Equality Impact Assessment [EIA]

1. Name and outline of policy proposal, guidance, or operational activity

Title: **adults at risk in immigration detention**

Background

In February 2015 the Home Secretary commissioned Stephen Shaw CBE to undertake a review of the welfare in immigration detention of vulnerable persons. In his review published in January 2016, Mr Shaw made a total of sixty-four recommendations. A number of those concerned Chapter 55.10 of the Home Office Enforcement Instructions and Guidance (EIG), which was the policy in force at the time which set out the categories of individuals who were considered for detention only in very exceptional circumstances.
In response to Mr Shaw's review, the Home Office developed a new approach to determining the appropriateness of detention for vulnerable individuals.

Adults at risk policy – general principles

The adults at risk policy (AAR) sets out a process for a case-by-case, evidence-based assessment of the suitability of detention of an individual considered vulnerable. Under the policy, when an individual is identified as being at risk, a decision maker takes into account evidence in respect of the individual's risk factors, weighing this evidence against immigration considerations, having regard to the period identified as necessary to give effect to removal (where detention is for the purpose of removal), or to satisfy the requirements of the relevant statutory reason for detention. Individuals considered to be at risk in the terms of the policy will be detained only at the point at which the immigration control factors outweigh any risk identified. This builds on the general presumption of liberty, which is strengthened in relation to adults at risk.

Once a decision has been taken to detain an individual, their case will be monitored through both regular and ad hoc detention reviews to ensure that any changing circumstances (for example, the submission of professional evidence indicating a vulnerability concern, issues raised in a report under rule 35 of the Detention Centre Rules 2001 or, (where detention is for the purpose of removal) a change in the likely removal date) are taken into account and the appropriateness of continued detention will be reappraised.

The adults at risk policy is fundamentally broad in scope, encompassing a wide range of vulnerable groups (including victims of sexual violence, transgender individuals, individuals with learning difficulties and individuals with post-traumatic stress disorder). It caters for vulnerabilities which do not fall within the listed indicators of risk set out in the policy and recognises that vulnerability can change over time. The policy contains a robust approach to determining whether detention is appropriate, involving three levels of evidence-based risk. It brings within its ambit individuals who self-declare that they are vulnerable, meaning that more individuals have routinely been regarded as vulnerable within the terms of the policy than was the case under the policy in place before the introduction of the AAR policy, chapter 55.10 of the EIG.

The policy in development
The policy was initially introduced in September 2016 and has undergone a number of developmental changes in succeeding years, either through statutory instrument or in the published caseworker guidance. A summary of the most substantive amendments is featured below. In each case equalities impacts were considered.

- July 2018: the torture definition was changed in line with the High Court Judgment in *Medical Justice and Others v SSHD [2017] EWHC 2461 (Admin)* – amendment to the AAR statutory guidance
- May 2021: Potential victims of modern slavery were brought fully within the scope of the AAR policy and caseworker guidance entitled Adults at Risk: Detention of Potential and Confirmed Victims of Modern Slavery was introduced – amendment to the AAR statutory guidance brought by Statutory Instrument
- May 2021: Standards for consideration of external medical reports – amendment to the AAR caseworker guidance
- June 2022: Interim Operational Guidance – Referring external medical reports for a second opinion – separate published caseworker guidance (withdrawn 12 January 2024 under Order of the High Court)

Process and consultation
The adults at risk policy was placed on a statutory footing in the Immigration Act 2016. Section 59(1) of the Act requires the Secretary of State to issue guidance on identifying whether an individual would be at risk if detained and, if so, on making a decision on whether to detain that individual. Section 59(4) requires the Secretary of State to lay a draft of the guidance before Parliament before it is issued.

Following Royal Assent, guidance was published in draft on 26 May 2016, after which the Home Office invited a range of NGOs to discuss the developing policy. Their views, including in relation to protected characteristics, were taken into account as the original policy developed further.

The AAR statutory guidance has been re-issued twice, as provided for by Section 59(6), since it was first introduced. First in 2018 to amend the definition of torture and secondly in May 2021 to bring victims of modern slavery within the scope of the policy. Both sets of statutory changes have been undertaken through engagement with a range of NGOs and the guidance developed accordingly.

The changes which are the focus of this EIA represent the third set of changes to the statutory guidance since it was initially introduced. A range of NGOs were engaged on these changes and their views factored into the draft version of the statutory guidance laid before Parliament.

Policy developments – May 2024

This equality impact assessment accompanies and informs the latest amendments to the AAR statutory guidance, made through a statutory

instrument laid before Parliament on 30 April 2024. The practical effect of these amendments are;

- that the overall purpose of the AAR policy has been revised to reflect the change in the Government's approach to the use of immigration detention, in response to the challenge of illegal migration;
- to reflect that the emphasis has shifted to the Secretary of State, rather than the Courts, determining what constitutes a reasonable period of detention, in accordance with section 12 of the Illegal Migration Act which entered into force in September 2023, and;
- to place on a statutory footing the use of second professional opinions to inform detention decision making.

The latest amendments to the policy revise the previous aim to reduce the number of vulnerable people in detention. This aim is no longer considered compatible with the fact that the immigration detention estate is growing in response to the Government's change in approach to how immigration detention is used. It logically follows that a rise in the detained population will result in a rise in those that are considered vulnerable, particularly when the policy includes those who self-declare to be adults at risk.

However, whilst this aim is no longer to be pursued, the core principles of the policy remain unaffected: that there remains a general presumption that a person will not be detained, which is strengthened by the AAR policy, and that a vulnerable person will only be detained where the relevant immigration factors outweigh the evidence of their vulnerability. These principles will operate regardless of the statutory purpose of detention that is being enforced.

The amended position regarding the consideration of professional evidence is targeted at addressing the issues highlighted in the High Court judgment of *Medical Justice, R (On the Application Of) v SSHD [2024] EWHC 38 (Admin)*, which led to the withdrawal of the Interim Second Opinion policy on 12 January 2024. Notably, the High Court did not find that the principle of including within the AAR Statutory Guidance the principle of being able to seek a second opinion would be contrary to the legislative principles of section 59 of the IA 2016.

The decision to introduce the interim policy for requesting a second opinion was based, firstly, upon the fact that the AAR policy in its original format did not anticipate the volume in which external professional (medical) evidence would be submitted, or the operational impact that such evidence would have upon the Home Office's ability to enforce the removal of individuals from the UK. From April 2018 to March 2020, the volume of external medical reports rose dramatically. Under the AAR Policy, professional evidence that detention is likely to cause harm is afforded significant weight and often means the person must be released (unless, for example, removal is set for a date in the immediate future, or the person presents a significant public protection concern).

