrative requirements of the Standard Operating Procedure; for example, 5 of the 50 files examined, where detention was maintained and therefore required an ad hoc detention review, did not have one on record. Finally, as found with the second 'Adults at risk in immigration detention' (AAR) inspection, data held by the R35 team and used to evidence their output was misleading with the release rate wrongly inflated by cases where the individual had already been approved for release on Immigration Judge bail, or on Secretary of State bail by a Home Office caseworker outside the R35 team, before the R35 was considered.

3.10 Stakeholders raised concerns with inspectors that detainees were making disclosures, as part of their R35 assessment, which indicated they may be victims of modern slavery, but the required referrals into the National Referral Mechanism (NRM) or submission of a Duty to Notify were not being undertaken and therefore potential victims of modern slavery were not being identified or safeguarded. Doctors were noting such disclosures in their reports, but, as they are not first responders, they could not make a referral to the NRM. Interviews with DET staff and the R35 team highlighted some confusion over which of the 2 teams had responsibility for making a referral, leading to concerns some individuals may fall through the gaps.

Contextual challenges

3.11 Inspectors found that, as in the previous AAR inspections (and across ICIBI inspections more widely), the quality of the data held and used by the Home Office in relation to those detained was sub-standard, with the Home Office's central reporting function – the Performance Reporting and Analysis Unit – unable to provide an accurate picture of who was in detention and how long they had been held. A laborious manual reconciliation process was undertaken each week by a Detained Vulnerability Assurance and Advice Team officer who then provided weekly emails which functioned as the primary tool by which to resolve errors.

3.12 As with previous inspections, concerns raised by Home Office staff as to the level of abuse of R35 did not refer to a robust evidence base, though at the factual accuracy stage, the Home Office cited the accounts of staff as evidence, and "very similar reports is [sic] evidence". No monitoring mechanisms were being used to address these concerns. These assertions were further undermined by the Home Office's data which indicated a relatively high release rate, though this data was flawed by its inability to differentiate between R35 releases and other reasons for release, such as Immigration Judge bail. Staff expressed views on the motivations of detainees ranging from those open-minded about the legitimacy of a detainee's actions, to those more sceptical as to the validity of a detainee's claim.

4 The Home Office, at the factual accuracy stage, stated: "Second line assurance of Rule 35 reports do not focus on whether the decision made was correct in terms of maintaining detention or release. It looks at the overall process and the Rule 35 teams compliance with the DSO – including whether a decision regarding ongoing detention was reached proportionally, and with due consideration to all immigration, public protection and other relevant factors."

3.13 Inspectors also found the impact of the Migration and Economic Development Partnership flight to Rwanda led to excessive pressures around R35, both within IRCs and on the R35 team itself.

4. Background

The 'Adults at risk in immigration detention' policy

4.1 In February 2015, the-then Home Secretary commissioned Stephen Shaw CBE to conduct a review of the welfare in detention of vulnerable persons. The report was published in January 2016 and contained 64 recommendations,[5] ultimately leading to the implementation of the Home Office's 'Adults at Risk' (AAR) policy[6] in September 2016. Shaw's follow-up report, published in July 2018, found that the policy "remains a work in progress"[7] and, in response, the-then Home Secretary commissioned the ICIBI "to report each year on whether and how the Adults at Risk policy is making a difference".[8] The first ICIBI inspection was undertaken between November 2018 and May 2019 and was published in April 2020. It made 8 recommendations. The second ICIBI inspection was undertaken between July 2020 and March 2021 and was published in October 2021. It made 11 recommendations, including one specifically relating to Rule 35 (R35).

4.2 The AAR policy (Version 7), updated in November 2021, provides a framework for Home Office caseworkers to assess whether a person either in immigration detention or being considered for immigration detention is an 'adult at risk'. Rule 35 forms a key part of this policy and is set out in the Detention Centre Rules 2001 (DCR).[9] The purpose of R35 is to "ensure that particularly vulnerable individuals are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention".[10]

4.3 The DCR and 'Detention services order 09/2016, Detention centre rule 35 and Short-term Holding Facility rule 32' (Version 7, last updated 5 March 2019) require a medical practitioner within an Immigration Removal Centre (IRC) to submit a report to the Home Office on any detainee:

- whose health is likely to be injuriously affected by continued detention or any conditions of detention [known as Rule 35(1)]
- who is suspected of having suicidal intentions [known as Rule 35(2)]
- for whom there are concerns they may have been a victim of torture [known as Rule 35(3)]

5 https://www.gov.uk/government/publications/review-into-the-welfare-in-detention-of-vulnerable-persons
6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031900/Adults_at_risk_in_immigration_detention.pdf
7 'Assessment of government progress in implementing the report on the welfare in detention of vulnerable persons: A follow-up report to the Home Office', Stephen Shaw, July 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728376/Shaw_report_2018_Final_web_accessible.pdf
8 Home Secretary statement on immigration detention and Shaw report, https://www.gov.uk/government/speeches/home-secretary-statement-on-immigration-detention-and-shaw-report, 24 July 2018.
9 https://www.legislation.gov.uk/uksi/2001/238/contents/made
10 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031900/Adults_at_risk_in_immigration_detention.pdf

4.4 The subsequent R35 reports are sent to the Detention Engagement Team (DET) in the IRC for initial review[11] and then on to the Detained Medical Reports Team – Rule 35 team (R35 team) to assess whether the individual's continued detention is appropriate or if they should be released from detention, in line with the AAR policy. A formal response is issued by the R35 team with the decision,[12] and served on the detainee by a DET officer. This process is set out in Annex B.

4.5 Figure 1 sets out the volume and type of Rule 32/35 reports received between April and June 2022.[13]

Figure 1: Volume and outcome of R32/35, 1 April to 30 June 2022, broken down by gender

Rule 32/35 case type	Type	Total	Outcome: Maintain	Outcome: Release	Outcome: 'Stop the clock'[14] – awaiting response	Outcome: Not recorded
	Rule 32 (3)					
	Female	0	0	0	0	0
	Male	2	1	1	0	0
	TOTAL	2	1	1	0	0
	Rule 35 (1)					
	Female	3	0	3	0	0
	Male	8	2	6	0	0
	TOTAL	11	2	9	0	0
	Rule 35 (2)					
	Female	3	0	2	0	1
	Male	7	4	2	0	1
	TOTAL	10	4	4	0	2
	Rule 35 (3)					
	Female	22	10	11	0	1
	Male	495	286	199	1	9
	TOTAL	517	296	210	1	10
	Total	**540**	**303**	**224**	**1**	**12**

11 Detention Services Order 09/2016, Version 7.0.

12 Where the individual is being considered for deportation by Foreign National Offenders Returns Command (FNO RC), authority to release must be sought from the strategic director prior to a R35 response being issued.

13 In their response to the evidence request for this inspection, the Home Office provided various data sets: (a) a data set which was assured by the Home Office's Performance Reporting and Analysis Unit (PRAU) provided piecemeal in 3 separate data downloads; (b) the R35 team "case tracker" which is used by the team to track the progress of individual R35 cases; and (c) a R35 team internal data spreadsheet summarising R35 cases between April and June 2022 which is used to produce R35 team internal management information. During the onsite phase of the inspection, inspectors were advised by R35 team managers that their internal data spreadsheet was relied upon as the most up-to-date and accurate 'version of the truth' when it came to R35 data. The managers explained that this data was based upon the data provided by PRAU but was subject to additional assurance and data cleansing checks by the R35 team before arriving at the final data set. In light of this information, inspectors used the internal R35 team data spreadsheet as the single record of R35 team activity between April and June 2022 when undertaking any data related activity. Additional case information, where required, was obtained from Home Office databases such as CID and Atlas.

14 Process by which the R35 team revert to the IRC doctor for further information; the 'clock' is paused for the duration of this query and it is taken outside the 2-day response timeframe.

4.6 Data supplied by the Home Office showed that there were only 2 Rule 32 (R32) reports made in Short-Term Holding Facilities (STHFs) between April and June 2022. Stakeholders told inspectors that R32 was rarely used. Staff and managers at Yarl's Wood STHF confirmed that there had only been "one or 2 Rule 32 reports in the past few months" and considered these low numbers the result of individuals being held for a relatively short period of time in a STHF (a maximum of 7 days) before being released or moved on, for example into an IRC. Therefore, there was less opportunity for vulnerabilities to be picked up. Subsequently, this inspection did not consider R32 in detail and this report refers solely to R35.

Previous ICIBI recommendations

4.7 The first ICIBI inspection (2018-2019) made no recommendations related to R35 though the Home Office highlighted, in its response published in April 2020, that a consultation was underway on the DCR including a review of R35. The Home Office indicated its intention to "lay a new instrument (the Immigration Removal Centre Rules), which will include a revised Rule 35 … by the end of Summer 2020".[15] As of August 2022, no review had taken place.

4.8 The second ICIBI inspection (2020-2021) recommended that,

> "10. In respect of Rule 35:
>
> i. As a priority, roll out planned training to GPs regarding Rule 35;
>
> ii. Evaluate compliance with the two-day Home Office response time for Rule 35 reports;
>
> iii. Review the effectiveness of Rule 35(1) and (2) as safeguarding mechanisms, with the aim of ensuring their scope and use are fully understood by anyone called upon to write or assess a Rule 35 report;
>
> iv. Expand the list of the medical professionals who can complete a Rule 35 assessment to include qualified psychiatrists."

4.9 The Home Office partially accepted the recommendation and noted the "development of a GP awareness package around the Rule 35 process" but indicated work on the revision of the DCR and AAR policy had been paused for the introduction of the Nationality and Borders Bill.

4.10 Inspectors requested an update on the revision of the DCR and were informed:

> "As part of the ongoing review into the Adults at Risk in detention policy we will be looking at Rule 35 of the Detention Centre Rules to consider whether the rule should be changed or amended to make the processes simpler, more effective and more focused. The review is at its early stages with the full scope yet to be finalised but will take into account the Nationality and Border Act 2022 and the potential impact the changes within the Act may have on the detention system, including considering those measures that have yet to be commenced."

This work is expected to be completed within the next 12 months.

15 'The Home Office response to the Independent Chief Inspector of Borders and Immigration's report: Annual inspection of "Adults at Risk in immigration detention" (November 2018 – May 2019)' https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882002/Response_to_the_annual_inspection_of_adults_at_risk_in_immigration_detention.pdf

4.11 An initial update on the implementation of the recommendation, provided by the Home Office on 7 April 2022, cited "a review being undertaken of the current Rule 35 process and how reports are captured" and the development of a training package. A further update, provided within the Home Office's position statement in July 2022, referred to analysis undertaken by the R35 team on the categories of reports received and a subsequent proposal to amalgamate the individual forms for R35(1), (2) and (3) into one form. The Home Office is not consulting on this measure but:

> "seeking feedback on the proposals from medical staff and once we have sufficient evidence to support the changes [emphasis added] we will be presenting the proposal to the DCOIT Steering Group for agreement and then potentially the IDRIB [Immigration Detention Reform and Improvement Board]."

The team were also developing training on R35.

