



**Annual Report**  
of the  
**Independent Monitoring Board**  
at  
**Heathrow Immigration  
Removal Centre**  
for reporting year  
**January to December 2017**  
**Published**  
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*Monitoring fairness and respect for people in custody*

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## A Introductory Sections 1 - 3

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### 1 STATUTORY ROLE OF THE IMB

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1.1 Every Prison and Immigration Removal Centre (IRC) in England and Wales has an independent monitoring board (IMB) made up of members of the public from the community in which the prison or IRC is situated. IMB members have access to all parts of the establishment they monitor and to all its records, and can speak to any prisoner or detainee. They are unpaid volunteers who are appointed by Ministers – in the case of IRCs by the Minister for Immigration. This Board monitored the Heathrow Immigration Removal Centre, which comprises two adjacent sites close to Heathrow Airport known as Harmondsworth and Colnbrook.

1.2 The Board is specifically charged to:

(1) satisfy itself as to the humane and just treatment of those held in the Centre.

(2) inform promptly the Secretary of State, or any official to whom he has delegated authority, as it judges appropriate, any concern it has.

**(3) report annually to the Secretary of State on how far Heathrow IRC has met the standards and requirements placed on it and what impact these have on those held in the Centre.**

This report has been produced to fulfil our obligation under (3) above.

### 2 EXECUTIVE SUMMARY

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#### Introduction

2.1 This report presents the findings of the IMB at the Heathrow IRC for 2017. Our evidence comes from observations on visits, and contact with detainees and staff. We have analysed the records of Mitie Care and Custody, and those of the Home Office on length of stay and complaints, and our own records through contact with detainees of their concerns. Items in the fairness and humanness categories overlap to some extent.

2.2 Our annual report for 2016 was submitted in March 2017, because of purdah due to the election it was not published until 21 June 2017. We did not receive a response from the Minister for Immigration until 14 March 2018. The Board registers their concern that their work and their views are treated in this way. Our recommendations from the 2016 annual report are repeated in this report in addition to those for 2017. We indicate whether our recommendation has been accepted, rejected, or where there has been partial acceptance.

## **Main Judgements**

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### **Are detainees treated fairly?**

2.3 Detainees generally are treated fairly but there are areas where their treatment could be significantly improved. Too many detainees are kept in detention for long periods. The statistics show that appreciable numbers stay for over six months and some for over one or two years. This indicates that the Home Office's review procedure is ineffective. The Centre was designed for short term removal; in practice this intention is not achieved. Analysing detention overall the eventual removal rate is just under 50%. This means many are held even for comparatively short periods, let alone for long periods, who are then freed. If this was a company's success rate in achieving its results it would suffer severe criticism.

2.4 Even when detainees are held for shorter periods their stay could be improved and made more acceptable if the maintenance provision and standards are improved. Showers not working, wash basins not draining, toilets not functioning and heating problems all affect daily life. The delay in dealing with maintenance requests is often excessive.

2.5 The Centre often looks and is grubby. The buildings are intensively used and show the effects of this use. Cleaning more often and redecoration more frequently would improve the buildings and provide a better environment.

2.6 Most of staff treat detainees well and some are excellent in their role. However we have found examples of less helpful behaviour and an offhand attitude to detainee requests or queries. Some of this can be explained by work pressures and language problems, but more training on how to handle people and the psychological effects of indefinite detention would improve staff-detainee relations.

2.7 Paid work is an important part of purposeful activity and is popular with detainees. There are two limitations on the amount of paid work. One is the budget, and as wage rates are low additional use of detainees is not expensive and we would suggest allows flexible decision making. The other limitation is the need for Home Office permission for a detainee to work. This is not given when the Home Office deem a detainee is uncooperative with the immigration process. We think this restriction is unfair.

### **Are detainees treated humanely?**

2.8 We note above that some detainees stay in the system for long periods. Whilst appreciating the difficulties of legal appeals and travel documentation for the Home Office we feel that to keep someone in detention for years, often after serving a prison sentence is inhumane.

2.9. The very high proportion of detainees handcuffed when they are transported to hospital or for external interviews shows an over cautious risk evaluation which leads to an unnecessary humiliation for the majority, who cannot be sensibly described as an escape risk.

2.10 The movement of detainees at night still occurs and should not be done except if necessary for flight reasons. It is not humane to move detainees around the country to suit transport needs or bed spaces. The Home Office should be able to move someone within daytime. They know in advance when flights are booked and meetings requiring transfer are to be held.

2.11 We are critical of the detention of those with mental health problems. Those with serious mental health problems should be held in more suitable custodial institutions or released into the community.

2.12 There is little provision for social care. We do not see the necessity to detain men who are partially sighted, or in a wheelchair, in an environment built to house fit young men. They would appear to be deemed a risk if not detained perhaps because they have a criminal record, but there should be a proper balance between risk, imminence of removal, and substandard provision for disabled men.

2.13 The Rule 35 procedure evaluates medically the submissions of detainees that they have experienced physical and mental torture. This evaluation is central to their asylum claim. Whilst appreciating that a number of factors are considered by the case officers in coming to their decision, it is disturbing that a medical judgement is apparently disregarded by an official without medical training.

### **Are detainees prepared well for their removal or release?**

2.14 Our general impression is that the briefing for release is carried out well by the welfare officers with the assistance of charities such as Hibiscus.

2.15 One aspect of preparation for leaving the Centre is education and training. The contractor was not happy that their provision was as effective and as well used as they would have liked. We agree with their view and welcome the introduction of new or reoriented courses such as food hygiene, computer maintenance and painting and decorating towards the end of 2017. It is too soon to evaluate the effectiveness of the change in provision.