These reports often conclude that the individual should not remain within detention, is unfit to be interviewed or is unfit to fly, impacting on the ability to

progress the individual's immigration case and/or removal. In many cases, the Home Office considered the evidence in these reports to be of a poor standard, indicating some external reports were unreliable as evidence and raising concern there was overreporting of vulnerability. These concerns were supported by clinical evidence provided by medical professionals as part of a second opinion pilot, commissioned by the Detained Casework Oversight and Improvement Team (DCOIT) between December 2020 and January 2021. The clinical findings from the second opinion pilot included (in some cases) issues around how the diagnosis had been reached, with examples of the diagnosis not being clinically warranted as a result of symptoms not being adequately explored, or the diagnosis being inconsistent with symptoms highlighted in other parts of the report. This could impact the Home Office's ability to effectively review detention and support an individual who may be vulnerable in detention.

This led to a programme of work including the introduction into the AAR policy of standards to provide additional guidance on the consideration of external medical reports on 25 May 2021. However, Home Office staff making detention decisions are not clinical experts and given the findings of the initial pilot, it was considered that there could be value in introducing additional clinical input into decision making. It was therefore considered reasonable to introduce a process to refer external medical reports for a second clinical opinion by a Home Office contracted doctor.

The purpose of this policy was to introduce additional clinical input to assist decision making for those who may be vulnerable in immigration detention. This would enable caseworkers to better evaluate the medical evidence in external medical reports in line with the standards and also provide an additional opportunity for vulnerabilities that may not have been identified previously to be identified. This clinical evidence would be used in line with the AAR Policy by the responsible casework team to reach an assessment of vulnerability and determine the adult at risk level. This includes determining the overall weight attributable to the external medical report. More broadly, the policy would enable us to continue to monitor the concerns highlighted by the results of the second opinion pilot around the quality of the reports being received, challenging reports which do not meet the required standards.

This approach was introduced on an interim basis in June 2022 and was in place until the High Court ruled that the interim second opinion policy was unlawful. The Home Office continues to consider there to be value in having access to additional clinical evidence when external medical evidence is submitted and has therefore decided to clarify in the AAR Statutory Guidance the ability to seek second opinions.

How the policy operates will be set out in detailed caseworker guidance. In cases in which a second opinion is sought, the process may potentially lead to individuals remaining in detention for a short period whilst a second opinion is sought. However, the detailed caseworker guidance will set out specific timeframes for referring and completing a report to limit any additional time in detention that occurs as a result of an individual being referred for a second opinion. Internal data shows that, under the interim policy, the average time

taken to obtain a second opinion report following receipt of an external medical report was 10 days.

Furthermore, the statutory guidance is clear that, whilst a second opinion is pending, consideration should be given to the needs and circumstances of the person in detention in view of the evidence submitted.

The latest updates to the AAR Statutory Guidance have also amended its position on medico-legal reports (MLRs) submitted by reputable providers. Prior to these latest amendments, the policy held that such evidence would qualify at AAR level 3, provided the required standards were met. Such reports have historically been prepared in support of asylum claims involving incidents of torture and apply diagnostic criteria as established in the Istanbul Protocol. However, with the sharp rise in the submission of MLRs which may or may not feature evidence of torture and regardless, do not apply the strict Istanbul Protocol framework, it has been decided to remove the automatic AAR3 qualification. This is partly to remove doubt over which 'MLRs' the qualification would apply to, but moreover to create equilibrium in the treatment of all medical reports supplied by external sources and establish that they will be considered on an individual basis according to the merit of the evidence provided.

The Home Office is committed to implementing policy in a way which promotes equality, respects diversity and takes into account the needs of people with protected characteristics. The intention is that this policy, and the wider programme detention policies and operational practice within which it operates, will not impact negatively on individuals with protected characteristics and that, in the rare situations in which there may be a negative impact, this is justifiable and proportionate.

2. Summary of the evidence considered in demonstrating due regard to the Public-Sector Equality Duty.

In considering whether the Home Office has had due regard to the Public Sector Equality Duty (PSED), consideration has been given to:

- Published Home Office data
- Internal Home Office management data
- Feedback provided by NGOs through engagement meetings and in correspondence
- Detained Casework Oversight and Improvement Team (DCOIT) commissioned second opinion pilot study March 2021
- EIA: standards for the consideration of external medical reports
- Unpublished Home Office Analysis and Insight (HOAI) analysis, April 2022

Home Office policy on the detention of individuals for immigration purposes is set out as part of the guidance for offender management. Assessments of the suitability of the initial detention of an individual in an immigration removal centre (IRC) involve a detailed review of the case by the Home Office Detention Gatekeeper (DGK). The allocation of a person to an IRC will take into account any risks to the person that may be present, along with the likely

timescale for the individual's removal, the history of the person's behaviour and the risk the person may pose to the safety and security of other detained people, staff and visitors.

The Home Office accepts that being in detention may have an adverse effect on some individuals (including individuals with protected characteristics, such as elderly people and pregnant women) and detention is regularly reviewed in the light of any changes to the individual's level of vulnerability and to the immigration considerations present in the case.

This changes to the purpose of the AAR Statutory Guidance in the latest version are not expected to change how detention decisions are made in practice. The core principles of policy, including that the presumption of liberty is strengthened for those considered vulnerable, that decisions must be taken on a case-by-case basis, and that there must be a balancing of risk against immigration factors to determine whether or not detention is appropriate, are maintained. These changes are therefore not considered to change the impacts to those with protected characteristics. This assessment will therefore concentrate on any measurable impact brought by the clarification in the policy of the ability to seek a second opinion on professional evidence provided in relation to those in detention.

Although the detail of how the policy operates will be set out in detailed caseworker guidance, this EIA considers potential impacts based on re-introducing a second opinion policy similar to the one that was in force under the interim guidance for seeking a second on external medical reports/MLRs. Data from HOAI analysis has shown that certain nationalities are more likely to be the subject of an MLR (and by implication more likely to become subject to a second opinion), with Albanian nationals accounting for nearly half of all MLRs received from 2018 to 2021 (48%), despite accounting for only 13% of detentions during this time. In 2018 one-quarter of MLRs related to Albanians, rising to 55% in 2019 and 56% in 2020. This rose even further in 2021, with 70% of MLRs being in relation to Albanian nationals (albeit as a percentage of a much smaller number of MLRs overall). Indian, Pakistani and Bangladeshi nationals have also commonly been the subject of MLRs. Combined with Albanians, these four nationalities were the subject of 88% of MLRs received between 2018 and 2021 despite accounting for only 25% of people passing through detention.