Context – those in detention

4.12 The numbers of individuals detained in immigration detention during the scope of this inspection increased, particularly between May and June 2022. This is set out in Figure 2.[16]

Figure 2: Number of immigration detainees, 1 April to 1 July 2022

Numbers held	Population as on:			
	1 April 2022	1 May 2022	1 June 2022	1 July 2022
In immigration detention	861	955	1,514	1,535
In prisons under immigration powers	641	546	432	553
Total	**1,502**	**1,501**	**1,946**	**2,088**

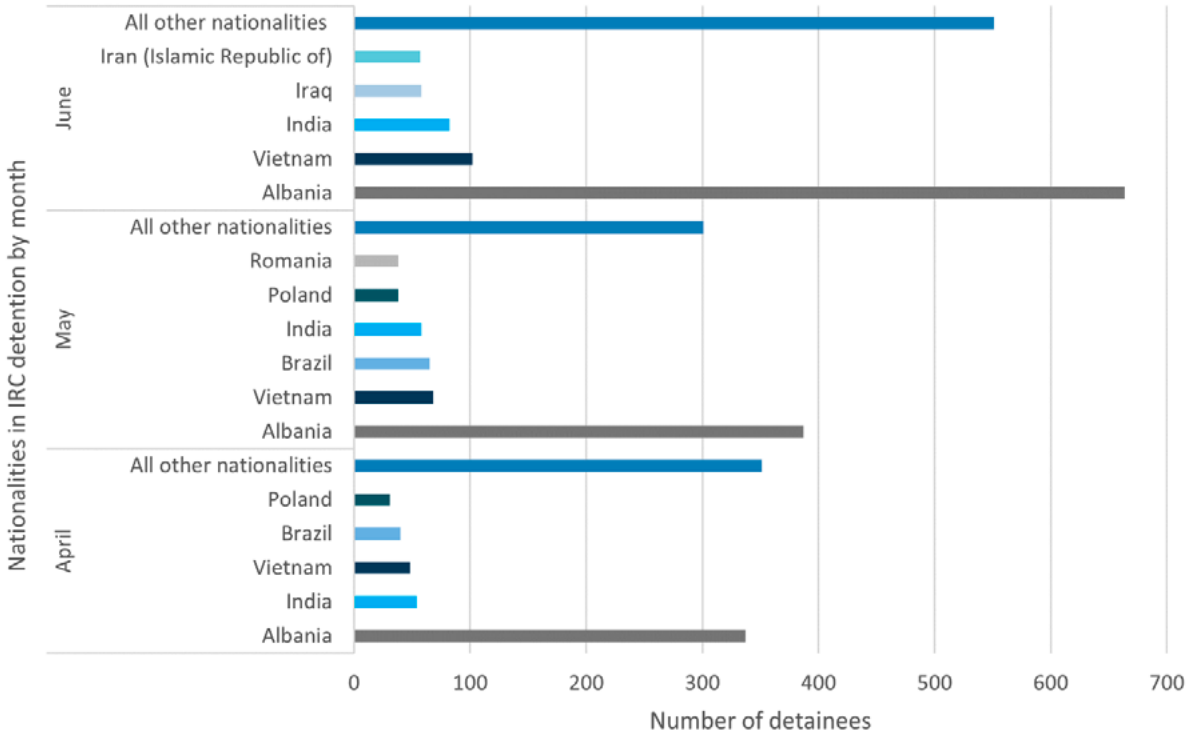
4.13 The characteristics of those in detention had also changed, with a notable increase in the number of women detained in IRCs; see Figure 3. Albanians were, across the time period, by far the single largest nationality group in detention, as set out in Figure 4.

Figure 3: Characteristics of detainees held in IRCs, April to June 2022

Characteristics	Population as on:		
	1 April 2022	1 May 2022	1 June 2022
Time-served Foreign National Offender (TSFNO)	332	419	532
Non-TSFNO	529	536	982
Women	26	48	57
Men	835	907	1,457

16 As explored later in this report, the data provided by the Home Office contained a number of errors.

Figure 4: Nationalities of detainees in IRCs between 1 April 2022 and 1 June 2022



5. Opportunities to identify vulnerable detainees

5.1 For Rule 35 (R35) to function as an effective safeguarding mechanism, detainees, and those charged with monitoring their wellbeing (Detention Engagement Team officers, caseworkers, healthcare and contractor staff) need to be informed about, and understand, its purpose and process. There are several opportunities for the Home Office, healthcare and contractor staff to inform detainees about R35, to establish if the detainee has, or is developing, a vulnerability or health concern, or recommend to a doctor that an assessment takes place, and for detainees to disclose relevant concerns.

Reception on arrival to an Immigration Removal Centre

5.2 The reception process is undertaken by contractor staff, on a detainee's arrival at the Immigration Removal Centre (IRC). This process is governed by 'Detention Services Order 06/2013 (DSO 06/2013): Reception, Induction and Discharge Checklist and Supplementary Guidance, August 2021'[17] and states a detainee should be asked questions about their personal circumstances including questions about possible vulnerabilities. Contractor staff are required to "ensure that all processes are fully understood by detained individuals whose first language is not English" and professional interpreters should be used if necessary.[18]

5.3 Inspectors observed the arrival of 6 detainees at Yarl's Wood and Harmondsworth IRCs[19] and noted contractor staff worked methodically through the required process. Annex A of DSO 06/2013 requires an assessment of a detainee's language skills but there is no accompanying guidance provided and inspectors noted there was no consistent method used.[20] In one observed reception, undertaken solely in English, it was clear to inspectors, who spoke to the detainee afterwards, that he had insufficient language skills to understand what had been said to him or to comprehend the written material provided to him. When raised, contractor staff told inspectors they had run out of leaflets in the detainee's first language. At Yarl's Wood, inspectors were informed that the translated copies of some of the reception and induction documents were inaccurate because they had been created using 'Google translate'. No information was provided at reception about R35 either verbally or in writing, nor is there any requirement in the DSO to provide this information as part of the induction undertaken by the contractor.

17 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019798/DSO_06_2013__Reception_Induction_and_Discharge_.pdf

18 Annex C https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019798/DSO_06_2013__Reception_Induction_and_Discharge_.pdf

19 No arrivals occurred during the onsite phase of the inspection at the third IRC.

20 At the factual accuracy stage, the Home Office drew attention to the publication, on 3 August 2022, of 'DSO 02/2022 – Interpretation Services and use of Electronic Translation Devices' which sets out guidance for staff on use of interpreters and how to assess an individual's proficiency in spoken English (including during the reception process).

Healthcare screening

5.4 DSO 06/2013[21] states that all detainees must be screened by a healthcare professional within 2 hours of their admission to the IRC. This screening is usually carried out by a nurse. The screening process is designed to identify the detainee's medical needs and any vulnerabilities. Nurses told inspectors that the process is thorough and, in general, fit for purpose in identifying immediate healthcare concerns. They also told inspectors that they were aware of the need to conduct the screening with an interpreter and that the appointments would take as long as is necessary according to the individual needs of the detainee.

5.5 Inspectors spoke to 52 detainees in 7 focus groups at 3 IRCs[22] about their experiences of their arrival at the IRC and the questions they were asked about modern slavery and human trafficking – there is no requirement to ask about experiences of torture. While not all detainees responded to the question, at one IRC, 5 detainees told inspectors that they were asked these questions but not provided with an explanation of these terms and so did not understand the questions. At another IRC, 4 detainees were asked these questions, and while they understood what was being asked, no explanation of the terms was provided; 3 detainees said they were not asked about trafficking or modern slavery at all.

5.6 Nurses demonstrated an awareness of the limitations of the screening for encouraging the disclosure of vulnerabilities by detainees. One commented: "the majority say no [to an appointment] …. Once they are here a while, they want to open up and share their experience. Initially they are cautious and don't want to say anything." Healthcare stakeholders told inspectors that expecting detainees to disclose issues of torture or modern slavery in the initial healthcare screening was inappropriate and unrealistic. One stakeholder said: "it would be almost unusual for someone to feel they can safely disclose" and that "full disclosure of trauma requires a relationship and rapport to be built up over time".

5.7 At Derwentside IRC, healthcare staff indicated that, in addition to the required initial healthcare screening and unlike at other IRCs, all detainees have a follow-up appointment 36 hours after arriving at the IRC in recognition of the challenges to disclosure which arise on arrival such as stress, disorientation and tiredness. Additionally, at Derwentside, all new arrivals also undergo a separate mental health screening conducted by the centre's mental health team, the day after the detainee's arrival at the centre. Inspectors were told a similar process is planned at the Heathrow IRCs where a new healthcare provider had taken over the contract and was redesigning the delivery of healthcare services.

Limited availability of interpreters

5.8 Detainees told inspectors that there were occasions when interpreters were not available or they were not offered during the initial screening process. At Yarl's Wood IRC, one detainee explained he was asked to translate for other arrivals during the initial health screening, but he did not understand some words he was asked to translate, including 'modern slavery' and 'trafficking'. Four detainees in other IRCs told inspectors they were not provided with an interpreter during the initial health screening, despite needing one. In contrast, at Derwentside, all 8 detainees who spoke to inspectors reported that interpreters were offered to them

21 https://www.gov.uk/government/publications/reception-and-induction-checklist-and-supplementary-guidance
22 Nine detainees at Yarl's Wood IRC, 7 detainees at Derwentside IRC and 6 detainees at Harmondsworth IRC.

during their initial health screening appointment. Healthcare staff commented on the limited interpreter availability with 'Big Word', a telephone translation service used in IRCs.

Rule 34 appointment

5.9 Rule 34 (R34) of the Detention Centre Rules 2001[23] states that every detainee "shall be given a physical and mental examination by the medical practitioner" within 24 hours of arrival. This appointment is carried out by IRC General Practitioners (GPs)[24] and is an opportunity to identify concerns which may engage R35; where considered appropriate, a separate "R35 appointment" may be offered to a detainee.[25] It also provides an opportunity to inform the detainee about R35 though this is not required by the Detention Centre Rules.

5.10 As set out in Annex D of the DSO 06/2013[26] the induction checklist asks healthcare staff to confirm, "Has Rule 35/Rule 32 been actively considered during the doctor's appointment?". There is no indication within the DSO if or where this response should be recorded and if any review is undertaken of the information collected.

5.11 The Independent Chief Inspector, in his second annual inspection,[27] recommended the Home Office should analyse the take-up of R34 appointments to identify and address the reasons for missed appointments. An update on this partly accepted recommendation showed that no progress had been made in its implementation.

5.12 Healthcare staff stated detainees often failed to attend R34 appointments. A Home Office manager said many detainees do not want a R34 appointment and so therefore do not attend appointments even if they are made for them. This is particularly the case where detainees have been transferred from prison and had regular access to healthcare provision. At Derwentside, only 2 detainees have attended the R34 appointment since the centre opened in April 2022 as they are "happy to wait" to see the doctor, when they undertake their twice weekly visit to the IRC. A stakeholder submission, based on an audit of the Heathrow IRCs undertaken prior to the new provider taking over in April 2022, found that detainees were not always clear on the purpose of the appointment; other stakeholders indicated this lack of understanding inhibited attendance.

5.13 Other issues were raised about the delivery of the R34 appointments. At Harmondsworth, as a result of increased arrivals, appointments are targeted at "those in greatest need", in contrast to Yarl's Wood, where the lower volume of arrivals meant this targeting was not required. Medical practitioner stakeholders argued that 5 minutes, the average time taken for a R34 appointment, was inadequate to elicit sufficient information, while noting that if appointments went over 10 minutes, this could not be effectively managed. Most pertinently, stakeholders drew attention to the lack of PTSD[28] screening within this appointment and the potential to miss other mental health conditions as a result.

23 https://www.legislation.gov.uk/uksi/2001/238/article/34/made
24 IRCs have dedicated health facilities run by doctors and nurses managed by the NHS, or appropriate providers, through partnership agreements with the Home Office.
25 At the factual accuracy stage, the Home Office commented: "A R35 report may be produced at any time and does not require a R35 appointment."
26 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019798/DSO_06_2013__Reception_Induction_and_Discharge_.pdf
27 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027583/E02683602_ICIBI_Adults_at_Risk_Detention_Accessible.pdf
28 Post-traumatic stress disorder.

Detention Engagement Teams

5.14 Detention Engagement Teams (DETs) were created in 2017, after Stephen Shaw's first review of welfare in detention (2016) and are present in all IRCs. They provide a contact management service for detainees and caseworkers and serve legal and immigration paperwork, answer detainee and caseworker queries, make referrals into the National Referral Mechanism (NRM) and induct new detainees.

5.15 All new arrivals at IRCs should be seen by a member of the DET within 48 hours for an induction.[29] DSO 06/2013 sets out how the induction should be conducted.[30] The DET induction requires the officer to check with the detainee if the reception and healthcare inductions have been carried out and asks if they have been subjected to exploitation or been a victim of torture. This induction process also functions, as set out in the DSO, as an opportunity "to re-assess any special needs/vulnerabilities identified at the point of reception or to identify any concerns not immediately apparent when admitted to the centre and pass this information to the Home Office". The DET officers use the DET Induction Record[31] (Annex F of DSO 06/2013) to conduct the induction interview; this makes no reference to R35.

5.16 Echoing His Majesty's Inspectorate of Prisons (HMIP) findings, and the Independent Monitoring Board in their annual report on Heathrow IRCs,[32] DET officers in both Yarl's Wood and Harmondsworth told inspectors that being under-resourced and carrying vacancies was negatively affecting the delivery of their required engagement activity. This was creating significant delays, at one IRC of up to a month, with detainee inductions, meaning some detainees had been released before their IRC induction had been completed.