## **Main Areas for Development**

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### **TO THE HOME OFFICE**

2.16 Detainees with identified serious mental health illness should not be held in an immigration removal centre.

2.17 Detention of people requiring social care should only be in circumstances where their needs for personal assistance can adequately be met.

2.18 To limit the time period of immigration detention to a maximum period of six months, where there is no prospect of immediate removal. A periodic review mechanism should be created fully independent of the immigration authorities for all detainees held for more than six months, with powers to make binding recommendations.

2.19 The authorisation of night moves of detainees between IRCs should be exceptional.

2.20 There should be a review of the policy of not authorising paid work to some detainees.

2.21 The Home Office should reevaluate their decision making in cases where allegations of torture are upheld by the Rule 35 medical procedure.

### **TO MITIE (Care and Custody) THE CONTRACTOR**

2.22 Handcuffing of detainees while being transported outside the Centre should be reconsidered balancing risk against detainee dignity.

2.23 Improvements should be made to standards of cleaning and maintenance to improve the living environment for detainees.

2.24 Consideration should be given to whether further staff training is required to better prepare staff for their relationship with detainees.

## **The Response to Recommendations Made in the 2016 Annual Report**

### **To the Minister of a Policy Nature**

2.25 The Minister introduces a review system, independent of the immigration authorities, for all cases where detention exceeds 6 months. This would ensure that detention cannot become extended without independent scrutiny. IRCs were only designed for short stays of up to three months and the facilities and levels of care reflect this. The environment is not acceptable for prolonged stays. **Rejected Repeated 2017**

### **The Home Office**

2.26 Should ensure that the next escorting contract seeks to dramatically reduce the need for night time (between the hours of 10pm and 8 am) moves between IRCs on the grounds of decency. **Partially Accepted**

2.27 Pilot a controlled facility for detainees to use Skype or other similar low/zero cost communication tools, to enable detainees to more effectively stay in touch with family and friends whilst in detention. **Rejected**

2.28 Rule 40 should not be used to house difficult individuals with mental health conditions. They are vulnerable and confinement is not a humane way to address the problems they experience. Home Office should consider undertaking a review of the scale of this issue across the Immigration Detention Estate and consider alternative options to managing their detention so that they receive better specialised care for their specific needs. **Accepted**

2.29 Urgent action is taken to improve the effectiveness of the Criminal Casework Directorate processes to ensure that all time-served Foreign National Offenders who are no longer eligible to remain in the UK are removed directly from prison on completion of their sentences. **Rejected**

2.30 Mitie (Care and Custody) and the Home Office review the adequacy of the staffing profiles in the light of the performance of the Contract and the findings from the HMIP Inspection during 2016. **Accepted**

#### **To Mitie (Care and Custody)**

2.31 Give consideration to extending the use of the Cultural Kitchens to cover both lunch and dinner times each weekday. **No Change**

2.32 The risk assessment undertaken before a detainee is escorted off the premises for hospital appointments or other appointments is reviewed by Mitie and the Home Office, to ensure that the use of handcuffs is proportionate to the risk of escape. **Rejected Repeated 2017**

2.33 Continue to review the provision of laundry services across both sites and consider replacing the unreliable domestic appliances on the Colnbrook site with industrial equipment both to improve reliability of service and to potentially reduce costs over time. **Accepted and Work Completed**

2.34 Facilities Management give a higher priority to repairing facilities and the fabric of the buildings as this is a constant source of detainee frustration. **Repeated 2017**

2.35 Welcome the decision to return the Induction Unit rooms in Colnbrook to single rooms, and recommend that these changes are implemented as quickly as possible. **Completed work**

#### **Recommendations to Healthcare Provider and NHS Commissioners**

2.36 CNWL consider introducing a system to text reminders to detainees of their appointments on the day of their appointment. **Not achieved**

2.37 CNWL address the shortfall in permanent Band 5 RGNs as a matter of urgency. **Shortage remains despite recruitment efforts**

2.38 The NHS Commissioners give consideration to using the already installed x-ray equipment for a wider range of uses, as this could reduce the need for detainees to be sent out of the centre for x-rays at local hospitals. **Not achieved**

### **3 HEATHROW IMMIGRATION REMOVAL CENTRE**

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3.1 Heathrow Immigration Removal Centre (HIRC) is situated about two miles away from Heathrow Airport, and comprises two separate buildings formerly known as Harmondsworth IRC and Colnbrook IRC. The Harmondsworth site provides accommodation for up to 726 males. Colnbrook provides accommodation for up to 312 males and 27 females. HIRC is situated off the Colnbrook-bypass section of the main A4. HIRC is operated by Mitie Care & Custody (C&C), with healthcare provided by Central & North West London NHS Foundation Trust (CNWL). The turnover of detainees is high and the number passing through has averaged around 1000 per month in 2017.

3.2 There is a single management team across both sites. However, only limited rationalisation across the two sites has been achieved due to the physical separation of the buildings. Security and Facilities Management have each been combined, and there is a single visitors' reception, administering the booking process, covering both sites. Segregation facilities are still maintained on both sites. Facilities related to healthcare, religion, kitchens, shops, gyms and activities are replicated on both sites. Also, on both sites, detainees have access to outdoor spaces suitable for team games such as football and cricket and use of their own, or a Centre-provided, basic mobile phone, with no internet or camera function. Bedrooms on both sites include a television with a large number of national and overseas channels. Detainees can only smoke outside the buildings.