This prevalence across nationalities has continued to some degree. Further data taken from internal sources between January 2022-December 2023, which considered 274 external medical reports continues to show that Albanian nationals, with 174 (64%) of that sample, and Indian nationals with 45 (16%) continue to be the subject of a significant majority of external medical reports/MLRs, raising concerns that they are vulnerable under the terms of the AAR policy, with a particular emphasis on mental ill-health. All other (30) nationalities contributed to only single figure returns. This data allows the Home Office to consider the potential impact on certain nationalities caused by the introduction of the second opinion process, which focuses on the consideration of evidence commonly submitted on their behalf.

Additional safeguards

The Home Office employs numerous safeguards across its detained operating systems, aimed at minimising the impact of detention on every person held there. This includes those who are considered to be particularly vulnerable under this policy and to account for the potential impact on people who share protected characteristics. These have been considered.

Detention Services Orders
The Home Office has published a range of operational guidance which gives focused and specific consideration to the protected characteristics. This guidance includes:

• Detention Services Order 11/2012, which provides guidance to staff working in the immigration detention estate on the management and treatment of transgender people in detention. It covers living in an acquired gender role, where to locate the individual in the detention estate, searching, and the legal position.

• Detention Services Order 02/2019, on the care and management of post detention age claims, which sets out the policy and procedures to follow where an immigration detained individual under escort or in an immigration removal centre (IRC), short-term holding facilities and pre-departure accommodation claims to be under 18 years old but there is a lack of physical or definitive documentary evidence to prove this is the case.

• Detention Services Order 02/2016, which provides instructions outlining the consistent standards for the treatment of lesbian, gay, and bisexual detained individuals in the immigration removal estate and under escort.

• Detention Services Order 05/2016, which sets out guidance for operational staff in the immigration detention estate on the care and management of pregnant women. It covers matters such as the woman's welfare during her transfer to her place of detention, her care whilst in detention and arrangements for her removal.

• Detention Services Order 06/2016 'women in the immigration removal estate, which provides information regarding the consistent standards for the treatment of women in the immigration removal estate, and during under escort.

• Detention Services Order 04/2020 'Mental Vulnerability and Immigration Detention – Non-clinical guidance', which provides the guidance necessary to ensure that appropriate support is offered to: those who lack decision making capacity, those with disability arising from mental impairment and those who have a mental health condition; and that, for those with a disability, adjustments are made to support the individual whilst in immigration detention.

Additionally, the Immigration Removal Centres Operating Standards stipulate the minimum auditable standards on a wide range of issues concerned with the management and operation of IRCs. These include sections on disabled people, females in detention, race relations and religion.

Rules 34 and 35 of the Detention Centre Rules

Under Rule 34 of the Detention Centre Rules (DCRs) 2001, all detained individuals admitted to an IRC must be given a physical and mental examination with a doctor within 24 hours of their arrival, where they consent to it. This follows their initial healthcare screening by a nurse within two hours of admission. Although detained individuals are not compelled to attend such appointments, or to disclose a physical or mental disability or history of mental or physical illness if they do attend, this arrangement provides an important safeguard on reception to IRCs and is an opportunity for individuals to raise any relevant conditions and for doctors to flag to the decision maker any concerns that may affect an individual's suitability for detention.

Rule 35 of the DCRs requires doctors in IRCs to report to the Home Office:

- 35(1) ... on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention;
- 35(2) ... 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. A record of his treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State;
- 35(3) ... on the case of any detained person who he is concerned may have been the victim of torture.

The purpose of Rule 35 is to ensure that particularly vulnerable individuals are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention.

The process is supported by Detention Services Order (DSO) 09/2016 which provides guidance on the preparation and consideration of reports submitted in accordance with Detention Centre Rule 35 and Short-Term Holding Facility Rule 32. Should a doctor have concerns about an individual that do not fall within the scope of Rule 35, doctors alert the Home Office to their concerns through Part C of the IS191RA (Risk Assessment), or through more informal communication routes. This acts as an additional safeguard to ensure that the Home Office is made aware of any vulnerabilities that may impact upon suitability for detention.

In response to the Brook House Inquiry published in September 2023, the Government response of March 2024 states the following regarding plans to review the adults at risk policy, together with Rule 34 and Rule 35:

> 6.4.2 The Home Office is currently undertaking a review of the AaR policy and DC Rules 34 and 35. DC Rule 34 requires that every detained individual be given a physical and mental examination within 24 hours of admission to an IRC, provided they consent to this, and DC Rule 35 ensures that particularly vulnerable detained individuals are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention.

6.4.3 Careful consideration has been given to training linked to Rule 34 and Rule 35 of the DC Rules 2001. NHS England is developing interim clinical guidance to support GPs undertaking Rule 35 assessments and reports. Once the Rule 34 and 35 and AaR policies have been reviewed, NHS England will commission training to further support clinicians' understanding of their responsibilities under the revised rules. Information is also included within Initial Training Courses (ITCs) to promote awareness amongst all new contracted service provider staff.

Healthcare provision in IRCs

In accordance with Rule 33 of the Detention Centre Rules 2001, all IRCs have dedicated health facilities run by doctors and nurses which are managed by the NHS or appropriate providers and services are delivered in line with the national service specifications for Healthcare Services in IRCs. The provision of 24-hour, seven-days-a-week healthcare in IRCs ensures that detained individuals have ready access to medical professionals and levels of primary care in line with individuals in the community.

Other initiatives

Following Stephen Shaw's reviews we have introduced a number of other measures as part of our ongoing immigration detention reform programme. Reforms introduced to date include:

- the Detention Gatekeeper, a single team independent on referring operational teams and detained casework teams that ensures that individuals only enter immigration detention where detention is for a lawful purpose and is consider to be a proportionate measure on the facts of the case, in accordance with general detention and the adults at risk in immigration detention policies
- Case Progression Panels, which provide an increased level of oversight and challenge on the appropriateness of ongoing detention independently of the direct case working team
- increased number of Home Office staff in IRCs, enabling us engage with those detained to drive case progression and ensure that the commitments in our contracts with providers are fully embedded in the day-to-day management of the estate
- a duty under schedule 10 of the Immigration Act 2016 which requires the Home Office to refer detained individuals to the First Tier Tribunal for consideration of bail at four months intervals from the point of entry into detention, or the last Tribunal consideration of bail, and every four months thereafter. This acts as a further safeguard to potentially vulnerable adults who do not make an application for bail themselves, ensuring regular judicial oversight of their detention.