5.17 Further, at Yarl's Wood, DET officers no longer had their own caseload of detainees, which was, in their view, negatively impacting their ability to monitor the vulnerability of individual detainees. At Harmondsworth, where DET officers did have their own caseloads, the team was unable to be proactive and relied mainly on the detainees contacting the DET. When inspectors visited the residential areas, at both Yarl's Wood and Harmondsworth, they (and the Home Office staff accompanying them) were approached by detainees seeking updates on their immigration cases. In discussions with staff, inspectors found a reluctance by DET officers and managers at 2 IRCs to regularly visit the residential areas, based on perceptions of safety and volume of other work, and a subsequent overreliance on surgeries.[33] Inspectors observed a DET surgery, and noted it was extremely time-limited despite a large number of detainees seeking advice and engagement. Staff demonstrated limited preparation for the session, and problems with interpreters undermined the effectiveness of the engagement activity.

5.18 In contrast, the DET in Derwentside was fully staffed and DET officers, and staff from other teams, told inspectors that there was no backlog in any engagement work, including inductions. Inspectors observed their approach and found it was detainee-focused and proactive, providing support to the detainees including identifying and managing vulnerable detainees.

29 https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention/management-of-adults-at-risk-in-immigration-detention-accessible-version
30 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019798/DSO_06_2013__Reception_Induction_and_Discharge_.pdf
31 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019798/DSO_06_2013__Reception_Induction_and_Discharge_.pdf
32 https://s3-eu-west-2.amazonaws.com/imb-prod-storage-1ocod6bqky0vo/uploads/2022/06/Heathrow-IRC-2021-annual-report-.pdf
33 Opportunities for detainees to discuss their cases with DET officers at a designated time and location in the IRC.

5.19 DET officers in all IRCs told inspectors they had not received any specific training on R35. DET officers at Derwentside, the newest team in operation, said their understanding of R35 had been developed from their own research and speaking to staff at other IRCs.

Detainee Custody Officers

5.20 Detainee Custody Officers (DCOs), contractor staff, play a crucial role in monitoring and managing the welfare of detainees in detention including through the use of designated welfare officers. Inspectors observed good practice by DCOs in all the IRCs visited, who demonstrated they were clear about how to escalate concerns about a detainee's vulnerability, understood the purpose and process of R35, and had good working relationships with healthcare staff.

6. Operation of Rule 35 in Immigration Removal Centres

Accessing Rule 35

6.1 'Detention Service Order [DSO] 09/2016: Detention Centre Rule 35 and Short-Term Holding Facility Rule 32' places responsibility for identifying the need for a Rule 35 (R35) report on the Immigration Removal Centre (IRC) doctor though, additionally, "nurses and other healthcare professionals are aware that they must report to an IRC doctor any detainee who claims to have been a victim of torture or gives an indication that this might have been the case". There is no requirement for nurses and other healthcare professionals to report equivalent concerns to the IRC doctor where a detainee's health is likely to be injuriously affected by continued detention (R35(1)) or where there are concerns of suicidal intentions (R35(2)). Through interviews and observations, it became clear to inspectors that, in practice, detainees, legal representatives and contractor staff were able to, and did, request or recommend a R35(3) (torture) report. An equivalent approach was not demonstrated for R35(1) (health) or R35(2) (suicidal intention).

Detainee perceptions and understandings of Rule 35

6.2 There was no visible information about R35 available either in leaflet or poster format in any of the IRCs visited by inspectors.[34] Inspectors spoke to 52 detainees in 7 focus groups at 3 IRCs[35] and found detainees' awareness of R35 varied, depending on location and nationality. For example, at Yarl's Wood IRC, none of the individuals spoken to by inspectors in Brazilian and Vietnamese detainee focus groups said they were aware of R35, whereas all 30 individuals in an Albanian detainee focus group said they had some understanding of it.

34 As highlighted by the Home Office at the factual accuracy stage, "There is no requirement for there to be visible information like leaflets or posters. The Rule 35 reporting system is not intended to and does not rely on an application or request from the detained person."
35 For ease, some of these groups comprised one nationality only.

Access to healthcare

6.3 Some stakeholders highlighted their clients' difficulties in accessing R35 appointments in a timely manner – the result of rising volumes of detainees and the subsequent increased number of requests for appointments. Monitoring data compiled by Practice Plus Group, the new healthcare provider at Harmondsworth IRC since April 2022, sets this out in Figure 5.

Figure 5: Monthly breakdown of R35 appointment requests and outcomes, April to July 2022, at Harmondsworth IRC

Month	Number of R35 appointment requests in the month	Completed R35 appointments	Waiting list backlog (number still on the waiting list at end of month)
April 2022	94	31	33
May 2022	161	57	61
June 2022	112	64	49
July 2022	99	73	49

6.4 The Home Office had begun, in June 2022, to monitor the availability of R35 appointments and the developing backlog across all IRCs. Data for the 3 IRCs visited is set out in Figure 6.

Figure 6: Availability of R35 appointments and backlog in June 2022 – Yarl's Wood IRC

Capacity of R35 appointments (i.e. number of clinics per month)	Number of R35 requests in the month	Completed R35 appointments	Backlog of appointments (as at end of month)	Action taken/Plan to tackle backlog
63	61	55	22	'Dr made aware on [sic] the increased backlog. Caused [sic] by increasing number of requests.'

Availability of R35 appointments and backlog in June 2022 – Harmondsworth IRC

Capacity of R35 appointments (i.e. number of clinics per month)	Number of R35 requests in the month	Completed R35 appointments	Backlog of appointments (as at end of month)	Action taken/Plan to tackle backlog
130 R35 appointment slots in June	109	63	68	'Where possible, PPG [healthcare provider] also endeavour to allocate more appointments over the weekend if the GP is able to.'

Availability of R35 appointments and backlog in June 2022 – Derwentside IRC

Capacity of R35 appointments (i.e. number of clinics per month)	Number of R35 requests in the month	Completed R35 appointments	Backlog of appointments (as at end of month)	Action taken/Plan to tackle backlog
16	18	15	0	N/A

6.5 Interviews with healthcare staff revealed detainees were, according to the estimates of staff, waiting one week to see a doctor for a R35 appointment at Yarl's Wood and 9 days at Harmondsworth. No delays were reported at Derwentside. Detainee Custody Officers (DCOs) at Harmondsworth and stakeholders informed inspectors that R35 appointments had recently been conducted by telephone in mitigation, despite the DSO requiring the examination be held face-to-face. At the factual accuracy stage, the Home Office stated that "The Harmondsworth healthcare provider and HO team responsible for monitoring the healthcare contracts have confirmed that no telephone appointments in relation to R35 occurred." There was no evidence to indicate that any effective triaging of R35 appointments was taking place to identify or respond to high priority cases. A focus group with 30 Albanians, approximately half of whom indicated they had been through the R35 process, raised concerns on the average 2-week wait for an appointment and were unhappy with what they perceived to be an opaque prioritisation process.

Training

6.6 At Harmondsworth and Yarl's Wood, doctors said they had received no training on R35 from the Home Office, the NHS or their employer. Nurses and a psychologist working in one IRC wanted training, including clarity on when to refer an individual for a R35, and what clinical information would be useful to the assessing doctor. Inspectors were informed that the Home Office's R35 team had run training for staff at Derwentside and the healthcare provider at Harmondsworth confirmed it was working with the Home Office in preparing a day-long training workshop for doctors, with expected delivery in October.

6.7 Stakeholder submissions drew attention to areas where, from the experiences of their clients, some doctors demonstrated confusion or misunderstandings of R35. These findings were echoed in interviews with healthcare staff. These included:

- Underutilisation of R35(1) and R35(2)[36] due to:
  - a lack of awareness and training on R35(1) and R35(2)
  - a perception that the threshold for a R35(1) is set very high
  - the belief that mental health can be managed in detention via other internal safeguarding mechanisms
  - the incorporation of mental health concerns under the R35(3) assessment rather than completing individual assessments and forms as required by policy
  - requests from detainees which were only for R35(3)
- Some doctors were:
  - failing to consider, and highlight, the mental health symptoms of the individual (such as flashbacks, post-traumatic stress disorder (PTSD), depression, hyperarousal, emotional dysregulation and avoidance), within a R35 report, and instead only making internal mental health referrals
  - incorrectly considering they should only comment on a deterioration of an individual in detention where this deterioration had already occurred
  - struggling to make an accurate assessment of an individual's deterioration
  - undertaking insufficient screening for PTSD
  - failing to acknowledge the relationship between detention and the deterioration of an individual with PTSD
  - demonstrating a lack of understanding of the definition of torture, particularly its application where a person has been controlled and felt powerless, including in relation to domestic violence, slavery and human trafficking

6.8 Additionally, stakeholders, and staff working in IRCs, commented that there were occasions where it was not always clear whether a full-body examination had been undertaken. When inspectors reviewed R35 reports, 3 contained a discrepancy between the notes (or lack thereof) of scars on the body map, and the reference in the report's narrative to the location, type and number of scars.

6.9 Doctors in IRCs expressed concerns about their role in the R35 process and some told inspectors of their discomfort at being asked to validate an account of torture when they were only able to indicate if the injuries/scars presented tallied with the detainee's narrative. These doctors considered they had an unenviable task in trying to verify whether something happened based on an injury that could be due to another reason, and/or something they have been told. One doctor said: "It can be a little bit difficult as sometimes it feels like we are putting words into their mouth." Another doctor commented that when a detainee has physical scars, this always leads to the conclusion that the detainee may have been a victim of torture (if this matches the provided narrative), as it is difficult to say otherwise. The identified difficulties in the process in terms of detainees being clear on the expectations and purpose of the R35 assessment are made more problematic by the 'patient-led' approach taken during

36 Between April and June 2022 there were 13 R35(1) reports (2%), 10 R35(2) reports (less than 2%) and 523 R35(3) reports (96%).

the physical examination to determine the location of any scars; other areas of the body not highlighted by the detainee would not be examined. Doctors also commented on the challenge of being able to effectively assess whether a detainee's mental health is stable enough to be in detention, especially considering access to 24-hour healthcare, and being asked to predict a future event – the detainee's possible deterioration.

7. Response to Rule 35 reports by the Home Office

Structure and history of the Rule 35 team

7.1 Stephen Shaw, in his follow-up report (2018) to his 'Review of the welfare of vulnerable people in detention' (2016), recommended: "… new arrangements for the consideration of Rule 35 reports. This should include referrals to a new body – which could be within the Home Office but separate from the caseworker responsible for detention decisions." In response, the Rule 35 (R35) team was created by the Home Office in 2019 and sits within the Detained Medical Reports team, under the Detention Progression Returns Command in the Home Office. The purpose of the R35 team is to provide "a consistent and objective assessment of R35/32 reports for any individual held in immigration detention managed by any Detained Casework Command: Introducing [sic] independence into the decision-making process".

The R35 team's sole caseworking responsibilities are the R32 and R35 decisions. The team are drawn from other caseworking teams within the Home Office. At the time of the inspection, the majority of the Executive Officer (EO) decision-makers within the team had come from the Foreign National Offender Returns Command (FNO RC).

7.2 The R35 team has no direct ownership of cases and is reliant on information from other Home Office teams and healthcare professionals to inform their decision on continued detention. The team's activities include:

- "assessing Rule 32/35 reports
- liaising with other Home Office teams for relevant information
- assessing potential vulnerabilities against the Adults at risk (AAR) policy
- balancing the R35 report, immigration risks and potential for removability and deciding whether the individual should have their detention maintained or be released
- and providing a response to the detainee with the 2-day response time."

The team are also responsible for the development of training on R35 for medical staff in Immigration Removal Centres (IRCs).

7.3 The team currently comprises: 0.5 full-time equivalent (FTE) Grade 7; 2 FTE Senior Executive Officers (SEOs); and 5 FTE EO decision-makers. At the time of the inspection, plans were in train to recruit a further SEO and 2 EOs.[37] This additional resource was expected to mitigate the impact of the 'Prison Parity Pilot', where the R35 team would have their role expanded to consider Rule 21[38] reports for Time-Served Foreign National Offenders (TSFNOs) held in prisons under immigration powers.[39] The team also receives support from the provision of temporary

37 The SEO took up post on 12 September 2022.
38 Rule 21 of the Prison Rules 1999
39 At the factual accuracy stage, the Home Office clarified that "All elements of the prison parity project will be covered in the soon to be published HMPPS [HM Prison and Probation Service] policy for immigration detained individuals in prisons."

EOs by other operational areas of the Home Office. The team operates Monday to Friday, within office hours only.

Rule 35 team dynamics

7.4 Overall, inspectors observed the R35 team had a clear team identity and demonstrated strong collaborative working with an emphasis on sharing knowledge, support and expertise with team colleagues. The R35 team has a challenging role and they handle sensitive material in a time-pressurised environment as R35 reports can contain graphic details of torture and violence. Inspectors found team members had a positive perception of the welfare support available to staff. SEOs within the R35 team were praised by various staff for their approachability and careful handling of case allocation, shown by considering EOs' individual needs and resilience. EOs also told inspectors that they felt able to challenge their SEO line managers if "something did not feel right".