3.3 Detainees in both sites are locked in their rooms from 9pm to 8am (8.30am at weekends), except for the hostel type accommodation in the Harmondsworth building. During the day, detainees are able to move around the activities corridors and between the units, except at meal times when detainees have to return to their own unit. There is also a one hour lockdown between 1pm and 2pm each day, except for the hostel units.

3.4 The Harmondsworth site has two distinct styles of accommodation. Cedar and Dove are the two older hostel-style units housing 359 detainees, mostly in two-bedded rooms, but with some three and four bedded rooms. These detainees are restricted at nights to their own corridors of about 20 rooms. Showers and toilets are shared and provided off each corridor. Ash, Beech, Gorse and Fir, are four newer, residential units housing a further 367 detainees. This accommodation was built to Category B Prison standard. The rooms contain bunk beds, a washbasin, and a toilet with no seat, behind partial screening. Showers with three quarter doors are located off corridors.

3.5 Harmondsworth has a Care and Separation Unit with six rooms for detainees who are removed from association or temporarily confined under Rules 40 and 42 of the Detention Centre Rules.

3.6 It has the most extensive healthcare facilities in the Immigration Detention Estate (IDE) and is the principal centre for male Detained Asylum Cases (DAC).

3.7 The Colnbrook building was constructed to the Category B Prison standard. Accommodation in the four main residential units is arranged in twin rooms, eleven on each of the three floors. All rooms have toilets and washbasins in a partially screened off area, and each block has 10 shower cubicles. Laundry facilities are provided on two of the units, which are shared across two units, these facilities have been upgraded during the year to industrial grade equipment to match the Harmondsworth provision, which is much more robust than the previous domestic equipment.

3.8 Colnbrook also contains a separate unit which was originally designed as a Short Term Holding Facility. This unit has been renovated during the year, and now contains 49 single rooms, and an access route through an exercise yard which means that detainees can have access throughout the day to all of the activity areas in the Centre. This is a significant improvement of the previous arrangements and is welcomed by the IMB.

3.9 There is a Care and Separation Unit with sixteen single rooms, six each on the ground and first floors, and four on the second floor. These rooms have basic facilities a bed, toilet and washbasin. These rooms are only designed for very short stays, in line with Detention Centre Rules 40 and 42.

3.10 There is a female unit, Sahara Unit, with 27 beds in nine three-bedded rooms, which is situated on the top floor of the separate reception and visitors block. It has a more relaxed regime than the men's units, with a lounge area equipped with sofas and a large screen TV, and direct access to IT facilities. There is no direct access from this unit to fresh air and exercise yards; detainees have to be escorted for exercise at times when these facilities are not being used by the men.

## **B Evidence Sections 4 – 10**

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### **4 SAFETY**

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#### **Reception and Discharge**

4.1 The reception process is carried out effectively and thoroughly within a reasonable time of arrival. The waiting time for detainees is affected by bunching of arrivals by van. There is also at times a problem with vans gaining access to the buildings, because of the lack of secure parking for vehicles. As far as we can tell detainees are properly assessed on arrival, including the required medical checks and their risk to other detainees. Food is available if needed on arrival. We have not had complaints about treatment in reception, or about individual discharge from the Centre. However the IMB was critical of the space and facilities available for larger numbers for charter flights at the Harmondsworth site, when discharge to coaches was not from the usual discharge area. This area in a stairwell was cramped and did not provide for privacy for health and other checks. Representations have been made to the Contractor and the Home Office. The IMB have been given assurances that in 2018 the normal departure area will be used.

#### **Night Moves**

4.2 One criticism of the movement of detainees that we have raised in previous annual reports is arrival or departure at night. This still occurs and should not happen. If a detainee is to catch an early flight from Heathrow Airport and is held in another IRC he should arrive at this IRC early enough to get some rest or sleep. It is unreasonable for a detainee to travel in the middle of the night, perhaps to suit the schedules and convenience of DEPMU and Tascor the escorting contractor.

#### **Induction**

4.3 Induction does take place on a daily basis. This is done partly in English, by a DCO and also by using a multi-language video presentation. This electronic assistance can be accessed again later. Despite this the IMB is concerned about how much new detainees, particularly those with no prior knowledge of being detained, or with limited English, understand the processes. Reinforcement of the provision of information would assist. There does seem to be a problem with the subsequent use of local rules about unit behaviour which are only supplied in English. It would assist if these rules are published in the main detainee languages, that they are not expressed in complex language and do not change too often.

4.4 There is no established buddy system throughout the establishment. The IMB believes it would be helpful to new detainees and those who are unsettled by detention to establish a full system. It is also regrettable that there is no segregation initially of

new entrants to the Centre by those new to detention and those who arrive from prisons. In our opinion, the needs of those who have never been subject to a custodial environment are very different from those who have just completed a prison sentence.

### **Assessment Care in Detention and Teamwork (ACDT) Procedures**

4.5 The ACDT process does seem to be carried out effectively, particularly in relation to food and fluid refusal. Because of an improved ability to monitor other intakes of food and fluid from the shop, besides the provision of meals, with the exception of breakfast which is not monitored and perhaps should be, there has towards the end of 2017 been a reduction in the number of ACDTs overall. This should enable staff to monitor more effectively those detainees who pose a greater risk. There is close monitoring of those who are judged to be at risk of self-harm, including constant watch. Despite this there have been on average three incidents a month of serious self-harm by detainees requiring external medical treatment and regrettably in 2017 there was one death, of a man not previously identified as being at risk. The circumstances of his death are being officially investigated. This has led towards the end of 2017 to a programme of removal of possible ligature points by the Contractor. There are detainees with serious mental problems as well as those seeking to delay removal by self-harm, which may go further than they had intended. We have observed some excellent examples of a caring and supportive attitude of officers, who are on duty for constant watch, having a positive impact on the wellbeing of detainees.