Additionally, we are continuing to progress initiatives to:

- update the Detention and Case Progression Review form and monthly report to provide individuals with more tailored reasons for why they are being detained
- pilot an updated reasons for detention form
- ensure all caseworkers visit an IRC or prison

Training

The Detained Case Workers' training Programme is a week-long classroom-based training course. Decision makers dealing with detained cases receive training delivered locally by senior caseworkers and Business Embedded Trainers. This training course includes training in all detained casework polices and processes, including but not limited to procedural rules, detention, bail, flexibility, and the Rule 35 processes. When decision makers start work in their individual teams they are allocated to mentors who are experienced decision makers who support them as they deal with cases. They also receive the support of senior caseworkers and line managers.

In addition to casework training, they also receive mandatory e-learning training in the areas including, but not limited to, equality and diversity for all, modern slavery and human trafficking, unconscious bias, Rule 35, keeping children safe, and mental health awareness. These vary in length and generally require a short assessment at the end which must be passed in order to measure learning.

The Detained Casework training provides decision makers with an understanding of the relevant legal and policy background to detention, knowledge of where to find the statutory provisions governing detention, the ability to describe the limitations on the power to detain, the ability to list authorisation levels for detention, the ability to name relevant detention forms, and awareness of some of the issues regarding unlawful detention.

Training is also delivered to Home Office decision makers in the Foreign National Offenders Returns Command (FNORC). There is a particular focus on vulnerability and awareness of the AAR policy across various modules, including Modern Slavery/Human Trafficking(MSHT) and criminogenic factors in the HMPPS OASys system that may indicate vulnerability in advance of a prisoner's transfer to the IRC detention estate.

3a. Consideration of limb 1 of the duty: Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act.

Age

The Home Office no longer routinely detains families with children under 18 for removal. However, to secure the UK border it remains necessary on occasion to detain families with children at ports pending a decision on whether to grant them entry or, having been refused entry, pending their return flight. Unaccompanied children under the age of 18 may also be detained for short periods of time in a limited number of very exceptional circumstances. Most commonly this happens in port holding rooms on arrival in the UK, pending alternative care arrangements being made for the child with friends or relatives or local authority children's services. Schedule 2 to the Immigration Act 1971 restricts the detention of an unaccompanied child for removal in a short-term holding facility for a maximum of 24 hours.

Individuals who are initially detained as adults, and whose age is later disputed as being under 18 years, may have already been detained prior to the age dispute issue having arisen. Detention: General Instructions provides guidance to be followed in these cases. In cases in which the Home Office accepts the individual as under 18, the child will be released from detention to the care of local authority children's services at the earliest opportunity. By definition, the adults at risk policy does not cover individuals aged under 18.

Being aged 70 years and over is specified as an indicator of risk of harm in the adults at risk policy. Accordingly, people falling into this group will be detained only when immigration control considerations in their case outweigh their vulnerability. The Home Office accepts that elderly people may be adversely affected by detention, given that infirmity increases with age. Older people are also more likely to suffer from physical disabilities or have particular medical needs. They will automatically be regarded as being at, at least, level 2 of evidence-based risk in the terms of the policy.

If an individual aged under 70 is infirm by virtue of their advancing age, they may nevertheless be regarded as an adult at risk by virtue of their infirmity (or by virtue of other vulnerability considerations) and, in these circumstances, will come within the scope of the policy. Accordingly, the policy contains protections aimed at minimising the detention of individuals considered vulnerable to the effects of detention by virtue of either their age alone or circumstances arising from their advancing age.

With the introduction of the clarification in the AAR Statutory Guidance that second opinions may be sought, further consideration has been given to any increased impact that may be caused to any particular age group by virtue of the enhanced probability that the age group will submit medical evidence that could potentially be subjected to the second opinion process.

A review of a sample of 352 cases of people who submitted external medical reports whilst in immigration detention between July 2021 and February 2024 indicated the following age breakdown:

Age Range	Individuals	% of Sample
18-25	92	26.1
26-30	103	29.3
31-35	58	16.5
36-40	42	11.9
41-45	21	6.0
46-50	19	5.4
51-60	16	4.5
61+	1	0.3
Grand Total	**352**	**100**

These figures are broadly consistent with the age distribution for people in detention over the same period. Home Office published data shows that more than 95% of those entering detention during the four quarters to March 2023 were under 49 years of age. The policy change may lead to a greater possibility that detention will be maintained if, after balancing evidence from

the second clinical assessment, it is determined that less weight should be attributed to the external medical report.

Direct Discrimination
The policy does not contain any element that would discriminate directly against any age group.

Indirect Discrimination
Most elements of the policy are evenly applicable to all adults regardless of age, except for the elderly, as noted above, who are automatically accepted as an 'at risk' group.

With the application of the second opinion element of the policy, although this would only impact those who submit an external medical report/MLR, it would appear to carry a greater indirect impact to those under 40 years of age, since they are responsible for some 84% of all reports. Any impact, regardless of the age of the person is nevertheless considered to be justified, as the ability to examine the evidence through additional clinical input is a proportionate means of achieving a legitimate aim, which is to ensure the most appropriate detention decisions are made for vulnerable individuals submitting external medical reports.

Disability

Reasonable Adjustments – There is an additional duty under the Equality Act to make reasonable adjustments for a person who is placed a substantial disadvantage because of their disability when compared to a person who does not share their disability.

Discrimination arising from disability - Section 15 of the Equality Act 2010 provides that a person A discriminates against a disabled person B if, A treats B unfavourably because of something arising in consequence of B's disability, and A cannot show that the treatment is a proportionate means of achieving a legitimate aim. However, this does not apply if A shows that A did not know, and could not reasonably have been expected to know, that B had the disability.

For the purposes of the Equality Act, disability is described as being: "A physical or mental impairment that has a 'substantial' and 'long-term' negative effect on an individual's ability to carry out normal daily activities.