Guidance

7.5 The operation of R35 is governed by Detention Services Order (DSO) 09/2016,[40] publicly available on GOV.UK. This document was last updated in March 2019, which predates the establishment of the Home Office R35 team by some 6 months and therefore makes no reference to the role and remit of the R35 team. The Home Office provided inspectors with a document, not protectively marked, titled 'Rule 35 Team Standard Operating Procedure – Rule 35/32 Reports' (SOP), dated 4 April 2022. The SOP sets out "… the tasks and actions required by the Rule 35 Team (R35T) to ensure Detention Centre Rule 35 and Short-Term Holding Facility Rule 32 reports are responded to effectively following receipt by the team, including timescales and standards for consistent delivery…".

Resourcing and volume of work

7.6 The negative impact of the under-resourcing of the team and concurrently the significant increase in R35 reports received between April and June 2022 (from 127 in April 2022 to 231 in June 2022) was a common theme raised by staff and observed by inspectors. On average the team received approximately 6 R35 reports for consideration per day between April and June 2022.

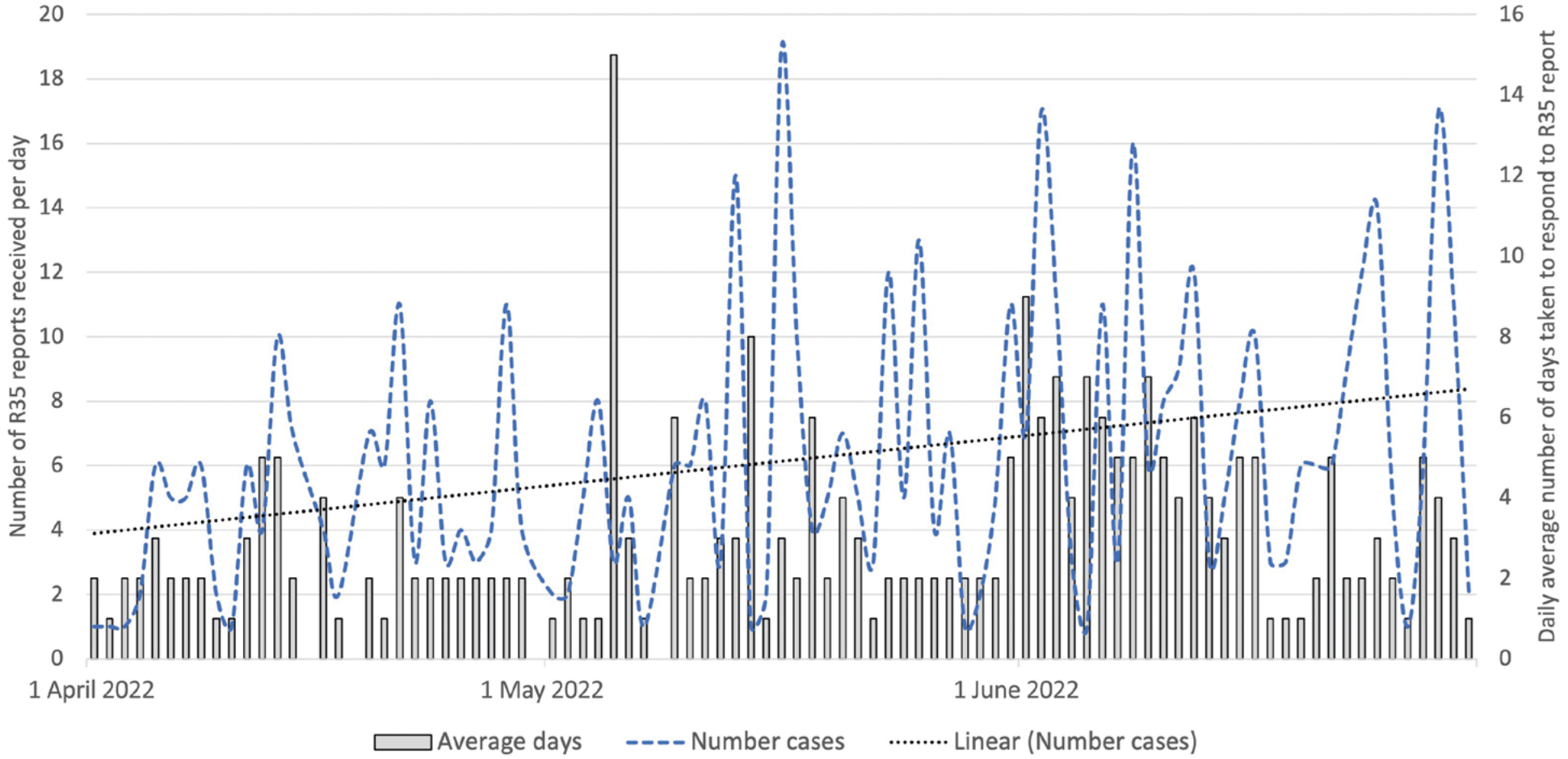
7.7 The operation of the team, between Monday to Friday only, did not reflect the available R35 assessment appointments in IRCs which ran Monday to Sunday, and meant that peaks in the volume of reports received built up on specific days, increasing the pressure on the team, and leading to an average of approximately 9 reports arriving per working day. The Detention Engagement Teams (DETs), who held responsibility for the receipt of the report and its onward transmission to the R35 team, also worked on weekends as part of their regular attendance pattern, albeit with reduced capacity and activity. Several members of the R35 team stated that the situation could be improved with the introduction of a shift or weekend working system, and indicated this had been considered previously, but not implemented.

40 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/783642/Detention_rule_35_process.pdf

7.8 In response to operational pressures caused by the Migration and Economic Development Partnership (MEDP) flight to Rwanda, SEOs and the Grade 7 head of unit had to draft and/or authorise R35 responses given a lack of resourcing in the R35 team. The drafting work is usually undertaken by EOs, and the authorising by SEOs. The provision of temporary EO decision-makers from other case-owning teams had been beneficial to the R35 team's output, however the time taken to train and support each temporary decision-maker undermined the team's overall effectiveness. Inspectors were told that in one case, a decision-maker had no access to CID, the key caseworking database, for much of their placement with the team.

7.9 Figure 7 sets out the increased volume of R35 reports received, between 1 April and 30 June 2022. The blue line illustrates the number of R35 reports submitted to the R35 team each day; the trendline shows the upward trajectory of the volume of R35 reports received; while the bar chart indicates the average number of days taken to respond to a R35 report for all applications submitted on that date.

Figure 7: Impact on response times of the volume of R35 reports received, 1 April to 30 June 2022



The role of the Detention Engagement Teams – triaging Rule 35 reports

7.10 Detention Services Order 09/2016 (DSO) sets out the administrative process for R35:[41] healthcare sends the completed R35 report to the DET inbox where a DET officer is required to log its receipt and:

> "Ensure that the report is legible, clear, signed by a named doctor and complies with the overall reporting requirements as indicated above and in the report template. If the report does not meet these criteria the Home Office DET must, within 24 hours, ask for this to be rectified by the medical practitioner."[42]

7.11 The DSO and SOP do not reference timelines for the DET to share the report with the R35 team; the Home Office stated no logs or records are kept by the DET in relation to their role in R35, though the DSO references the need to update the Immigration Removal Centre (IRC)'s R35 log. Staff expressed a range of timeframes for the completion of this task, from the day of receipt to 48 hours later. Internal management information from the DET at Yarl's Wood IRC showed, for the 138 reports received by the team between 1 April and 30 June 2022, the date of receipt was missing for 12 of them. Of the remaining 126 reports, while 43 were sent to the R35 team on the day of receipt, 34 took between 2 and 4 days to be sent on.

7.12 Inspectors asked DET officers at all 3 IRCs about the expectations placed upon them for the assessment of reports. It was clear there was an inconsistency between the requirements of the SOP and DSO 09/2016, and what DET officers were delivering in practice. One EO said: "We only get involved if the Rule 35 report is not legible – we're just like a postman sending the paperwork in both directions." DET managers understood their teams' role to include quality-checking the reports and ensuring they tally with other information on an individual's immigration record. Doctors said they had received little or no feedback or comments about the quality or content of their R35 reports from the DETs and inspectors found no evidence of this happening in the files reviewed, despite at least one report being acknowledged by the R35 team as being of poor quality.

The role of the Rule 35 team – assessing Rule 35 reports

7.13 The R35 SOP requires that, within the first hour on the day of receipt of the R35 report by the R35 team inbox,[43] an SEO must "Review Rule 35/32 Report to ensure that it is legible, and all sections have been completed for each of the concerns raised". Where a concern[44] is identified, the SEO must email the DET inbox "outlining the issue, confirming that the team has rejected the referral and no further action will be taken by the R35T until a fully completed report has been received"; where the report requires further clarification, the SEO should 'stop the clock' and ask the DET officer to refer it back to the medical professional for review and response. In this latter scenario, the 2-day response time is also paused. Staff in the R35 team highlighted that, in a small proportion of cases, the SEOs refer reports back to the DET, though this happened in less than 5% of cases and staff told inspectors that the 'stop the clock' mechanism was rarely used. It is difficult to ascertain from the R35 internal data how often 'stop the clock'

41 This process is broadly reflected in the SOP.
42 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/783642/Detention_rule_35_process.pdf
43 The SOP specifies "within the first hour on the day of receipt for cases received before 5pm and by 11am the following day, if received after 5pm".
44 Examples in the SOP include "poor legibility, missing information or if clarification is required in order to fully assess the individual's vulnerabilities against the Adults at Risk (AAR) in Detention Policy".

is used as it is a broadly temporary outcome and is replaced, in record-keeping terms, by the final outcome (maintain/release) once the case is closed.

7.14 Only one 'stop the clock' case was recorded in the R35 team internal data covering April, May and June 2022. Only one case of the 50 reviewed by inspectors showed evidence of the R35 team reverting to the IRC for further information – this related to a missing R35(2) report which was never provided.

Quality and availability of Rule 35 reports

7.15 Inspectors, as part of the review of files, examined 50 R35 reports produced by doctors. The R35 team SOP requires R35 team decision-makers to upload the doctor's report among other documents '(form IS335, which is the R35 team response' and the ad hoc Detention and Case Progression Review (DCPR)) to Atlas (Home Office caseworking database). Inspectors found that in 15 of the 50 cases (30%) the R35 reports had not been uploaded to the case record. When inspectors queried this, the Home Office stated:

> "All documents should be uploaded to Atlas … the majority of these reports were received in May and June, when there was a significant increase in intake and this caused an increase in the number of reports in the Rule 35 WIP [work in progress] and resulted in some delays and procedural errors. All relevant documents have now (2 September 2022) been uploaded onto Atlas."

7.16 In 2 cases, the R35 reports uploaded onto Atlas related to a different individual from that on the case record. In response to inspectors' queries about this, the Home Office stated that in one case, "This document was uploaded in error and has now been cancelled/removed", and in the other case:

> "The document was incorrectly uploaded to Atlas by FNO RC [Foreign National Offender Returns Command] (not the R35 Team). FNO RC have been made aware and asked to have this removed from Atlas. IT [sic] has been flagged this is a potential data breach that requires, at least, learning points identified for an individual."

7.17 Inspectors also found, in 6 cases, both the R35 report and the R35 response (IS335) were not available on either CID or Atlas. Again, in response the Home Office pointed to the increased volume of reports in May and June as a result of the MEDP flight to Rwanda which "resulted in some delays and procedural errors".

7.18 Inspectors found a lack of consistency in the approach, content and conclusions of R35 reports across IRCs and between different doctors at the same IRC, leading to varying quality of reports – a finding shared by stakeholders[45] and echoed at interviews with Home Office teams. There were, however, some areas of good practice identified by inspectors through a review of the available R35 reports.

- Reports generally summarised well the objective medical evidence where it took the form of scars or injuries; and doctors were able to articulate, from direct observation, the mood and/or behaviour of the detainee, during the consultation.
- The 4 R35(1) reports within the sample contained significantly more detail than a R35(3) report, most likely the result of following the required template.