4.6 The IMB made representations to the Contractor and the Home Office to reconsider their policy of advising vulnerable detainees about a death in custody at any Centre. It was agreed that this policy was too broad and unsettled detainees, and that it was only necessary to inform those detainees who knew the deceased detainee.

### **Fire Safety**

4.7 Detainees were concerned about fire safety as a result of the Grenfell Tower disaster. The Contractor did hold a fire drill in part of the Centre. The drill was not as effective as it could have been. The management need to reassess their capability to handle large numbers of detainees speedily and check they are following closely the advice of the London Fire Brigade.

### **Security**

4.8 Heathrow IRC is by far the largest IRC in the immigration detention estate and holds about one third of all IRCs' detainees. Foreign national offenders awaiting deportation constitute between 25% - 35% of detainees. We were critical in our 2016 Report of this high proportion which we believe affects the atmosphere within the Centre and may be a reason for gang culture and an increase in drug use. The IMB believe it is not desirable to mix those with serious criminal records with immigration offenders and applicants for asylum. However, there is a policy of not limiting access to areas of the buildings

unless it is deemed necessary. Whilst this more liberal access is in many ways desirable it does allow more opportunity for drug dealing and the activity of criminal gangs. The gangs are largely based on nationality. This has led at times to violent incidents. The staff dealt with these effectively, but ideally these incidents should have been anticipated, if there was better intelligence on possible trouble. The new policy has made it more difficult for staff to protect victims of bullying, extortion and violence. The option left for staff is to transfer a detainee to the other building. During the year movement of detainees has been limited for one hour between 1pm and 2pm by a lockdown in their rooms, except in the hostel type accommodation, where only the corridors are locked. This restriction has been criticised by the HMIP inspectors in 2017. We have reservations about its necessity rather than for staff convenience. It does allow for more effective cleaning during the period. We have not had pressure from detainees to change this policy.

4.9 One very serious incident led to a death in custody in 2017. The inquest has yet to be held. We are not therefore able to comment on the incident.

### **Drug Use**

4.10 There is a significant escalation of the drug problem in particular the use of psychoactive substances. This may have a connection with gang activity and the oppressive or violent settlement of debts. Staff handle the results of drug abuse well and we appreciate their efforts. The main source of drugs is probably through visitors, but as substances like spice can be dissolved from paper and are not easily identified, as with traditional drugs, we appreciate the difficulty of control. The Centre does take this problem seriously and undertake regular searches for drugs using trained sniffer dogs. We believe that a greater staffing presence generally and in the visitors centre would assist as well.

### **Handcuffing During Transport**

4.11 As a result of the escape of a detainee from a wheelchair on a hospital visit in 2015 the evaluation of risk in terms of handcuffing detainees when transported outside the Centre has been interpreted far more strictly. We are concerned that figures on the use of restraints show that in the final quarter of 2017 98.5% of escorts undertaken by the contractor used handcuffs. At the time of the escape in 2015 only 10% of detainees were handcuffed. This seems a disproportionate response to one failure. The HMIP Inspection Report on Harmondsworth in 2017 was also critical of the reversal of a less restrictive policy before that escape. Whilst understanding the concern of the Contractor and the Home Office about control of detainees we do think that risk evaluation has become too cautious and is unnecessarily demeaning to many detainees who do not really constitute a credible risk of an attempt to escape. We criticised the over-cautious practice of handcuffing in our 2016 Report and there has been no change.

## **Vulnerable Detainees**

4.12 There is some provision for those with mental health problems from Healthcare including specialist mental health nurses and psychiatric evaluation. However there are significant problems in recruiting general and specialist nursing staff. Those with acute mental health problems are not helped by detention in a custodial environment. In our view, the Home Office should not detain these men unless there is a real prospect of imminent removal to their home countries.

**Detainee A has spent a period in a secure mental health unit since coming to the Centre and is now housed in Healthcare. There are difficulties with his removal and his continued detention is having a negative effect on his mental health.**

**Detainee B was housed in the CSU for over a month due to his bizarre behaviour and lack of personal hygiene. He was then housed in the Enhanced Healthcare Unit for a further two weeks before he was sectioned to a mental health hospital.**

4.13 We repeat our criticism in our 2016 Report of the detention of vulnerable men who require social care which is not available in terms of facilities or staffing budgets. It is not covered by the NHS medical care contract. These detainees are wheelchair bound, partially sighted or have learning difficulties.

**Detainee C was in a wheelchair. He had to rely on the staff and fellow detainees to access activities and the healthcare centre on upper floors. Access was difficult with the main lift being out of order for some time and he could only reach the medical centre by using a kitchen lift. The lift was mended but broke down again after a few weeks.**

The staff do their best to assist these men, but the premises and its facilities including an unreliable main lift in the Harmondsworth building make life difficult and at times undignified for these detainees. We argue that there may be no strong reason in terms of risk to detain these men if their removal date is some time in the future and yet to be fixed. This would greatly reduce the effect on the men concerned, on other detainees and the burden on staff. Alternatively, the Home Office should set up a specialist secure unit for those needing social care comparable to the existing facilities for families.