The Home Office does not routinely collect data on the number of people entering detention broken down by disability as defined by the Equality Act 2010.

Under the adults at risk policy, having a serious disability is considered an indicator of risk. As with all cases under the adults at risk policy however, evidence of a serious physical disability, health condition, illness or mental health condition will be balanced against immigration considerations to determine if detention is appropriate.

Those with less serious conditions may also be brought within the scope of the policy, given the list of indicators of risk is not exhaustive. This system is flexible and provides protection for those with, for example, fluctuating conditions. The procedures in place for alerting the Home Office to cases of vulnerability in detention, including Rule 35 of the Detention Centre Rules, and Part C of IS191RA (Risk Assessment), along with the broader approach to the identification of vulnerability, mean that appropriate action can be taken. Where particular individuals with disabilities need care which cannot be provided in an IRC they can be referred to healthcare providers outside of the IRC (for example, for secondary care), and/or can be sent to a hospital. The Immigration Removal Centres Operating Standards stipulate the minimum auditable standards on a range of issues, including disability, in respect of the management and operation of IRCs.

In relation to the clarification in the AAR Statutory Guidance that second opinions may be sought in relation to professional evidence received in relation to those in detention, and in relation to the removal of the automatic categorisation of MLRs from reputable providers that meet the standards as AAR level 3, the following impacts have been considered. The health conditions most commonly raised through external medical reports and MLRs relate to mental health issues. Serious mental health issues, such as complex PTSD, depression, or forms of psychosis are considered as a disability, where they are long-term and imply a substantial negative impact upon the ability to function. An external medical report could also be written for other health issues, including those related to physical disability.

Under the AAR policy, it remains the case that evidence of a disability, such that might be presented within an MLR, will be balanced against immigration factors (timescales for removal, public protection concerns and expected compliance with immigration bail).

Direct Discrimination
The policy does not contain any element that would discriminate directly against a person with a disability.

Indirect Discrimination
The seeking of second opinions on professional evidence provided in relation to those in detention could have an impact on people with disabilities. In instances where, after consideration of the evidence from a second opinion, less weight is given to the external medical report, and it is considered that detention can be maintained in accordance with the relevant detention powers and policies, the rate of release may drop.

The seeking of a second opinion introduces a further means to balance the claimed vulnerability (which often relates to a disability/mental health issue) against the legitimate aim of removing the person from the UK. It is therefore considered that if indirect discrimination were to arise, seeking a second opinion is a proportionate means of achieving a legitimate aim, to ensure the most appropriate detention decisions are made for vulnerable individuals by introducing additional clinical input to better evaluate the medical evidence in external medical reports. Safeguards are in place, for example, the AAR Statutory Guidance requires that the clinical team within the IRC or prison be

sent the report for their information to enable them to manage the care of the person in detention. The section on mitigation in section 5 below provides more detail on this.

Gender Reassignment

The Equality Act defines a transgender person as someone who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. Section 43 of the Act provides that the protected characteristic also applies in cases in which a person decides to spend the rest of their life in the opposite gender without seeking medical advice or without medical intervention.

The Home Office does not collate data on the number of people entering detention broken down by gender reassignment. Anecdotally the number of transgender people is known always to have been very small.

The Home Office accepts that transgender people are more likely to be victims of bullying. They may therefore be adversely affected by being detained in close proximity to other individuals, some of whom may hold trans-phobic views. Individuals may also require specific medical interventions (in particular provision of hormone treatment) and access to appropriate clothing/make-up allowing them to “pass” in their acquired gender.

The adults at risk policy offers protection to those displaying evidence of being transgender (at a level concomitant with the level of evidence). Transgender persons are listed in the policy as being particularly vulnerable to harm in detention. They will therefore only be detained where the immigration considerations are such that they outweigh any risk of harm identified if detained. A specific detention services order (DSO 11/2012) provides guidance to staff working in the immigration detention estate on the care and management and treatment of transgender people in detention. The DSO covers issues such as: respect for gender identity, allocation to detention accommodation, creation of individual care plans, facilities and clothing, risk management, and searching. It takes into account the sensitivities of the individuals concerned and seeks to ensure that they are accommodated and treated in the best possible way taking account of their gender issues. The care plans for individual transgender people means that all relevant factors are taken into account in managing accommodation and daily living arrangements.

In relation to the clarification in the AAR Statutory Guidance that second opinions may be sought in relation to professional evidence received in relation to those in detention, in a review of a sample of 30 cases of people who had submitted an external medical report/MLR whilst in immigration detention, none had reference to gender reassignment. From this limited sample, no evidence has been identified to suggest that the proposed policy change would impact disproportionately on this particular group when compared with another.

Direct Discrimination
The policy does not contain any element that would discriminate directly against a transgender person.

Indirect Discrimination
The policy does not contain any element that would discriminate indirectly against a transgender person.

Marriage and Civil Partnership

The Home Office does not collate data on the number of people entering detention broken down by marital status. Neither has this been captured within any of the data referred to throughout this paper. It is not possible therefore to draw any likely conclusions as to the impact of the policy on this group.

Direct Discrimination
The policy does not contain any element that would discriminate directly against a person due to their marital status.

Indirect Discrimination
There is no evidence to suggest that the policy would indirectly discriminate against any individual because of their marital status.

Pregnancy and Maternity
Section 60 of the Immigration Act 2016 provides that a pregnant woman detained pending removal or deportation may be detained only if her removal/deportation will take place shortly or there are exceptional circumstances to justify her detention. In either case, detention may last for no more than 72 hours although, in exceptional circumstances, this may be extended up to an absolute maximum of 7 days if that extension is authorised by a Minister.

Evidence provided by the Royal College of Midwives, as published in the Shaw report suggested that pregnant women are uniquely vulnerable because of their healthcare needs. The Government used the Immigration Act 2016 to place that statutory time limit on the detention of pregnant women.

Under the adults at risk policy, pregnancy is automatically regarded as amounting to the highest level of evidence in support of risk and is therefore afforded significant weight when determining suitability for detention. Together, the AAR policy and section 60 of the Immigration Act 2016 provide protection to pregnant women. The expectation is that there will be low numbers of pregnant women detained under the policy, and that the policy, in combination with the statutory time limit, will therefore benefit pregnant women.