45 https://medicaljustice.org.uk/wp-content/uploads/2022/04/2022_HarmedNotHeard_Final.pdf

Case study: good quality R35(3) report

This case related to a Vietnamese TSFNO.[46] The report opened by noting the detainee had a good command of English and had declined the offer of an English interpreter. The examination then proceeded in English. The report also explained that the examination took place in person and provided the location of the examination. The doctor noted that he began by explaining the Home Office definition of torture as stated on the R35(3) report form, and the detainee indicated that his experiences aligned with this definition. The report went on to provide detail of the context, date, location and nature of the torture. Significant detail was provided on the nature of the alleged torture and the injuries that had resulted. The doctor linked this back to the definition of torture by providing detail on the intentional severe pain and suffering inflicted and the powerlessness or inability of the detainee to resist.

The clinical observations section contained significant detail on the location and type of injuries attributable to the torture and connected this to the detainee's account. The report contained details of the medical intervention sought by the detainee in his home country. The doctor provided observations on the detainee's demeanour, speech, eye contact and general mood.

The assessment section concluded that the detainee provided a consistent account of the allegations of torture, evidenced by scarring consistent with the events described. The report ends by commenting on the detainee's current mental and physical health needs in detention, along with the doctor's current assessment of his fitness for detention. The report confirms the detainee had seen a copy of the R35(3) report and had been provided with a copy for his records.

ICIBI comment

This was a comprehensive R35 report with a significant amount of information captured on the circumstances of the examination, background narrative, medical background and contextualised information on the nature and impact of the torture, ensuring it clearly complied with the policy requirements. The report also links the evidence of torture to the account given and provides an evidence-based assessment of the impact of detention on the detainee.

7.19 Inspectors also identified areas for improvement, within the R35 reports reviewed, which were echoed in feedback from detainees and stakeholders:

- Only 3 of the reports recorded the language of the examination and whether an interpreter was used.
- A common lack of clarity was observed on the conclusion reached by the doctor as to whether the detainee was a victim of torture.
- Reports demonstrated a lack of clarity on what assertions could be supported by the doctor's direct observations and the subjective claims by the detainee; this was only clearly articulated in one of the reports.
- Nine reports did not link the definition of torture to the account provided by the detainee, and lacked detail on the form of the torture experienced, without which it is difficult to assess how the doctor could conclude that the subject had experienced "severe pain or suffering".

46 TSFNO – Time-Served Foreign National Offender.

- In 7 reports, no evidence of powerlessness or the detainee being powerless to resist, as required by the DSO to meet the definition of torture, was included – yet the doctor still concluded that the detainee was likely to be a victim of torture.[47]

7.20 Stakeholders and detainees highlighted factors which contributed to the poor quality of assessments. These included a lack of understanding or explanation of R35 by the doctor, so detainees were not always clear on expectations or the extent of the disclosures required; short appointments; perceptions they had not been listened to; and, as elsewhere in this report, issues with consistent access to good quality interpreters. One case reviewed by inspectors found a detainee had been asked to translate for another detainee during their R35 appointment, and this was recorded on the R35 report as "Fellow detainee translating from Albanian – seen face to face."

Case study: poor quality R35(3) report

The file name of the report suggested that it related to a different detainee, but the content of the report appeared to relate to the detainee named on the CID and Atlas records. The report provides no indication of where the examination took place, the language used for the examination or whether an interpreter was used. No information was provided as to how the detainee was tortured, how this inflicted intentional severe pain or suffering or how the victim was powerless to resist. In short, the report simply states, "he was tortured".

The clinical observations section noted the size and location of 2 scars. In the assessment section, the doctor notes that the detainee claims to be a victim of torture and concludes, based on his accounts, that he may be. The doctor states his scars are consistent with his account – though no detail is provided in the report in relation to how the scars were inflicted or whether they relate to the torture. The report concludes that there are no known medical issues in detention beyond one acute incident and he is stable in detention.

ICIBI comment

This report lacked context and detail. The language and circumstances of the examination are unclear from the evidence provided and there is virtually no detail in the report as to why the doctor considers the detainee to be a victim of torture. Similarly, the conclusion of the report is not objectively supported by the content of the preceding sections. It is also unclear from the report the grounds on which the doctor asserted that torture may have occurred. A review of the detainee's case record revealed no feedback was provided to the DET or doctor about the quality of the report.

47 Torture is defined by DSO 9/2016 as: "any act by which a perpetrator intentionally inflicts severe pain or suffering on a victim in a situation in which (a) the perpetrator has control (whether mental or physical) over the victim and (b) as a result of that control, the victim is powerless to resist". In this context there is no difference between "powerless to resist" and "powerlessness".

Home Office comment

"1. Feedback was not provided to the GP on this occasion.

2. No further information was requested from the GP before providing a response. The Home Office are currently in the process of reviewing Rule 35 documents and internal guidance to ensure our responses are to the right standard. This includes looking at more robust feedback mechanisms when GP reports do not contain sufficient detail. We have also developed a training pack for medical practitioners which sets out expectations with regards to the content and quality of Rule 35 reports and will be delivering this to medical staff in the near future.

3. The report was scanned and provided to the R35 Team under a different name (personal details in the report are correct). The report should have been uploaded onto Atlas with the correct details in line with the naming convention."

Rule 35 team performance – 2-day response time

7.21 Notwithstanding the variance between DSO 9/2016 and the R35 team SOP, the R35 team has 2 working days to provide a response to a R35 report after receipt. Internal R35 management information, considered more reliable by the R35 team, was used to assess performance against this metric. Figures 8 and 9 provide a summary of the number of working days taken to respond to R35 reports between April and June 2022, and R35 team performance against the 2-day response time during this period.

Figure 8: Rule 35 team – working days taken to respond to reports, 1 April to 30 June 2022

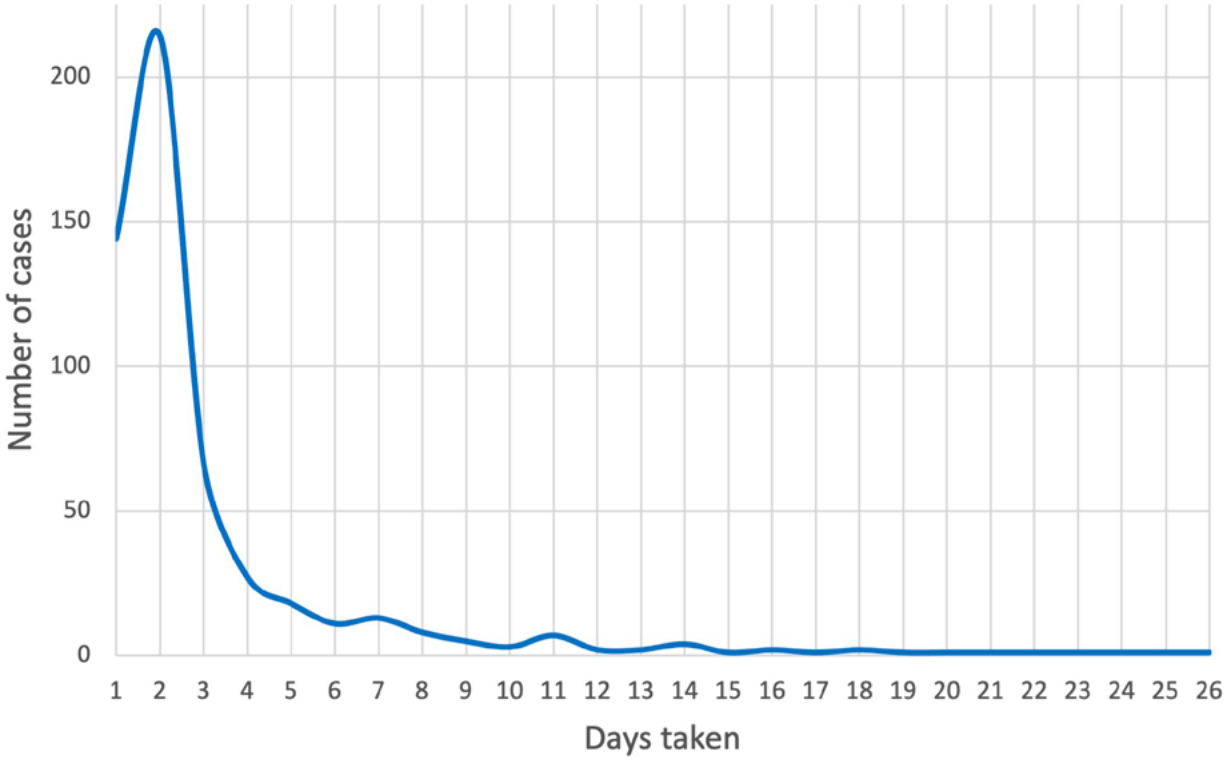
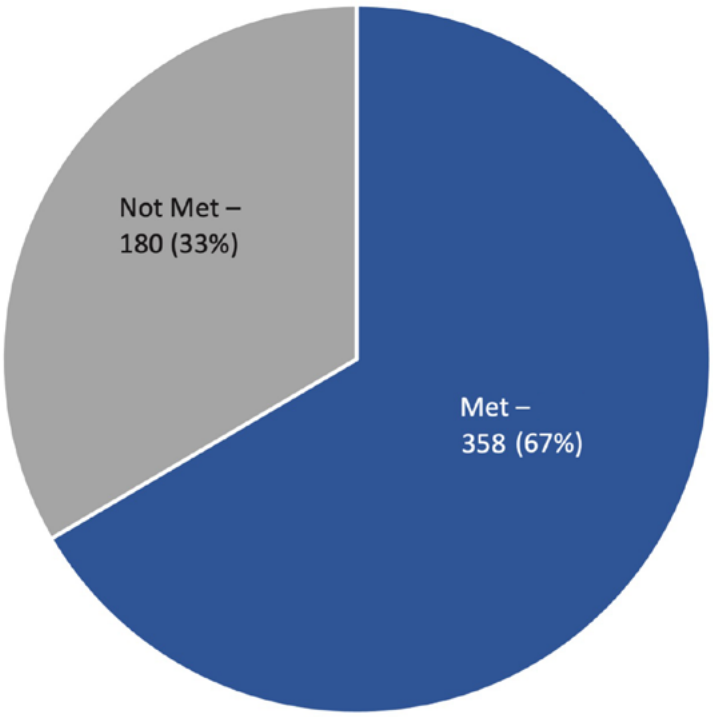


Figure 9: Rule 35 team – performance against 2-day response time, 1 April to 30 June 2022



7.22 A third (180) of R35 responses produced between April and June 2022 did not meet the 2-day response time and inspectors found that, of these cases, 58 took 7 days or more to resolve. Of these 58 cases, 32 were TSFNOs, principally Vietnamese FNOs (8 cases) and Albanian TSFNOs (8 cases). Of the 26 non-TSFNO cases, 12 were Albanian nationals followed by 2 who were Iranian nationals, reflecting the volumes of specific nationalities in detention. Three cases took more than 40 days to resolve. All 3 of these cases were TSFNOs, from Albania, Jamaica and Vietnam (see Figure 4). While most of the cases which took more than 7 days to resolve were R35(3), 6 were either R35(1) or R35(2). The delays were primarily concerned with managing public protection concerns and the provision of suitable accommodation. The initial delay, however, lay with the required process for the release of TSFNOs and the need for strategic director (a senior civil servant in the Returns and Detention Operations Directorate) authority to release (and associated escalation through the caseworking teams' managerial hierarchy).

Engagement with other Home Office teams

7.23 As the decision of the R35 team requires a balance between vulnerability and immigration factors, the team require prompt and accurate information from caseworkers in the National Returns Command (NRC) and FN ORC to provide a response within the 2-day deadline. Inspectors were told, and observed, that the service the R35 team received from caseworkers was variable. Service was often dependent upon the use of previous personal relationships (the majority of the team had previously worked in the FNO RC command) and by using multiple communication methods and escalation processes. FNO RC caseworkers interviewed considered they had a constructive and responsive relationship with the R35 team. NRC caseworkers reported the R35 team were efficient and described the quality of their work as "exemplary". Inspectors noted however that the requirements on caseworkers, from both

NRC and FNO RC, in relation to R35 were not being delivered effectively – in 11 of the 50 cases reviewed, the contents of the R35 report were not referenced in the subsequent Detention and Case Progression Review (DCPR).

Quality of Rule 35 responses

7.24 The R35 team are required to "review the appropriateness of the individual's continued detention in light of the information in the report"; the extent of the individual's immigration risk; how quickly removal is likely to be achieved; the compliance history of the individual; and any public protection concerns.

