

Annual Report 2014

Yarl's Wood Independent Monitoring Board (IMB)



**Independent Monitoring Board
YARL'S WOOD
IMMIGRATION REMOVAL CENTRE
Chair: Mary Coussey
Vice-Chair: Susan Jackson**

Section 1

Statutory Role of the IMB

The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison and immigration removal centre to be monitored by an independent Board. Members of IMBs in Immigration Removal Centres are appointed by the Home Secretary from members of the community in which the centre is located.

The Board is required to:

- Satisfy itself as to the humane and just treatment of those held in the immigration removal centre
- Promptly inform the Secretary of State or any official to whom she has delegated authority as it judges appropriate, any concern it has
- Report annually to the Secretary of State on how far the immigration removal centre has met the standards and requirements placed on it and what impact these have on those held in the centre.

To enable the Board to carry out these duties effectively its members have right of access to every detainee and every part of the centre and also the centre's records.

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DESCRIPTION OF CENTRE

3.1 Yarl's Wood IRC ("the Centre") is a purpose-built Immigration Removal Centre operated under the Detention Centre Rules 2001. It is located outside the village of Clapham in Bedfordshire and was opened in 2001.

3.2 Yarl's Wood is the principal UK centre for the detention of single women and families under immigration legislation. For the purposes of this report, the term "families" means couples or families detained with children over the age of 18. There is also a Short Term Holding Facility (STHF) at the premises, with accommodation for up to thirty-eight people. The Centre and the STHF are operated on behalf of the Home Office Immigration and enforcement unit by Serco Limited ("Serco" or "the Contractor").

3.3 The accommodation at Yarl's Wood IRC consists of five residential units housed in a large, two-storey building. Occupancy is an average 350, with the great majority being single women. There is a family unit, (Hummingbird) a female induction unit (Crane) and two female residential units (Avocet and Dove). The four main residential units are connected by a central corridor, from which all ancillary areas, including the Healthcare centre, can be accessed. Detainees in temporary confinement under rule 42 ("TC") are held in the separation unit, which also contains removal from association ("RFA") rooms.

3.4 There is a Healthcare Centre on site, which currently is operated by G4S. This provides primary healthcare for detainees. The commissioning of all healthcare is now the responsibility of NHS England. Secondary care is by several providers, and detainees can be seen at the secondary care provider's site or the secondary care provider sends visiting clinicians to Yarl's Wood.

3.5 The STHF was opened in Bunting unit for single male detainees (known colloquially as "lorry-drop" cases) in February 2012.

3.6 In 2014, Yarl's Wood again operated in the spotlight of intense interest from non-governmental organisations and pressure groups and from the media.

Executive Summary

4.1 We commend the important work of the Religious Affairs team at Yarl's Wood.

4.2 There is a need for more female officers at Yarl's Wood to look after a predominantly female population: we recognize the efforts management have taken to recruit more women and urge them to take further, positive action within the terms of the Equality Act 2010 to achieve this.

4.3 We commend the Welfare provision as a valuable resource, particularly for people detained without the chance to sort out their affairs.

4.4 We commend the range of activities on offer and recommend that additional IT facilities be provided.

4.5 We report serious concerns about the Healthcare provision at Yarl's Wood. The department is under-staffed and lacked proper management for much of 2014.

4.6 New commissioning arrangements and a change of Healthcare contractor on 1st September exacerbated the problems. GP hours have been cut and the counselling service withdrawn.

4.7 Detainees have consistently and repeatedly complained to the Board about a dismissive attitude on the part of Healthcare staff and about difficulties in obtaining GP appointments.

4.8 We again highlight the plight of women with serious mental health problems being detained at Yarl's Wood and are concerned that they frequently end up in the separation unit because of their behaviour. **We recommend that people with identifiable mental health conditions should not be detained.**

4.9 We report again on the difficulties faced by pregnant women in detention and on the fact that very few pregnant women are removed. **We recommend that the policy of detaining pregnant women be abandoned. If it is to continue, it should be applied in evidenced, exceptional circumstances where removal is imminent.**

4.10 We highlight the fact that 68 women were detained in 2014 for more than six months, and draw attention to the case of a woman detained for 800 days. We describe the harmful effects of long-term, indefinite detention, and report on the high proportion of detainees who are released or bailed.

4.11 We therefore recommend:

- **A maximum time-limit on detention such as the six months prescribed in the 2008 European Returns Directive;**
- **Greater use being made of community-based monitoring, particularly for women with children;**
- **That detention should be used only in cases where removal is inevitable and imminent**

4.12 We report on an increase over the past four years in ACDT (suicide and self-harm) documents being opened, and point to the increased vulnerability of those detained. **We again recommend an increase in the numbers of female officers to monitor women under constant supervision.**

4.13 The Board is concerned about the length of time between detainees being picked up from Yarl's Wood and their flight departure time: we have recorded periods of up to 13 hours. We also highlight the number of removals taking place at night.