Detailed guidance has been issued to caseworking staff on the restrictions on the detention of pregnant women, the duty to have regard to a pregnant woman’s welfare, the operation of the time limit on detention, the process for

seeking Ministerial authority in exceptional circumstances in which detention needs to extend beyond 72 hours, and release from detention. In respect of the requirement to have due regard to the welfare of pregnant women, which is also set out in the Immigration Act 2016, the practical response of the Home Office to this requirement is set out in DSO 05/2016, which provides guidance for operational staff in the immigration detention estate on the care and management of pregnant women.

In relation to the clarification in the AAR Statutory Guidance that second opinions may be sought in relation to professional evidence received in relation to those in detention, the limit on the length of time that a pregnant person can be detained provides an important safeguard against any extension to the time in detention for this cohort. The expectation is that pregnant women will not be detained for any longer as a result of this change.

Direct Discrimination
The policy does not contain any element that would discriminate directly against a pregnant woman.

Indirect Discrimination
There is no evidence to suggest that the policy would indirectly discriminate against a pregnant woman.

Race
Published Home Office detention policy does not exclude any groups from immigration detention on the grounds of race or nationality. Any individual may, in principle, be detained, provided the statutory powers of detention apply and their detention is in line with published Home Office policy on the use of detention. The cohort of individuals subject to immigration detention is, by definition, made up of non-UK nationals who require leave to remain in the UK and do not have it and are therefore liable to removal.

In relation to the clarification in the AAR Statutory Guidance that second opinions may be sought in relation to professional evidence received in relation to those in detention, figures taken from the HOAI data (for MLRs received between 2018 and 2021) suggest that four nationalities make up the vast majority of MLRs submitted within detention (Albania, India, Pakistan, and Bangladesh). The majority of reports were received from Albanian nationals accounting for nearly half of all MLRs received (48%). These four nationalities were the subject of 88% of MLRs received between 2018 and 2021 despite accounting for only 25% of people passing through detention.

Further data taken from internal sources between January 2022-December 2023, which considered 274 external medical reports continues to show that Albanian nationals, with 174 (64%) of that sample, and Indian nationals with 45 (16%) continue to be the subject of a significant majority of external medical reports/MLRs, raising concerns that they are vulnerable under the terms of the AAR policy, with a particular emphasis on mental ill-health. All other (30) nationalities contributed to only single figure returns.
Put into context against official immigration detention statistics in general, published figures year ending March 2023 show that Albanian nationals made

up 37 percent of the detained population (the highest proportion for any nationality), but submitted 64 percent of MLRs. This would indicate that professional evidence of mental ill-health (through this specific evidence route) is disproportionately high for Albanian nationals. And consequently, any process to provide for further evaluation of that evidence, such as could occur with the introduction of the second opinion process, may have an increased impact on Albanian nationals in detention. Measures to mitigate any impact are covered in section 5 below.

Direct Discrimination
The policy does not contain any element that would discriminate directly against any person on grounds of race.

Indirect Discrimination
There is no evidence to suggest that the adults at risk policy as a whole will result in indirect discrimination to any person on grounds of race.

The second opinion process may have some limited impact on people of certain nationalities more simply because they have submitted more MLRs, and this may continue in the future. There is the potential that where, previously, the submission of an external medical report may have led to an AAR level 3 rating and may subsequently have led to release, a different decision may be made in light of consideration of the second opinion. The policy may most frequently impact the nationalities above if the same trends continue. However, it is considered that if indirect discrimination were to arise, the policy change is a proportionate means of achieving a legitimate aim, which is to ensure the most appropriate detention decisions are made for vulnerable individuals by introducing additional clinical input to better evaluate the medical evidence in external medical reports.

Religion or Belief
Published Home Office policy does not exclude individuals from detention by virtue of their religion or belief. Any individual may in principle be detained regardless of their particular religion/belief, provided that one of the statutory powers of detention is engaged and their detention would be in line with published Home Office policy on the use of detention.

The Home Office does not publish data on the number of people entering detention broken down by religion or belief.

Whilst the Home Office does not publish data on the number of people entering detention broken down by religion or belief, for the purpose of measuring any potential impact brought by the introduction of the second opinion process, it may be possible to ascertain this information on a case-by-case basis.

Such research was conducted in 2022 on a sample of 140 cases of people who had submitted an external medical report whilst in immigration detention, where data was identified regarding their religious belief; 49% of the individuals sampled did not disclose their religious beliefs. For those that did

almost 26% identified as Muslim suggesting that the policy may have an increased impact upon those of the Muslim religion. However, the high number of individuals who did not disclose their religious beliefs make it difficult to draw any firm conclusions.

Religion	Individuals	% of Sample
Unknown	69	49.3
Muslim	36	25.7
Islam	12	8.6
Christian	11	7.8
Sikhism	8	5.7
Other	3	2.1
Hindu	1	0.7
Grand Total	**140**	**100**

Direct Discrimination
The policy does not contain any element that would discriminate directly against any person on grounds of their religion.

Indirect Discrimination
To the extent that any indirect discrimination may arise, we consider the policy change to be a proportionate means of achieving a legitimate aim, which is to ensure the most appropriate detention decisions are made for vulnerable individuals by introducing additional clinical input to consider all evidence relating to vulnerability on a more holistic basis.

Sex
Published Home Office policy does not exclude individuals from detention by virtue of their sex or gender. Men and women are equally likely to be detained provided one of the statutory powers of detention apply and their detention would be in line with published Home Office detention policy.

The majority of people detained under immigration powers are men. Published statistics from the last 4 quarters to March 2023 show that, of the 20,416 individuals entering immigration detention during that period, 938 (4.6%) were women.

Although official statistics are difficult to come by, evidence and opinion suggests that women are significantly more likely than men to be the victims of sexual or gender-based violence. The adults at risk policy, by including victims of sexual or gender-based violence in the groups of individuals at risk, making it less likely that victims of sexual or gender-based violence will be detained, is likely to impact primarily, positively on women. Men who are such victims will also benefit but not, in numerical terms, to the extent that women will.

DSO 06/2016 ‘women in the immigration removal estate’ provides consistent standards for the treatment of women in the immigration removal estate and

while under escort. This is supported by DSO 05/2016 which provides guidance on the care and management of pregnant women in detention. In addition, the Immigration Removal Centres Operating Standards stipulate the minimum auditable standards on a range of issues, including women in detention.

Direct Discrimination
The policy does not contain any element that would discriminate directly against any person on grounds of their sex.