## **Detainee Removal**

4.14 The overall removal rate for detainees nationally is just under 50%. For Heathrow the figures show that one third are released after significant stays in detention, one third are removed and one third remain for much longer periods in detention. The average stay at the Centre is some two months with some detainees kept for much longer periods. The Home Office should consider whether with a national removal rate of around 50%, that their initial decision to detain and to do so well before removal can be organised is inefficient, costly and unfair to detainees. In the case of former foreign prisoners their date of release from prison is known. Thus their removal directly from

prison could be organised in advance. It is clear the effectiveness of the system needs re-examination.

### **Long Term Detention**

4.15 The Centre is designed to be for stays of up to three months for those awaiting imminent removal, the average stay in the Centre is some two months and this average figure masks the fact that as many detainees stay in the Centre for under 48 hours, there are clearly others who stay for considerably longer. From the reports provided to the IMB by the Home Office there were 105 detainees (95 in 2016) who had been in detention for more than 12 months, the longest stay was approaching five years. In previous reports we have been critical of detainees being kept within the detention estate for long periods. The figures at the end of 2017 show that 149 men (120 at the end of 2016) had been held for over six months, of which 28 men had been detained for over a year (20 in 2016). The figures fluctuate during the year, but the trend since 2016 is upwards. This is an unfair practice. The Home Office, if it is unable to remove a detainee, because they cannot be sent back to their home country and repeated attempts have been made to do so, should not prolong their stay in detention. To do so is inhumane. The upwards trend also suggests that the review mechanisms implemented within the Home Office do not ensure that individuals are not stuck within the immigration system for unacceptably long periods. The IMB continue to believe that a fully independent review mechanism with the power to make binding decisions would ensure that detention does not become unacceptably extended.

**Detainee D had been in detention since January 2013 and at Heathrow IRC for six months, a total of five years. He was released on bail in January 2018.**

**Detainee E complained to the IMB that his monthly report from the immigration team contained misleading and inaccurate information. The immigration team admitted there were discrepancies but continued to issue the same inaccurate monthly report. After intervention by the IMB, his records were corrected and this led to his Temporary Admission to the UK.**

## **5 EQUALITY AND FAIRNESS**

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### **Religious Needs**

5.1 The Centre provides good facilities for religious observance for all major faiths represented in the Centre. The only minor complaints we have received are about access to facilities for prayer at midday in the Harmondsworth building when staff are not readily available to open a locked door to allow movement. We have raised this with the Contractor and they are aware of the problem. The solution lies both with DCO availability and with the chaplaincy staff organising a service. They could ensure their congregants have access by unlocking a door to allow them to join others.

Friday prayers for Muslim detainees who are by far the largest religious group are held in both sports halls. The arrangements for Ramadan went well and were smoothly handled by the Contractor. The Christmas service and arrangements were well attended and were appreciated.

### **Legal Advice and Rights**

5.2 The welfare provision for advice on legal and other matters is well used and was complimented in the HMIP Harmondsworth 2017 inspection report. Detainees have access to welfare staff, immigration surgeries and advice from charities such as Hibiscus. The arrangement for transmitting material to detainees' lawyers has been noticeably improved when our advice to the Contractor to use computer scanning as well as fax was accepted. A detainee operates the system and the bottleneck has been removed reducing frustration from detainees and pressure on the staff. This was previously a recurrent area for complaint.

### **Complaints Systems**

5.3 Detainees have access to the IMB via forms left in our boxes throughout the Centre or by approaching us when we make a rota visit. We try to respond as soon as possible and make use of the detainees' phones to arrange to meet them or reply to a request. Detainees are encouraged to use the official complaints system which ensures they receive a written reply. We monitor both the complaint and the response as they are sent to us by secure email by the Home Office. The majority of the 405 official complaints allocated to the Contractor, 57%, were about loss of property (132), staff behaviour (120), the physical environment (62) and the availability of services (50). This category covered a wide range from food to the library. These complaints do not cover Healthcare complaints which are channelled through a separate NHS complaints process or complaints about the Home Office which are channelled to relevant departments to be answered. In the past the Home Office Complaints Unit has provided a more comprehensive statistical analysis covering all these complaints, but due to staff shortages in that Unit, this reporting has lapsed this year. The IMB has also been unable to obtain any meaningful information regarding complaints submitted to the NHS. Our own record of detainees contacts with us differs and shows that health at 30% and immigration at 25 % comprise the largest categories in 2017. In 2016 accommodation at 17% was also a concern. (Section D gives the breakdown of applications to the IMB and the official complaints handled by the Contractor). The vast majority of official complaints appear to be investigated properly though most are found to be unsubstantiated. The official complaints include many on alleged loss of property. On investigation some of these are found not proven, others show that thefts from detainees' rooms are a problem, despite the ability to lock their own room. There are delays in providing keys to detainees, which should not happen. It would be preferable if complaints were investigated by a manager from a separate or specialist unit. This would both be fairer and be seen to be fairer by the complainant. The time lag in

answering a complaint by the contractor is reasonable with a limit of 20 days. If the complaint about staff behaviour appears serious it is referred to the Home Office Professional Standards Unit who report within their time limit of three months. There are very few complaints that are referred.

### **Discrimination**

5.4 We have not identified indications of discrimination on any of the grounds established in law by staff against detainees. We are conscious that it is unlikely that we would witness such discrimination unless staff were unaware we were present, however we do not receive complaints from detainees which explicitly state that they are the subject of more than personal prejudice. We do need to remain vigilant.

5.5 There are problems in relationships between detainees, many of whom come from countries where prejudice against minority groups is usual and may well be considered reasonable. Prejudice against gay men does lead to difficulties for them if others are aware and we advise them to seek advice from staff trained to assist. The staff response is helpful. However we are aware that there could be bullying within a national or religious group and this may be gang related.