7.25 The R35 team responses reviewed were of varying quality, despite having been signed off by an SEO and served on the detainee. Inspectors identified the following areas for improvement. Firstly, whilst in general the R35 team balanced the immigration risk and harm/offending risks against the vulnerability of the individual appropriately, on occasion this weighting exercise was, in the view of inspectors, skewed in favour of immigration risk and harm/offending risks. For example, inspectors saw cases where the only perceived immigration risk was arrival in the United Kingdom via a small boat or clandestine concealment. In isolation, this criterion alone cannot justify immigration detention in the face of acknowledged vulnerabilities, particularly where the individual has not been given an opportunity to demonstrate compliance with immigration bail. In other cases, particularly those of Vietnamese nationals involved in cannabis cultivation, there was a weighting of the offending being considered as a harm offence and so justifying ongoing detention. This approach failed to engage with the modern slavery indicators present in these cases where the perpetrator of the offence may have been a victim, and disrupted a balanced assessment of risk of harm versus vulnerability.

7.26 Secondly, where the detainee was selected for removal to Rwanda under the Migration and Economic Development Partnership (MEDP), their ongoing detention was justified primarily on the basis that their arrival, via illegal means on a small boat and/or their passage through safe countries, was evidence that they would not comply with immigration bail if released. In contrast, non-MEDP cases arriving in similar circumstances did not see their detention maintained on the basis that their arrival via small boat and/or passage through a safe country indicated a particular absconding risk.

7.27 Thirdly, inspectors found there was a reliance on unrealistic stated timescales for removal as a justification for maintaining detention. For example, in one case the R35 team maintained detention on the basis that the individual's arrival via small boat was evidence of an absconding risk. Barriers to removal noted in the R35 response included a pre-action protocol letter, NRM referral, human rights claim and outstanding asylum claim. Despite these multiple barriers, the R35 team considered that the individual could be removed "within 6 or 7 weeks". The individual was assessed as AAR level 2 by the R35 team. If a detainee is assessed as AAR level 2, detention can only be maintained where a removal date had been set or could be set quickly; public protection concerns justify detention; and/or non-compliance indicators indicate removal is highly likely to fail if the individual is not detained. There were no public protection concerns in this case. Inspectors noted the individual had not been given an opportunity to demonstrate compliance and that the stated timeframe for removal was unrealistic given the multiple barriers to removal.

7.28 Finally:

- in 4 cases, there were inadequate explanations of why the information in the R35 report had been accepted or rejected
- in 3 cases, there were inadequate explanations of why the circumstances described in the report did or did not meet the definition of torture
- in 4 cases, there was no evidence of powerlessness to resist recorded in the R35 report, but in their response, the R35 decision-maker found that the report evidenced torture
- in 6 reports, there were apologies for "delays due to operational reasons" with no explanation as to what this actually meant and one response which described a 2-month delay in providing a response as a "slight delay"
- eight responses contained spelling and grammar errors

7.29 More positively, in the records reviewed, R35 decision-makers had, in 39 (of the 40 relevant cases), correctly assessed the AAR level, in light of the R35 report.

Rule 35 team performance – quality assurance

7.30 As set out in the SOP, the R35 EO decision-maker submits the R35 report, draft response and DCPR to the SEO who undertakes a quality assurance review – the response meets the expected standards and requirements – and then emails the EO who makes any changes needed. Second line external assurance is undertaken by the Detained Vulnerability Assurance and Advice Team (DVAAT) using a quality assurance form (updated in April 2022) and underpinned by a Quality Assurance Framework (QAF). It occurs after the decision has been served on the detainee. The stated purpose and objectives of this QAF are defined as:

- "to embody a transparent, consistent and robust quality assurance system that sets out the quality expectations in relation to key work streams within the detention and removal process
- to highlight patterns or trends of inappropriate decision making
- to highlight areas where support is required for decision making teams
- to infuse best practice and innovation into our approach to quality".

7.31 This framework document does not specify a number or proportion of cases that should be subject to assurance each month. Inspectors were told by managers that 20% of R35 responses should be subject to second line quality assurance each month. Based on this approach, between April and July 2022, roughly 107 cases would have been assured. A single SEO in DVAAT undertook the QAF checks on all cases selected for second line assurance.

7.32 In response to the increase of reports received in May 2022, DVAAT reduced the volume of cases selected for assurance to 10 cases per month. This resulted in only 23 cases (4.27%), of the 538 received between April and June being quality assured; significantly below the 20% target for assurance. The revised requirement to quality assure 10 cases per month was also not met.

7.33 Overall 35% (8 cases) failed the quality assurance assessment despite all having been the subject of first line assurance by the R35 team SEO and had already been served on the detainee.

7.34 EOs are told of the failure of the quality assurance assessment at their monthly meetings and feedback is provided to them. Inspectors reviewed an example grid which set out the qualitative assurance findings by DVAAT and noted a range of serious errors had been identified such as:

- Case 1: "There were clear signs of forced working/modern slavery that were not addressed or identified in the consideration of vulnerability and AaR level [nor any indication an NRM had been made]. Conflicting Adults at Risk levels, within the response, and then on CID."
- Case 2: "The case has been outcomed [sic] as 'Detention Maintained' despite a clear recommendation that the individual should be released."
- Case 3: "… there is a clear reference made to ongoing detention being detrimental, yet an AAR L2 (sic) attributed as opposed to AAR L3. This is at odds with the policy."
- Case 4: "No documents have been uploaded to CID or Atlas, either decision or DCPR."

Rule 35 outcomes

7.35 Of the 538 decisions made between 1 April and 30 June 2022, 302 were decided as detention maintained; 223 were decided as release; 12 had no decision recorded (2 of which were concerned with suicidal intentions); and 1 case was deemed 'stop the clock', where the decision-making process is paused pending receipt of further information.[48] Rule 35 outcomes are set out in Figure 10.

Figure 10: Outcome of R35 responses, 1 April 2022 to 30 June 2022

	Detention maintained		Released		'Stop the clock'		No outcome recorded		Total
	TSFNO	Non-TSFNO	TSFNO	Non-TSFNO	TSFNO	Non-TSFNO	TSFNO	Non-TSFNO	
Rule 35 (1) – Health concerns	2	0	4	5	0	0	0	0	**11**
Rule 35 (2) – Suicidal intention	2	2	1	3	0	0	2	0	**10**
Rule 35 (3) – Torture	52	244	42	168	0	1	10	0	**517**
TOTAL	**56**	**246**	**47**	**176**	**0**	**1**	**12**	**0**	**538**

7.36 The data shows that whilst TSFNOs made up a minority of the total cohort of detainees with a R35 report, they were 10.4% more likely to have no outcome recorded as their R35 response, and 8% more likely to have their detention maintained. The data also demonstrates the comparatively low number of R35(1) and R35(2) reports submitted by doctors, with the combined total for both report types making up only 4% of all R35 reports completed in the reference period.

48 Inspectors had concerns about the validity of this data which is explored further at para 7.38.

7.37 Despite evidence in the file sample indicating that TSFNO cases took longer for the R35 team to resolve (due to the requirement to obtain strategic director authority to release), the data does not point to an increased use of the 'stop the clock' procedure in these cases. No TSFNO cases were recorded as 'stop the clock' cases in the data.

7.38 DSO 09/2016 requires that, even where the detainee has been or will be released, a written R35 response must be served, and "may be very brief". In 15 cases reviewed by inspectors, the decision to release the detainee had already been made either via an Immigration Judge (IJ) granting bail or by a caseworker outside the R35 team granting Secretary of State bail. Despite this, these cases were still recorded as a release under R35 by the R35 team on CID/Atlas (as these were the only 2 options available within these systems) but also in internal R35 team records, providing an inaccurate picture of R35 activity. According to internal R35 team records, for the 50 cases reviewed by inspectors, the R35 team decided to release the 22 detainees, while a review of the same records on CID/Atlas indicated that in only 6 cases was the decision to release made by the R35 team; the other 16 had been released by other teams or on IJ bail, prior to issuing of the R35 response.

7.39 Virtually every case where detention was maintained under R35 in the file sample had justified that decision on the basis that removal was imminent within a timeframe that was deemed reasonable by the decision-maker considering the circumstances of the case. In some cases, that imminence was caveated on the basis that removal would be possible within weeks if multiple barriers to removal fell, despite cases where the barriers were known to be the subject of delays (such as decisions on NRM referrals). The status of the 50 R35 cases as at 18 August 2022 is provided in Figure 11. Despite 11 cases having removal directions in place on the snapshot date of 13 June 2022, none had been removed from the UK.

Figure 11: File review outcomes: detention status (as at 18 August 2022) of detainees with a R35 report between 1 April and 30 June 2022

Status	Time-Served Foreign National Offenders	Non-Time-Served Foreign National Offenders	Total
Released on Immigration Judge bail	6 (12%)	11 (22%)	**17 (34%)**
Released on Secretary of State bail	8 (16%)	16 (32%)	**24 (48%)**
Still detained	9[49] (18%)	0	**9 (18%)**
Removed/deported from the UK	0	0	**0**
TOTAL	**23 (46%)**	**27 (54%)**	**50**

Delays in the service of Rule 35 decisions

7.40 The R35 SOP requires that the R35 response is sent to the DET to be served on the detainee; a copy is also sent to the doctor to sign, confirming receipt, and a copy placed on the detainee's medical record. The DSO goes further and requires the doctor to confirm they are aware of

49 Release had been approved in 7 of these cases, either by an Immigration Judge or a caseworker, but the detainee had not been released.

the decision made by the responsible officer (R35 team). In 18 of the cases reviewed (36%), the service of the response by the DET on the detainee was not recorded on CID or Atlas. In 13 of the cases where there was a record of the date the detainee was served with the response, the time taken to serve the response was longer than 2 days. DET officers told inspectors that the service of R35 responses was often delayed because the release of detainees, and NRM referrals, took priority over other activities meaning the team often dealt with R35 responses the following day.

7.41 There was no available guidance for staff on how the decision should be served; so DET officers reported different approaches, with some simply handing over the response while others provided details of the response. DET officers at all 3 IRCs visited reported problems with interpreting services which negatively impacted how this work was undertaken.

Case study – delays in the service of an R35 decision

A detainee with very serious and unexplained physical symptoms, undergoing medical tests, was the subject of a R35(1) report, completed on 12 May 2022. R35(1) applies when a doctor concludes that a person's health is likely to be injuriously affected by continued detention. The R35 team received the report on 14 May, but took 8 days to respond to it as this was a TSFNO case requiring strategic director authority to release. The R35 response was sent to the IRC on 26 May. A note made by a DET officer on CID on 27 May 2022 stated "Rule 35 response recieevd, [sic] fwd'd [sic] to healthcare", however the detainee was not served with the R35 response decision to release until 5 June. He was released from detention on 17 June 2022.

ICIBI comment

Whilst inspectors noted that the detainee did not raise concerns regarding the delay, there is no indication why it took the DET 10 days to serve the R35 decision on the detainee. In the absence of any explanation, this delay could not be considered as anything other than unreasonable and demonstrates poor DET customer service and is indicative of broader delays within the system.

Home Office comment

"1. The delay in responding to the R35 report was because further information was required from FNO RC as the case owners.

2. It is not acceptable that there was a 10-day delay in serving the R35 response on the individual detained. Although a specific reason for the delay cannot be identified, this was during a pressurised period of work linked to the MEDP process. DET are currently under resourced and although staff were seconded from other areas to support DET, there were examples of casework mishandlings.

3. Procedurally DET support officers provide the response from the R35T to healthcare staff by email and place the decision for serving. The intention is that the individual detained and healthcare are made aware on the same day, but on this occasion, there was an unacceptable delay in serving the response on the individual.

4. The individual was discussed routinely during the weekly vulnerable review meeting. We released according to the timeframe set by the EM Hub."

7.42 Inspectors reviewed the number of days taken between a decision to release an individual under R35 and their actual release from detention, drawn from the 50 files examined.[50] The SOP requires all release decisions for TSFNOs to be authorised by the strategic director; these releases are often subject to additional public protection measures such as ensuring appropriate probation accommodation is in place before the release can take place. For TSFNOs, release times ranged between 11 and 79 days, compared to between 2 and 25 days for non-TSFNOs. In addition, the 7 TSFNOs with a decision to release under R35 had not been released as of 18 August 2022 and had remained in detention for a further 65 to 105 days by that date.

Engagement with healthcare

7.43 The R35 SOP and DSO 09/2016 require a copy of the Home Office's response to be sent to the doctor to sign to confirm receipt, and a copy placed on the detainee's medical record. However, doctors informed inspectors that they do not routinely have sight of the response to their report. This meant that they did not have the opportunity to challenge the decision, should they feel it necessary to do so; a Home Office manager said they were "unaware of any occasions where the doctor had challenged the R35 team decision". A stakeholder highlighted that, in their experience, there is no indication from SystmOne (the IRC healthcare database) that doctors are seeing or acting upon these response letters, and this was leading to a lack of consistency in whether the R35 responses are being appended to the detainees' medical record.