Indirect Discrimination
According to the detention statistics above, it would be reasonable to state that the second opinion process would likely have more impact upon men, purely owing to their making up the majority of the detained population. If indirect discrimination were to arise, it is considered that the policy change is a proportionate means of achieving a legitimate aim, to provide a wider range of specialist evidence upon which a decision may be made on a more holistic basis.

Sexual Orientation
Detention policy generally and the adults at risk policy do not include sexual orientation as a specific criterion when considering suitability for detention.

The Home Office does not collate data on the number of people entering detention broken down by sexual orientation.

The Home Office recognises that, where a detained lesbian, gay or bisexual person's sexuality is openly expressed, they may be more likely to be victims of bullying and therefore may be adversely affected by their experience of detention. Stephen Shaw made the following recommendations on the basis of testimony from the UK Lesbian and Gay Immigration Group:

- the Home Office should consider producing a discrete detention services order on LGB issues and
- the Home Office should take LGB issues into account in developing anti-bullying policies

Beyond this, Stephen Shaw did not find that LGB individuals needed particular protection in the immigration detention context.

DSO 12/2012 (Room Sharing Risk Assessment) requires staff to consider the potential for bullying on the grounds of race, religion, sexual orientation or disability when determining whether a detained individual could pose a risk to other detained individuals when locked in a shared area. The Home Office also has in place DSO 02/2016 (lesbian, gay and bisexual detained individuals). This DSO provides instructions outlining the consistent standards of treatment of lesbian, gay and bisexual detained individuals in the immigration removal estate and under escort.

There is no reason to consider that the adults at risk policy will impact negatively on individuals on the basis of their sexual orientation. With the inclusion of groups such as Post Traumatic Stress Disorder sufferers and victims of sexual or gender-based violence, within the scope of those considered to be 'at risk', in effect, this means that LGB individuals who are

found to be vulnerable if detained by virtue of some experience of harm relating to their sexual orientation will be likely to be picked up by relevant indicators of risk in the policy, though not by virtue of their sexuality alone.

Direct Discrimination
The policy does not contain any element that would discriminate directly against any person on grounds of their sexuality.

Indirect Discrimination
There is no evidence to suggest that the policy would indirectly discriminate against any person on grounds of their sexuality.

3b. Consideration of limb 2: Advance equality of opportunity between people who share a protected characteristic and people who do not share it.

The Equality Act specifies that this limb involves having due regard to three specific aspects:

- removing or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- taking steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
- encouraging persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

Schedule 18 to the 2010 Act sets out exceptions to the public sector equality duty in relation to the exercise of immigration and nationality functions. Section149 (1) (b) - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it - does not apply to the protected characteristics of age, race (insofar as it relates to nationality or ethnic or national origins) or religion or belief. Therefore, the following protected characteristics have been considered in respect of limb 2:

- disability
- gender reassignment
- pregnancy and maternity
- sex
- sexual orientation

We consider that the policy promotes equality of treatment of all people within immigration detention. With the latest amendments to the policy, it will require that evidence submitted to establish whether the individual is at risk of harm in

immigration detention is subjected to a greater degree of balanced consideration, which will lead to more informed caseworking decisions.

3c. Consideration of limb 3: Foster good relations between people who share a protected characteristic and persons who do not share it.

The Home Office does not foresee this policy causing detrimental relations between people who share a protected characteristic and those who do not, on the grounds that it does not apply any specific advantage to any group on the basis of their sharing a protected characteristic. The policy seeks to ensure that detention decisions are taken with equality of treatment for all groups who share protected characteristics and those decisions are evidence based.

The Home Office does not anticipate any particular group of people holding another responsible for any perceived problems, or any group being seen to benefit unfairly on the basis of one or more protected characteristics.

4. Summary of foreseeable impacts of policy proposal, guidance or operational activity on people who share protected characteristics

Protected Characteristic Group	Potential for Positive or Negative Impact?	Explanation	Action to address negative impact
Age	Some potential for a negative impact. Data from previous MLR activity suggests potential for most negative impact in age group 18-40	This age group is only impacted where the second opinion aspect of the policy leads to a reduction in the weight external medical evidence is afforded which may mean that this group may be more likely to remain in detention.	Seeking a second opinion on external professional evidence provided in relation to those in detention is considered reasonable; additional clinical evidence will increase the totality of evidence upon which detention decisions related to vulnerability can be based. Any negative impact is not targeted at this group and is to ensure the most appropriate detention decisions are made for vulnerable individuals. Detention decisions will continue to be made in accordance with the wider policy framework, which includes protections for those over the age of 70. Impacts of the policy change will be monitored, including for any indication of discriminatory treatment. Those who are under 18 years of age are not within the remit of the AAR policy but benefit from other protections.
Disability	Some potential for a negative impact where MLR activity relates to a physical or mental health condition which equates to a disability.	To qualify as disabled under the Equality Act 2010 a person must have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. Long-term in this case generally means 12 months or more. Data of previous MLR activity suggests that some of those for whom MLRs have been submitted would be considered disabled. This includes those suffering from PTSD, depression, and other serious conditions which can qualify as disability.	Where there is any risk of indirect discrimination due to the seeking of second opinions on external professional evidence provided in relation to those in detention, it is considered that introducing additional evidence into the assessment of vulnerability serves to ensure that vulnerability in detention is given the appropriate weight in detention decisions. Safeguards exist in the AAR Statutory Guidance such as requiring that external medical reports are provided to the responsible clinician to support the management of the individual's healthcare. It is considered likely that where people suffer from serious mental health

			conditions (to qualify as being disabled), this would be identified through prior or subsequent healthcare interaction, regardless of the external medical report, even if that report is afforded less weight. In line with Rule 34 of the Detention Centre Rules 2001, individuals receive a medical examination within 24 hours of entering an Immigration Removal Centre, where the examination is consented to. Additional safeguards exist within the system, including the Rule 35 of the Detention Centre Rules 2001 and IS.91RA part C reporting mechanisms, which exist to alert detention decision makers of vulnerabilities which are detected during day-to-day interaction with people in immigration detention and enable decision makers to reassess the appropriateness of detention as necessary. The ACDT process provides a mechanism whereby those who are considered at risk of self-harm, or suicide can be closely managed within the detained environment. Notwithstanding this, any negative impact is not targeted at this group and is considered proportionate to ensure the most appropriate detention decisions are made for vulnerable individuals by introducing additional clinical input to better evaluate the medical evidence in external medical reports.
Gender Reassignment	None identified		
Marriage and Civil Partnership	None identified		
Pregnancy and Maternity	None identified		