### **The IMB Itself and Equality**

5.6 We would like our Board to be more representative of society and more able to understand the concerns of the diverse detainee population. We also need more recruits, but it is difficult to attract those in full time employment, though in 2016 we had some limited success with both ethnic minority and younger recruits. Retaining them as members is more difficult. Recruitment in 2017 attracted only older retired or part retired applicants. It would be desirable as well, that positions of responsibility were held by younger members. In 2017 this was not the case, nor is it the position in 2018.

## **6 REMOVAL FROM ASSOCIATION**

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6.1 Rule 40 and Rule 42 of the Detention Centre Rules allow removal from association for detainees if their behaviour is considered to make this necessary. Numbers have shown some improvement in 2017 with a fall in the average usage each month to 55 compared to 63 in 2016 and Rule 42 numbers are also down from an average monthly use of 4.5 in 2016 to 3.5 in 2017. We are not always promptly notified when detainees are put in the Care and Separation Units (CSU), but we always see detainees when we visit, speak to them and check and sign the paperwork. We have no significant concerns about the reasons for the use of Rule 40 and 42. Detainees seem to be correctly treated and normally return to their unit quite quickly once the reason for removal is no longer valid. There have been cases where a detainee has spent longer than anyone thinks desirable in a CSU because of the lack of an alternative secure place due to mental health

issues. In general we have been impressed with the professional, patient attitude of CSU staff, who were able to defuse difficult situations.

**Detainee F was housed in the CSU for 22 days because of his challenging mental health issues. He was then moved to the enhanced care unit for eleven days before being returned to the CSU for another eight days before his removal.**

**Detainee G was held in the CSU for 23 days due to his significant mental health issues. He was unable to cope with the normal unit regimes and was sectioned to a mental health bed.**

6.2 The Home Office do authorise extended stays in Rule 40 for detainees who are deemed to be not suitable for the normal regime in an IRC. The IMB appreciate that the protection of other detainees is important but do have reservations about this practice.

**Detainee H was held in the CSU for 24 days before being transferred to another IRC. He was returned to HIRC several months later for 15 days before his escorted removal. On both stays in the Centre he was held solely in the CSU.**

## **7 RESIDENTIAL SERVICES**

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### **Accommodation**

7.1 The problems during the year relate to the need for refurbishment of toilets and showers and bedrooms. The progress has been slow, though improvements have been made and these are appreciated. There have been serious delays in repairing the main lift in Harmondsworth which has caused significant problems, in particular in access for a wheelchair user to the healthcare centre for medication. There are problems with ventilation and temperature when there are winter and summer extremes. The air conditioning system cannot cope with the temperatures and the way the buildings are used differently from the assumptions used in the design of the buildings as a much more closed prison like operation where doors are kept shut. Fresh air is only available in bleak courtyards.

7.2 Bedbugs continue to be a serious and difficult problem particularly in the older hostel type accommodation in Harmondsworth. The solution, which was not yet complete at the end of 2017, was to replace some of the beds and furniture with solid bunk beds which have no crevices for the bedbugs. This is helpful, but the fabric of the building still allows for the insects to live. The solution does not cover all the affected rooms, only the hostel accommodation. This is a recurrent problem, which the contractor will have to deal with continuously. Colnbrook which was built differently does not have this problem. The rooms fitted with the new beds now have very little space for storage of belongings or medication, unlike the previous provision of a chest of drawers and a wardrobe. There is a risk that detainees can fall out of the top bunk,

which has a low protective barrier and there has already been one incident when a detainee suffered a broken elbow. Whilst we welcome the initiative to tackle the problem, we are concerned that a new problem of health and safety has been created.

### **Cleanliness**

7.3 The Centre varies in its cleanliness. The units are very intensively used and particularly on the ground floor look drab and dirty. More frequent redecoration would assist and some progress has been made in Colnbrook, but more need to be done. Flooring because of intensive wear needs replacement or repair, particularly at doorways to the yards where there is a trip hazard. The lockup in the middle of the day does reduce movement and allows for a clean up after lunch particularly where residential areas have to be used for meals. The courtyards need more attention with rubbish in the open rain drains. There has been a welcome attempt to brighten up courtyards which does relieve their drabness.

### **Maintenance**

7.4 The lag in attending to items of maintenance such as sink drains, lightbulbs and blocked toilets caused irritation and upset to detainees who have to live for some time with these problems. Detainees cause some of these problems through anti-social behaviour. However, the Contractor needs to either be more efficient with maintenance or recruit more staff to meet the need. The buildings are likely to need more maintenance as they age and experience heavy wear. A courtyard in Harmondsworth which once had a garden area and now looks like waste ground was scheduled to be improved during 2017. No work has yet been undertaken. We are concerned, that with the possibility that the Centre will need to be replaced, because of the proposed new runway at Heathrow Airport, there will be restrictions on capital expenditure in the interim period which is at least six years ahead.

### **Catering**

7.5 The food is adequate in what is served and the portion size, though not always as hot as it should be towards the end of the meal period. We have concerns too that the heated trolleys are not as effective as they should be and are loaded too soon at the central kitchens. However, we do recognise that unit staff take temperature readings of food and are under instructions to return food to the central kitchens if the temperature is outside acceptable tolerances. The HMIP report on Harmondsworth in 2017 did come to the conclusion that catering was satisfactory, a judgement presumably based on their wider knowledge of other establishments. However we are critical of its unexciting and repetitive nature, which must be an issue if a detainee is kept for longer than the average two months in the Centre. The contrast in the quality of food with the two cultural kitchens is marked and if staffing allows an expansion of the use of these kitchens it would brighten up more detainees' days.