Interaction with the National Referral Mechanism

7.44 The Home Office is a first responder organisation, authorised to refer a potential victim of modern slavery into the National Referral Mechanism (NRM). NHS staff are not first responders and cannot make NRM referrals. Inspectors found Home Office staff demonstrated a good knowledge of modern slavery and trafficking indicators and were aware of the importance of offering the NRM to potential victims of modern slavery (PVOMS).

7.45 However, stakeholders highlighted their concerns that their clients were making disclosures during their R35 assessments which merited a referral into the NRM but this referral had not been made by Home Office staff. Healthcare professionals interviewed during this inspection advised that if, during a R35 appointment, they had any concerns that the detainee was a PVOMS, they would document it in the R35 report, or submit an IS91 RA part C[51] to the Home Office.

7.46 Inspectors requested data on the number of NRM and Duty to Notify (DtN)[52] referrals submitted by the R35 team between April and June 2022 – no data was provided on the basis that:

> "… when potential indicators of Modern-Day Slavery are identified, such as within an allegation of torture, a review of the case occurs. The R35T [Rule 35 team] would check whether such a claim has already been raised separately to the R35 notification and then

50 As discussed elsewhere, whilst some decisions are recorded as a release under R35 of the Detention Centre Rules, the actual decision to release was made before the submission or consideration of the R35 report.
51 This form is used by contractors and Home Office staff to notify the responsible case owner of particular concerns regarding an individual detainee.
52 'National referral mechanism guidance: adult (England and Wales) Updated 19 May 2022', "2.4 Duty to Notify: From 1 November 2015, specified public authorities are required to notify the Home Office about any potential victims of modern slavery they encounter in England and Wales. The online system provides optional and mandatory fields to enable you to submit the referral. Adult cases who do not provide consent to be referred into the NRM process, automatically become DtN referrals on the online system."

take appropriate action. In the vast majority of referrals that have potential indicators, the R35T have found that an NRM referral has already been raised and is under consideration. A clear note on HO systems is made to this effect.

If there are no records of an NRM claim having been raised, then the R35T notify the detained casework team and DET and highlight that there are potential indicators for which a NRM referral should be considered. The R35T also highlight that this action has been taken within the R35 Response Letter. Our experience is that detained casework team will then liaise with the DET to serve an NRM prompt sheet and seek consent for the referral, which will subsequently be completed by the detained team via an online referral."

7.47 R35 team members confirmed they were not expected to act as first responders but reported conflicting experiences of whether these referrals were completed by other Home Office staff where reports had accounts of trafficking. Inspectors reviewed 50 files and identified likely trafficking indicators in 20 R35 reports but found that NRM referrals had not been made in 17 of these cases.

7.48 DET officers, when asked about who had responsibility for making an NRM referral, provided responses varying from not knowing who should make the referral, to undertaking the referral themselves, to believing responsibility lay with the R35 team to highlight in their response and be actioned by the caseworker. Clarification was sought from a senior manager on the responsibilities of DET officers, who commented: "The policy is whoever is made aware of it should raise it. I would see DET referring it to the caseworker and then it would come back to DET to do …"

8. Contextual challenges

Data

8.1 Poor quality data has been a consistent theme in the ICIBI's annual inspections of 'Adults at risk in immigration detention' (AAR), and indeed most ICIBI inspections. The first annual inspection made a recommendation, at paragraph 4.6,[53] to improve data collection. The Home Office rejected the recommendation, though noted: "Our long-term intention (under Atlas) is to fully commit to the substance of this recommendation but we are unable to do so prior to the implementation of Atlas."[54] The second annual inspection found that little had changed with regard to data and sub-standard record-keeping, and subsequently poor data remained an issue. Recommendation 11 stated, "In respect of caseworking:

i. By the end of September 2021, complete a data cleansing exercise for all records with an Adults at risk marker (all levels) and corresponding 'Special Condition' flags;"[55]

8.2 In response, in October 2021, the Home Office stated that:

> "The Home Office is focused on ensuring Adults at Risk level records are accurately recorded on Atlas. It would not be in the public interest to commission a resource intensive data cleansing exercise for the Case Information Database (CID) – a system that will soon be decommissioned (i)."

There is, as yet, no formal date for CID to be decommissioned.[56] A formal update on progress implementing ICIBI recommendations, provided by the Home Office in April 2022, made no reference to improvements in data quality.

8.3 The current inspection again encountered problems with the quality of the Home Office's data. The data set provided by the Home Office's Performance Reporting and Analysis Unit (PRAU) of all those in detention in April, May and June of 2022 contained a number of errors which undermines the ability of the Home Office to effectively and definitively state who is in immigration detention. For example, the data shows 3 individuals being held at Campsfield IRC which closed in 2018;[57] and errors with the detention start and end dates of 21 detainee records[58] which show (incorrectly) the longest serving detainee to have spent 2,707 days, or 7 years and 4 months, in detention.

---

53 "(Without waiting for Atlas) produce and share with stakeholders a statement about the data the Home Office considers is essential to a thorough understanding and assurance of the effectiveness of the Adults at Risk guidance (and any related policies, guidance, processes), and overhaul the forms and other methods by which data and information about the detained population is collected, to ensure that this data is collected consistently and comprehensively."

54 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882002/Response_to_the_annual_inspection_of_adults_at_risk_in_immigration_detention.pdf

55 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027583/E02683602_ICIBI_Adults_at_Risk_Detention_Accessible.pdf

56 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1026952/Formal_response_to_ICIBI_Adults_at_Risk_2.pdf

57 The Home Office subsequently announced, in June 2022, that it intends to reopen this IRC.

58 Twenty-one detainees are recorded as having entered, but not left, detention between January 2015 and December 2019.

8.4 In response to concerns raised by inspectors about the quality of the data received for this inspection, the Home Office stated:

> "The data set we have provided you is as accurate as the system will allow it to be and was assured by PRAU, but they cannot review every single case. Therefore, on review it still contains what I will call anomalies that do not provide an accurate representation of who is detained; and should be used indicatively or as a starting point only…
>
> It could be said that this then leads to the possibility that detained casework commands could have individuals in detention that are not known of. However, … 'Ring Fence Owner' reports are provided which allow each command to know who is detained and for action (like detention reviews) to then occur. Every individual detained has to have a Ring Fence Owner and so all individuals will appear on command reports….
>
> Part of the reason why the Home Office is investing in Atlas, the DOD [Daily Operational Database] interface and the Vantage reporting system is to enable us to have accurate data which we can then use to improve our operations. You will note that the R35T [Rule 35 (R35) team] (like many other teams) have had to create their own monitoring and reporting tools, when really this should be centralised or bespoke from a central system. The Home Office will get there, it is quite simply just taking longer than we would want it to."

8.5 Inadequate record-keeping by caseworkers is a key contributory factor to the development of sub-standard data. Inspectors noted, through the review of files and an assessment of the quality assurance feedback provided to the R35 team, incidents of documents missing from the relevant caseworking databases.

8.6 The shortcomings in record-keeping were further emphasised by regular emails circulated by the Detained Vulnerability Assurance and Advice Team (DVAAT).[59] A central function of the team was, on a weekly basis, to reconcile the data provided by PRAU of AAR levels of detainees with equivalent data held by the Immigrant Removal Centres (IRCs) and to reduce the number of duplicate (and on several occasions triplicate and quadruplicate) records held by the Home Office. Inspectors reviewed the spreadsheets produced between May and September 2022 and noted that some duplicates went unaddressed for a number of weeks.

8.7 Home Office managers were cognisant of the problems with data and noted that authority had been given for a data cleanse to be undertaken prior to Atlas going live and CID being fully decommissioned.

Perceptions and expressions of abuse of the process

8.8 Home Office staff, from a range of teams, grades and locations, expressed a variety of opinions about the abuse of R35 from those who were open-minded about the motivations of detainees and the validity of their claims, to those who were more sceptical. Inspectors were unable to draw firm conclusions on the extent to which such opinions, and any associated bias, influence the manner in which vulnerable detainees are identified and safeguarded within IRCs generally, or through R35 specifically.

8.9 However, it was clear that there were similarities in how staff and contractors, predominantly at Harmondsworth and Yarl's Wood IRCs, perceived R35 to function and, equally, the extent to which such perceptions had become embedded within the working culture of the IRCs.

59 This team provides a central oversight and assurance function for example in relation to general vulnerability reporting, including on R35 reports.

When this issue was raised at a challenging onsite debrief with senior Home Office staff, it was clear to inspectors that managers had not established the extent of such abuse or sought to understand if perceptions of abuse have an effect on how staff engage with R35.

8.10 Senior managers rejected inspectors' concerns on the basis that misplaced perceptions did not have an impact as long as staff were following the guidance and considered the R35 team provided an independent decision in any case. At the factual accuracy stage, the Home Office noted that senior managers had seen no evidence of the underlying principle not being complied with (e.g. examples when release should have occurred, but did not). However, this inspection has found that, in a number of areas, aspects of guidance are not being followed – for example, in failing to reject R35 reports that do not meet reporting requirements – and inspectors attribute this, in part, to the low esteem with which the R35 is held by staff. The Home Office further stated: "The Home Office maintain that these failures were not critical to the decision made" and "The policy intention of R35 is that if there is a concern around vulnerability then release occurs and it does. Failure to comply with aspects of the policy or guidance, although not acceptable, does not demonstrate a failing." While inspectors found the R35 team perceived, and indeed demonstrated, independence in as much as they could as an internal Home Office team, their overall output was somewhat undermined by both the quality of the evidence used in their decision-making, and their responses.

8.11 There were similarly mixed perceptions of R35 displayed by IRC healthcare staff including concerns about the veracity of, and similarities in, accounts provided by more than one detainee. Senior healthcare staff at 2 IRCs drew attention to their perception that solicitors were driving the R35 requests, highlighting the duplication (verbally) of identical accounts of torture and trafficking by detainees. Inspectors were unable to assess whether this perception impacted the quality or approach taken on the completion of R35 assessments and subsequent reports by doctors.

8.12 Detainees, during one focus group, cast doubt on the validity of some other detainees' claims and voiced their concerns at the detrimental effect this had on vulnerable detainees and the timely processing of R35s.

8.13 Despite some members of the R35 team highlighting, at interview with inspectors, their perception that R35 was being abused, no monitoring mechanisms were in place to identify or take action where this might be happening. A senior manager confirmed that "no analysis was currently underway on any abuse".

8.14 In response to the assertions made during onsite visits, inspectors asked for details of complaints made to the regulators of immigration advisers and solicitors – the Office of the Immigration Services Commissioner (OISC) and the Solicitors Regulation Authority (SRA) – in relation to R35. The Home Office responded:

> "I am unable to provide details of any complaints to OISC in relation to R35 as there is i) no central recording database and ii) intelligence colleagues do not like information to be provided outward when there are active investigations occurring. I do not know if there are any current investigations at this time, although the R35T have not commissioned/ begun any."

8.15 However, an internal report provided to inspectors, 'Issues raised by people facing return in immigration detention, July 2021, v2', found that 86% of those detained in 2021 (excluding Foreign National Offenders (FNOs) and those detained on arrival) "raised at least one of nine claims or actions while in detention: asylum claims, human rights applications, further

submissions, appeals, judicial reviews, referral as a potential victim of modern slavery, rule 35 reports, medico-legal reports, and causing a return attempt to fail through physical disruption". The paper notes that the number of R35 reports have remained at similar levels since 2016. In terms of the timing of when detainees raised R35 claims, 60% were raised within 14 days of the detainee being in detention.

Charter flights

8.16 Charter flights can be used to remove people under 'deportation' or 'administrative removal' conditions. Stakeholders shared concerns with inspectors that the pressure caused by charter flights, specifically within the inspection timeframe – the Migration and Economic Development Partnership flight to Rwanda – had meant that R35 was not able to function in an effective or timely manner. A review of data relating to the number of R35 appointments requested, the volume of R35 reports provided to the Home Office, the timeliness of the R35 responses, and the Home Office's response to inspectors' queries from file sampling, all support this assertion.