Race	Some potential for a negative impact.	Highly dependent on certain nationality groups continuing to be more active than others in the submission of external medical reports/MLRs. Data suggests most potential impact across four nationalities: ALB, IND, PAK, BGD. These four nationalities have commonly been the subject of MLRs – 88% of MLRs received between 2018 and 2021 were from these four nationalities. Between 2022-2023, this profile becomes more weighted to ALB and IND nationals, who contributed 64% and 16% of the sample of 274 records. If this trend continues, the negative impact would be that people of these nationalities may be more likely to remain in detention where less weight is attributed to an MLR following a second opinion assessment.	Seeking a second opinion on external professional evidence provided in relation to those in detention is considered reasonable; additional clinical evidence will increase the totality of evidence upon which detention decisions related to vulnerability can be based. Any negative impact is not targeted at this group and is considered proportionate to maintain an effective immigration removal system. Notwithstanding this, a mechanism is in place to monitor activity and the impact of this aspect of the AAR policy, including any indication of any disproportionate impact to any particular nationality. In line with Rule 34 of the Detention Centre Rules 2001, individuals receive a medical examination within 24 hours of entering an Immigration Removal Centre, where the examination is consented to. The provision of 24-hour, seven-days-a-week healthcare provides a safeguard to manage any increased impact. Healthcare update the Home Office on vulnerabilities through the Rule 35 and IS.91RA Part C reporting mechanisms, which exist to alert detention decision makers of vulnerabilities which are detected during day-to-day interaction with people in immigration detention and enable decision makers to reassess the appropriateness of detention as necessary. The ACDT process provides a mechanism whereby those who are considered at risk of self-harm, or suicide can be closely managed within the detained environment.
Religion or Belief	Some potential for a negative impact.	The sample data highlighted that 49% of individuals did not disclose their religious beliefs. Where they did, 26% identified as Muslim. Based on available data and the high number of individuals who did not disclose their religious beliefs it is difficult to draw conclusions. However, with 26% identifying as Muslim it is	Seeking a second opinion on external professional evidence provided in relation to those in detention is considered reasonable; additional clinical evidence will increase the totality of evidence upon which detention decisions related to vulnerability can be based. Any negative impact is not targeted at this group and is considered proportionate to

		possible that people of this religion may be more likely to remain in detention where an MLR is attributed less weight following a second opinion assessment.	maintain an effective immigration removal system. In line with Rule 34 of the Detention Centre Rules 2001, individuals receive a medical examination within 24 hours of entering an Immigration Removal Centre, where the examination is consented to. The provision of 24-hour, seven-days-a-week healthcare provides a safeguard to manage any increased impact. Healthcare update the Home Office on vulnerabilities through the Rule 35 and IS.91RA Part C reporting mechanisms, which exist to alert detention decision makers of vulnerabilities which are detected during day-to-day interaction with people in immigration detention and enable decision makers to reassess the appropriateness of detention as necessary. The ACDT process provides a mechanism whereby those who are considered at risk of self-harm, or suicide can be closely managed within the detained environment.
Sex	Some potential for a negative impact.	The change in policy could have more impact upon men, owing to their making up the majority of the detained population. If indirect discrimination were to arise, it is considered that the policy change is a proportionate means of achieving a legitimate aim, to provide a wider range of specialist evidence upon which a decision may be made on a more holistic basis.	Seeking a second opinion on external professional evidence provided in relation to those in detention is considered reasonable; additional clinical evidence will increase the totality of evidence upon which detention decisions related to vulnerability can be based. Any negative impact is not targeted at this group and is considered proportionate to maintain an effective immigration removal system. Notwithstanding this, a mechanism is in place to monitor activity and the impact of this aspect of the AAR policy, including any indication of an increased impact to any particular sex. In line with Rule 34 of the Detention Centre Rules 2001, individuals receive a medical examination within 24 hours of entering an Immigration Removal Centre, where the examination is consented to. The provision of 24-hour, seven-days-a-week healthcare provides a safeguard to manage any increased impact. Healthcare update the Home Office on

			vulnerabilities through the Rule 35 and IS.91RA Part C reporting mechanisms, which exist to alert detention decision makers of vulnerabilities which are detected during day-to-day interaction with people in immigration detention and enable decision makers to reassess the appropriateness of detention as necessary. The ACDT process provides a mechanism whereby those who are considered at risk of self-harm, or suicide can be closely managed within the detained environment.
Sexual Orientation	None identified		

5. In light of the overall policy objective, are there any ways to avoid or mitigate any of the negative impacts that you have identified above?

This changes to the purpose of the AAR Statutory Guidance in the latest version are not expected to change how detention decisions are made in practice. The core principles of policy, including that the presumption of liberty is strengthened for those considered vulnerable, that decisions must be taken on a case-by-case basis, and that there must be a balancing of risk against immigration factors to determine whether or not detention is appropriate, are maintained. These changes are therefore not considered to lead to any negative impacts to those with protected characteristics.

Regarding the potential impacts associated with the operation of the second opinion process, a number of key mitigating factors exist to minimise any negative impact:

- All external medical reports will be referred to IRC/prison healthcare teams for their attention. This will ensure that the healthcare team will be aware of the concerns raised in the report and will be able to take action as appropriate. All second opinion reports will also be referred to IRC/prison healthcare teams for the same reason.
- The Detained Medical Reports Team will oversee work to operate and maintain the second opinion process. They will also monitor activity, enabling information to be gathered on individual cases and changes in activity and trends to be monitored, including in relation to specific groups protected by the Equality Act 2010.
- The operation of the second opinion process will be set out in guidance, providing caseworkers and stakeholders with clarity on when and how the policy will apply.

Second Opinions training

A comprehensive training pack has been developed to assist detained caseworkers with applying this process. This was originally delivered in advance of the launch of the interim policy which was withdrawn in January 2024 and will be updated to reflect the re-introduction of this process.

6. Review date: 01 May 2025

7. Declaration

I have read the available evidence and I am satisfied that this demonstrates compliance, where relevant, with Section 149 of the Equality Act and that due regard has been made to the need to: eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.

SCS sign off:

Name/Title: Official-Sensitive

Directorate/Unit: Official-Sensitive

Lead contact: Official-Sensitive

Date: 24 April 2024

For monitoring purposes all completed EIA documents and updated EIAs **must** be sent to the **Official-Sensitive**

Date sent to PSED Team: 24th April 2024