## **Laundry**

7.6 The facilities in both sites have all been improved using industrial washing machines now operated by detainee laundry assistants. This has removed one source of significant complaints and is welcomed as an improvement in the facilities.

## **Staff-Detainee Relationships**

7.7 Overall we would evaluate the relationship between staff and detainees as acceptable to good with some staff developing a good relationship with detainees, particularly with those who are vulnerable. The experienced staff know how to handle situations and deescalate them. There are detainees who can be awkward and staff should be sensitive. It is sometimes difficult with language barriers and it is helpful with a multi-ethnic staff speaking other languages, though there are some detainees who cannot be communicated with easily. The movement of staff around the Centre's two buildings does not help in developing knowledge of individual detainees. There are some complaints about staff usually related to their manner. While we appreciate officers are busy and work long shift hours, it is important that they are reminded by their management to treat detainees with respect and chose their words more carefully when they deal with requests and complaints. It is the small things that upset detainees who feel that they are treated as inferior and not with respect. Cultural differences also affect this interaction. An example is the shop staff, who are sometimes criticised by detainees for being rude and abrupt. Training in customer care might improve relationships.

## **8 HEALTHCARE**

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### **The Provider**

8.1 Central and Northwest London NHS Trust provides healthcare. The statistical data they produce shows that they meet the time standards for seeing a nurse and a GP and there is adequate provision of optometry and dentistry. The basic service is provided seven days a week. A pharmacy service operates effectively. There is specialist provision for mental health. The Trust does have significant problems in recruitment of permanent staff, as is common in the NHS in London, with the additional delay and possible barrier of the requirement for CTC clearance. There is wider oversight of our provision by a Partnership Board run by NHS England. The IMB is invited to their meetings.

### **Emergency Care**

8.2 Emergency hospital care is provided by Hillingdon Hospital. There are problems with missed out-patient appointments because of the shortage of escorts and this leads

to delay in rebooking a clinic or procedure. The solution must lie in part with the Home Office's agreement on staffing levels for the Contractor.

**Detainee I missed his hospital appointment because there were no staff available to escort him because of other calls on their time. The result was his appointment had to be rearranged and he had to wait longer for an appointment considered necessary for his well-being.**

### **Detainees' Criticism of Healthcare**

8.3 There is criticism of healthcare provision by detainees who can be unrealistic in their expectation of service. They do not appreciate that if they were in the wider community they would not necessarily receive faster or better provision. Some detainees have multiple or complex medical needs and this makes assisting them more difficult. An aspect of detainees' criticism of healthcare is about staff behaviour and allegations of not being treated with respect. For example, GPs have been criticised via a group petition in Harmondsworth. We have difficulty in evaluating the validity of such views as we do not witness the patient doctor relationship. The IMB is not qualified to challenge medical decisions.

8.4 Detainees sometimes complain that they are not told about hospital appointments in good time. We appreciate the need for security for notification of exact time and date but think that some advance general notice could be given without breaching security.

### **Rule 35 Process**

8.5 An aspect of medical provision not comparable to outside medical provision is the evaluation of the process of Detention Centre Rule 35 requests by a GP relating to alleged torture and mistreatment abroad. These reports which we do not see are sent to the Home Office case workers. There can be a backlog of these requests because of a lack of GP availability. Both the quality of Rule 35 reports and their use by the Home Office were criticised in the HIMP Report 2017. The IMB receive complaints from detainees who are unhappy that the opinions of doctors can be ignored by caseworkers who do not have medical training or knowledge.

### **NHS Complaints Procedure**

8.5 Complaints are handled by the Trust's complaints procedure. Unlike complaints to the Contractor we do not see the replies to these. We appreciate that there may be questions of patient confidentiality which would affect our ability to see the whole of a response. It would be sensible if our remit was widened to see the non-medical aspect of replies, as should the Home Office commissioners.

### **Mental Health Provision**

8.6 Mental health covers both sites with the Colnbrook site providing more specialist mental health provision, which is needed. As in the outside world there are shortages of

places for those who need a secure closed mental health place. There is an allocation of only two outside mental health bed places for specialist needs, which can mean significant delay and a consequent problem for the Centre with disturbed detainees. These often have to be managed in the CSU (see Section 6.1) which is not an environment which is conducive to the treatment of their mental health conditions.

### **NHS Oversight of Provision**

8.7 The provision is overseen by NHS England and an IMB member attends their meetings. This is helpful as we are asked and can give our views on provision such as mental health and infectious disease.

## **9 EDUCATION, WORK AND OTHER PURPOSEFUL ACTIVITIES**

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9.1 The facilities provided are the standard ones expected, library, training courses, religious and cultural activities, information technology, and physical exercise. The standard of the facilities is adequate to meet the demand for them. We also discuss paid work in this section as this is another way to relieve inactivity and boredom which is a problem for enforced detention which is unstructured and indeterminate in its end date.

### **Education**

9.2 The educational provision in the Centre was re-examined by the Contractor during 2017. This arose from criticism by HMIP in 2015 and from the Shaw report about the effective use of resources. The Contractor was also not satisfied that resources were being effectively used and fully benefited the detainees. We shared some of their concerns, particularly about English language classes. Some provision was regarded as still appropriate, in particular information technology instruction and the general computer provision. Art and music were well rated, but the use made of English language instruction showed a lack of demand for this offer. It was argued that offering more practical skills such as painting and decorating, computer repair and food hygiene as well as more focussed English language classes could be more popular with detainees and would be more use to them when they returned to their home countries. Changes in provision were made towards the end of 2017. It is too early to assess and evaluate the changes.