8.17 Inspectors spoke to staff in IRCs about the impact of charter flights to understand how these were managed and a number of consistent themes emerged. Firstly, the extent to which healthcare and custodial staff are made aware of a planned charter varied; this impeded their ability to plan for the resultant spike in demand for R35 appointments, or the vulnerability and security implications on the residential wings. Healthcare staff noted the implications for detainee wellbeing (as a result of increased mental health issues) and the impact on the delivery of primary healthcare (as a result of increased demand for R35 appointments). At the factual accuracy stage, the Home Office stated:

> "Through local Service Delivery Managers the HO always inform IRCs and IRC healthcare suppliers of forthcoming Charter plans and this included the 14th June Rwandan Charter. Moving forward this will now be centrally managed with a clear audit trail."

8.18 Healthcare staff reported that stress and associated symptoms increased for individuals going on charters and could result in the same detainee attending healthcare "several times in one day". In the case of the Rwanda flight, concerns over leaks restricted the number and type of staff informed and had led to a perception that the handling of the flight was marked by a lack of planning.

8.19 Secondly, Detention Engagement Team (DET) officers at Yarl's Wood IRC and Harmondsworth IRC were responsible for delivering the Notification of Intent (NOI) letters to inform detainees they may be sent to Rwanda. DET officers were informed that the delivery of these notices was a "priority", but those interviewed by inspectors stated that no guidance was given to them on how to manage this process and the information contained in the NOI was limited.[60] Therefore, at Yarl's Wood IRC, DET officers said they "weren't able to answer any queries from detainees" and, at Harmondsworth IRC, DET officers said they were unable to answer questions "adequately". Detainee Custody Officers (DCOs) working directly with detainees were not informed of the planned Rwanda flight.

60 At the factual accuracy stage, the Home Office commented that: "Information and awareness sessions were provided to DET staff and although those interviewed may have stated there was no guidance or they lacked awareness, this is not the HO position."

8.20 Inspectors asked for details of any lessons learned exercises undertaken after charter flights and were told:

> "We are not aware of any issues around AaR following charter flights. No issues have been raised by our monitors, medics on flight or C&C [Mitie Care & Custody] staff. We do have washup calls after certain charters and again nothing has ever been raised in regards to AaR."

8.21 There was also a noted impact on the R35 team in terms of the volume of R35 reports received. This was managed by an 'all hands on deck' approach, with managers drafting responses. This is not sustainable. Anticipating a further Rwanda MEDP flight in the autumn, the Home Office will need to marshal additional resources to ensure the R35 process works more effectively, likely more than that anticipated by the recruitment of 2 EOs for the R35 team, and would likely benefit from a bespoke lessons learned exercise based on the experiences of the first MEDP flight.

Annex A: Detention Centre Rules (2001), Rule 35

Special illnesses and conditions (including torture claims)[61]

35.—(1) The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.

(2) The medical practitioner shall report to the manager on the case of any detained person he suspects of having suicidal intentions, and the detained person shall be placed under special observation for so long as those suspicions remain, and a record of his treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State.

(3) The medical practitioner shall report to the manager on the case of any detained person who he is concerned may have been the victim of torture.

(4) The manager shall send a copy of any report under paragraphs (1), (2) or (3) to the Secretary of State without delay.

(5) The medical practitioner shall pay special attention to any detained person whose mental condition appears to require it, and make any special arrangements (including counselling arrangements) which appear necessary for his supervision or care.

(6) For the purposes of paragraph (3), "torture" means any act by which a perpetrator intentionally inflicts severe pain or suffering on a victim in a situation in which—

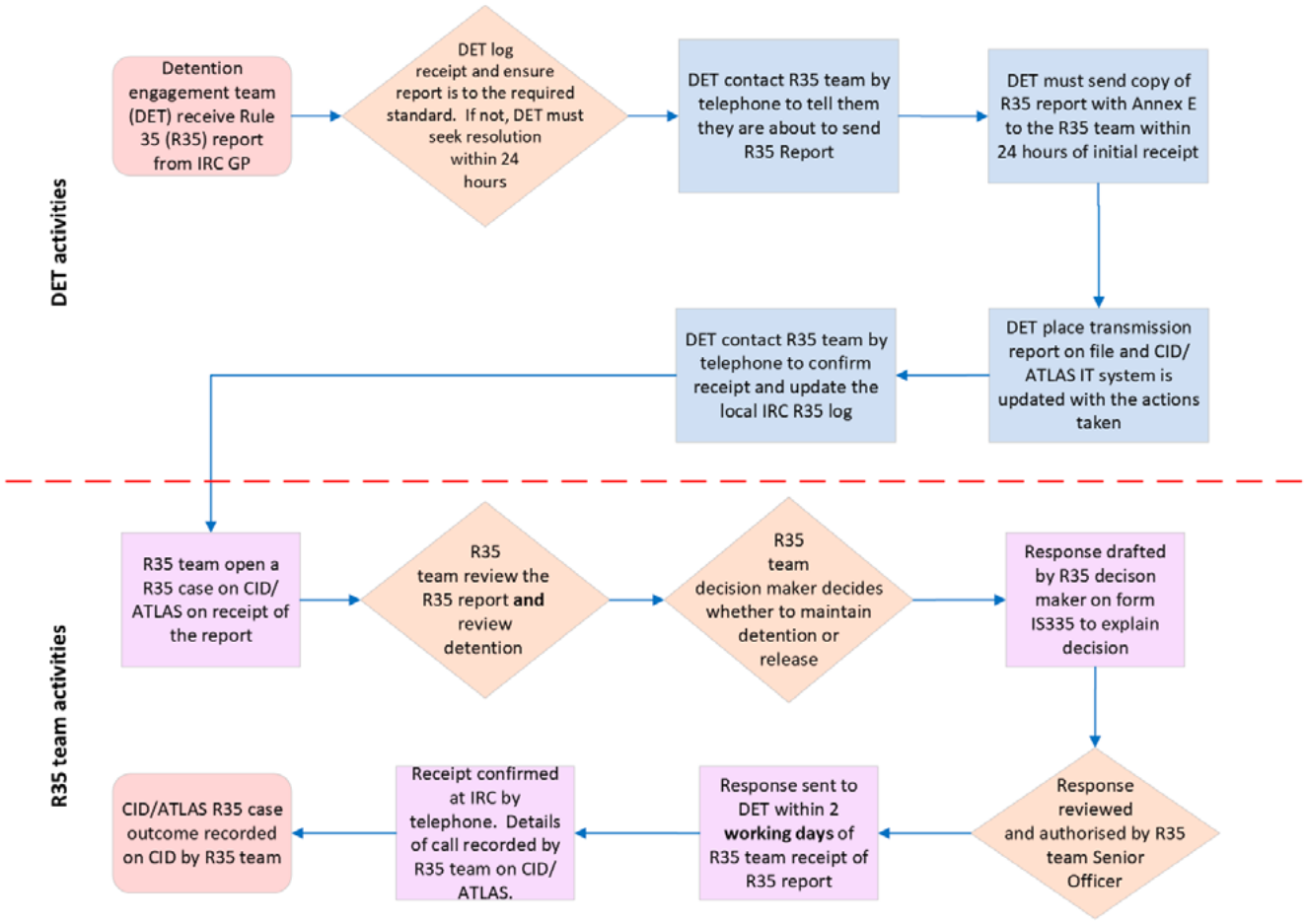
(a) the perpetrator has control (whether mental or physical) over the victim, and

(b) as a result of that control, the victim is powerless to resist.

61 https://www.legislation.gov.uk/uksi/2001/238/article/35/made

Annex B: Process map

Rule 35 process



Annex C: Role and remit of the Independent Chief Inspector

The role of the Independent Chief Inspector of Borders and Immigration (until 2012, the Chief Inspector of the UK Border Agency) was established by the UK Borders Act 2007. Sections 48-56 of the UK Borders Act 2007 (as amended) provide the legislative framework for the inspection of the efficiency and effectiveness of the performance of functions relating to immigration, asylum, nationality and customs by the Home Secretary and by any person exercising such functions on her behalf. The legislation empowers the Independent Chief Inspector to monitor, report on and make recommendations about all such functions in particular:

- consistency of approach
- the practice and performance of listed persons compared to other persons doing similar activities
- the procedure in making decisions
- the treatment of claimants and applicants
- certification under section 94 of the Nationality, Immigration and Asylum act 2002 (c. 41) (unfounded claim)
- compliance with law about discrimination in the exercise of functions, including reliance on paragraph 17 of Schedule 3 to the Equality Act 2010 (exception for immigration functions)
- the procedure in relation to the exercise of enforcement powers (including powers of arrest, entry, search and seizure)
- practice and procedure in relation to the prevention, detection and investigation of offences
- the procedure in relation to the conduct of criminal proceedings
- whether customs functions have been appropriately exercised by the Secretary of State and the Director of Border Revenue
- the provision of information
- the handling of complaints; and
- the content of information about conditions in countries outside the United Kingdom, which the Secretary of State compiles and makes available, for purposes connected with immigration and asylum, to immigration officers and other officials.

In addition, the legislation enables the Secretary of State to request the Independent Chief Inspector to report to her in writing in relation to specified matters.

The legislation requires the Independent Chief Inspector to report in writing to the Secretary of State. The Secretary of State lays all reports before Parliament, which she has committed to do within eight weeks of receipt, subject to both Houses of Parliament being in session.

Reports are published in full except for any material that the Secretary of State determines it is undesirable to publish for reasons of national security or where publication might jeopardise an individual's safety, in which case the legislation permits the Secretary of State to omit the relevant passages from the published report.

As soon as a report has been laid in Parliament, it is published on the Inspectorate's website, together with the Home Office's response to the report and recommendations.

Annex D: ICIBI's 'expectations'

Background and explanatory documents are easy to understand and use (e.g. statements of intent (both ministerial and managerial), impact assessments, legislation, policies, guidance, instructions, strategies, business plans, intranet and GOV.UK pages, posters, leaflets etc.)

- They are written in plain, unambiguous English (with foreign language versions available, where appropriate)
- They are kept up to date
- They are readily accessible to anyone who needs to rely on them (with online signposting and links, wherever possible)

Processes are simple to follow and transparent

- They are IT-enabled and include input formatting to prevent users from making data entry errors
- Mandatory requirements, including the nature and extent of evidence required to support applications and claims, are clearly defined
- The potential for blockages and delays is designed out, wherever possible
- They are resourced to meet time and quality standards (including legal requirements, Service Level Agreements, published targets)

Anyone exercising an immigration, asylum, nationality or customs function on behalf of the Home Secretary is fully competent

- Individuals understand their role, responsibilities, accountabilities and powers
- Everyone receives the training they need for their current role and for their professional development, plus regular feedback on their performance
- Individuals and teams have the tools, support and leadership they need to perform efficiently, effectively and lawfully
- Everyone is making full use of their powers and capabilities, including to prevent, detect, investigate and, where appropriate, prosecute offences
- The workplace culture ensures that individuals feel able to raise concerns and issues without fear of the consequences

Decisions and actions are ‘right first time’

- They are demonstrably evidence-based or, where appropriate, intelligence-led
- They are made in accordance with relevant legislation and guidance
- They are reasonable (in light of the available evidence) and consistent
- They are recorded and communicated accurately, in the required format and detail, and can be readily retrieved (with due regard to data protection requirements)

Errors are identified, acknowledged and promptly ‘put right’

- Safeguards, management oversight, and quality assurance measures are in place, are tested and are seen to be effective
- Complaints are handled efficiently, effectively and consistently
- Lessons are learned and shared, including from administrative reviews and litigation
- There is a commitment to continuous improvement, including by the prompt implementation of recommendations from reviews, inspections and audits

Each immigration, asylum, nationality or customs function has a Home Office (Borders, Immigration and Citizenship System) ‘owner’

The BICS ‘owner’ is accountable for

- implementation of relevant policies and processes
- performance (informed by routine collection and analysis of Management Information (MI) and data, and monitoring of agreed targets/deliverables/budgets)
- resourcing (including workforce planning and capability development, including knowledge and information management)
- managing risks (including maintaining a Risk Register)
- communications, collaborations and deconfliction within the Home Office, with other government departments and agencies, and other affected bodies
- effective monitoring and management of relevant contracted out services
- stakeholder engagement (including customers, applicants, claimants and their representatives)

Acknowledgements

The inspection team is grateful to the Home Office and its contractors for its co-operation and assistance during this inspection and for the contributions from the staff who participated. We are also grateful to the organisations who made oral and written contributions to this inspection and the detainees who agreed to participate in the inspection process.

Inspection team members

Lead Inspector:	Caroline Parkes
Project Manager:	Philip Insuli
Inspectors:	Jessica Churchouse
	Chris Evans
	Gary Slevin
	Harry Palmer
Summer interns:	Udochukwu Abazie
	Zahrah Parkar

978-1-5286-3715-2
E02806186