### **Paid Work**

9.3 Paid work is popular and there is a waiting list for opportunities. The paid work includes cleaning, kitchen work, laundry attendant, and document transmission. The low rate of pay at £1 an hour does not deter applicants. The IMB has seen some external criticism that not paying detainees the National Minimum Wage is taking advantage of them. The IMB view this work as beneficial to detainees to provide them with

purposeful activity. Whilst they are held in a custodial environment they do not have to pay for food or accommodation and thus this work is not comparable to outside employment. There is no compulsion to undertake paid work, it is purely voluntary. There are two limitations on paid work. The first is a budgetary limitation set by agreement with the Home Office. The second is the permission given by the Home Office to use a particular detainee. If detainees are considered by the Home Office national rules to be uncooperative with progressing their immigration case they will not be given permission to be offered paid work. This is clearly a sanction, which could be seen as a punishment. We do not agree that the use of this rule is appropriate and we wonder if it is valid legally.

## **10 PREPARATION FOR RELEASE OR REMOVAL**

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10.1 Detainees have access to computers and all have phones if they need to contact their lawyers or their families. So far as we can tell removal directions are made properly. Proper notice is given of transfer to another Centre. These moves do not normally give rise to a complaint about information.

10.2 Some use is made, but not often, of Rule 40 to control a detainee close to removal who has a record of self-harm or other means of obstructing or preventing removal. This may involve constant watch because of the risk of self-harm. We are informed about this removal from association.

10.3 There is provision for welfare advice from staff and from charities to prepare a detainee for return. There are financial grants that can assist on arrival and these should be advised by welfare as the detainee may still be far from home on arrival by air in their home country.

10.4 Removal from the Centre to another IRC or to an airport is the responsibility of Tascor who holds this contract. There have been several problems with their efficiency which have affected detainees' welfare such as not turning up to take a detainee to another IRC, an airport, or arriving too late to meet flight deadlines. The contract for movement of detainees will be transferred to a Mitie company in May 2018. We hope the service will improve significantly.

## C Section – Work of the Board

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### **THE WORK OF THE INDEPENDENT MONITORING BOARD**

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11.1 The Board has carried out its work by making rota visits to the Centre, answering questions from detainees, either from applications in writing, or by conversations as we walk round the Centre. There is a Board meeting with the Home Office, Mitie Care and Custody and CNWL once a month. The papers for this meeting provide us with reports and data. We monitor official complaints and their response from the Contractor or the Home Office. Points are raised with staff as we go round the Centre, and when necessary with senior management. All rota visits are formally reported and we obtain replies from the Contractor, CNWL or the Home Office. We operate two teams for the rota visits based on the two buildings, because of the size of the Centre. The number of hours spent last year on visits to the Centre was 930. This figure does not include time spent at meetings outside the Centre, or monitoring electronically. There is an evaluation of our own performance in the Annual Team Performance Review. Last year we visited Brook House IRC to compare experience and hosted a visit by colleagues from Yarl’s Wood IRC. In addition we attend the NHS England Partnership Board which is held alternately at the Centre or at a NHS central London office. Some members attended the National IMB AGM in March and the Immigration Estate study day in October.

| <b>BOARD STATISTICS</b>                      |     |
|--|-----|
| Recommended complement of Board Members      | 24  |
| Number of Board Members at the start of 2017 | 19  |
| Number of Board Members at the end of 2017   | 18  |
| Total number of visits to Heathrow IRC       | 565 |

## D Section – Applications to the IMB and Official Complaints

### Subjects of Applications to the IMB

| Code | Subject   | 2017 | 2016 |
|------|---|------|------|
| A    | Accommodation including laundry, showers  | 66   | 207  |
| B    | Use of force, removal from association  | 2    | 9    |
| C    | Equality  | 2    | 4    |
| D    | Purposeful activity including education, paid work, training, library, other activities | 33   | 20   |
| E 1  | Letters, faxes, visits, phones, internet access   | 4    | 26   |
| E 2  | Finance including detainees' centre accounts  | 0    | 0    |
| F    | Food and kitchens   | 27   | 43   |
| G    | Health including physical, mental, social care  | 286  | 423  |
| H 1  | Property within Heathrow  | 69   | 59   |
| H 2  | Property during transfer or in another establishment or location                        | 0    | 0    |
| I    | Issues relating to detainees' immigration case, including access to legal advice        | 238  | 294  |
| J    | Staff/detainee conduct, including bullying  | 73   | 64   |
| K    | Escorts   | 7    | 0    |
| L    | Other   | 54   | 63   |
|      | Total number of applications  | 861  | 1203 |

### Official Complaints for 2017

|                              |     |
|------------------------------|-----|
| Administrative Process Error | 8   |
| Availability                 | 50  |
| Catering                     | 2   |
| Complaint Handling           | 1   |
| Detainee/Detainee            | 5   |
| Minor Misconduct             | 120 |
| Physical Environment         | 62  |
| Poor Communication           | 8   |
| Property Damaged             | 6   |
| Property Lost/Stolen         | 132 |
| Property Withheld            | 1   |
| Racism                       | 9   |
| Wrong Information            | 1   |
| Total                        | 405 |

Source: Mitie Care and Custody. The statistics relate solely to investigations by the Contractor, they do not include Home Office investigations or those under the NHS complaints procedure.