5. Specific areas of monitoring

Equality and Diversity

5.1. The centre's equality policy covers all the protected groups under the 2010 Equality Act, and the equality statement is displayed on notice boards throughout the centre. The monthly Equality Action Team meeting is the principal forum for reviewing the advancement of equality practice, and is attended by members of Serco staff responsible for Activities, Welfare, and Religious Affairs, together with a member of the IMB. The final part of the meeting is open to detainees, who are invited to express any concerns they may have. Most frequently these relate to the quality of the healthcare provision within the centre, and food. Detainees do not always take advantage of this opportunity, but minutes of the meeting are displayed on notice boards within the units.

5.1.2. Detailed guidance regarding the treatment of transgender detainees has been issued by Immigration Enforcement and the board continues, when appropriate, to monitor how this is implemented within the centre. A board in the main corridor displays information regarding advice, activities and support groups for LGBT detainees.

5.1.3. Equality and Cultural Awareness days for detainees are held regularly throughout the year and are well attended. Examples of cuisine from the many cultures represented in the Centre is prepared and films and quizzes help detainees gain a greater awareness of the cultures of those living alongside them. Examples of arts and crafts created by the detainees are on display and available for purchase; there are also demonstrations of hair braiding and mehndi patterns for detainees to try.

5.1.4. These events are well supported by the Religious Affairs Team who work tirelessly to provide spiritual and emotional support to detainees. Following the death in custody of a detainee on March 30th the team provided counselling and support to detainees and a Memorial Service was conducted by the Pastor, which was extremely well attended. There is a Sunday morning service each week in the Visits Hall, and the Team meets regularly to discuss multi-faith provision within the Centre. All faiths are given the opportunity to attend prayers where possible. The Imam conducts Friday prayers which are well attended, and both he and the Pastor attend Bunting Unit to support the faith of single male detainees. In addition, a female Muslim sister has now been appointed to the Team, which has been welcomed by female detainees.

5.1.5. The ethnic origin of both detainees and staff is monitored by the Centre. In the final quarter of 2014 the Asian population (comprising those of Indian, Pakistani or Bangladeshi descent) has been overtaken by the Black African and Caribbean population as the largest ethnic group. At any time, up to fifty different nationalities can be represented within the Centre and recent months have seen a marked increase in detainees from Syria and Eritrea (the latter predominantly Christian).

5.1.6. Christianity continues to be the largest faith within the Centre, followed by Islam and Hinduism. As well as a Christian chapel the Centre provides a Muslim prayer room, a temple for Hindus and Sikhs, and a Buddhist temple. At various times during the year there have been followers of the Bhai faith within the Centre, and, briefly, even an Orthodox priest from Eritrea in the male unit. A Chinese clergyman ministers to Chinese detainees. Both Anglican and Catholic clergy hold services within the Centre.

5.1.7. Focus Groups are held throughout the month for specific nationalities. Their aim is to provide a mechanism for detainees to raise concerns, and to assist them prepare for removal and reintegration within their countries of origin.

5.1.8. The size of different nationality groups and trends in detainee employment, violence reduction, and discrimination incidents are monitored by the Equality Action Team, which includes a representative from Religious Affairs. Tensions can arise between nationalities, especially where FNOs are involved; this is carefully monitored within the units to avoid, as far as possible, any imbalances of nationality.

5.1.9. There is a busy calendar of cultural and religious events. Black History Month was celebrated in October, in addition to the principal festivals and

solemnities of all the main faiths: Diwali, Lunar New Year, Ramadan, Advent, Christmas, Lent and Easter.

5.1.10. The ethnic origin and gender of staff is monitored by grade. Following recommendations by HMIP, more female staff have been recruited. This is particularly important in a centre where many women have been subject to male violence or are vulnerable in other ways. During 2014 allegations have been made of inappropriate conduct by male officers. It was alleged inter alia that male officers enter detainees' rooms without knocking or without waiting a sufficient time after knocking. When on rota visits we monitor roll counts and can report a more careful practice with female officers conducting the count or male officers announcing themselves more clearly. The recruitment of more female officers will help meet these problems, and **we recommend that positive action be taken to increase the female complement.**

5.1.11. With an increasing number of older detainees, issues of disability awareness have come into sharper focus. For detainees housed on the ground floors of the female units it can be difficult to manage the stairs up to the dining hall. Disability is not, however, exclusively physical impairment; there have been increasing concerns too about the growing number of detainees admitted who are clearly experiencing mental health issues.

5.1.13. The Board has formally adopted the national IMB Equality statement. It is important that membership of the Board reflect the ethnic diversity of the Centre we monitor, and the wider community from which its members are drawn. At present this is not the case. Currently, the Board numbers eight, of whom six are female, with one male of non-white ethnicity. It is hoped that at least two new members will be able to commence duties in 2015.

5.2. Activities, Education and Employment

5.2.1 It appears that the difficulties experienced in staffing activities during 2013 have not persisted into 2014, with a wide range of activities now on offer.

5.2.2. The main Cultural Kitchen (now renamed '*Cafe Central*') has revised opening hours offering two daily sessions throughout the week: 09 – 1300 and 13.30 – 1700. This facility continues to be extremely popular with detainees and provides snacks for cultural awareness events and other occasions such as Valentine's Day and Shrove Tuesday. The kitchen in Hummingbird unit has been given a similar change of image and is now '*Cafe HAF*'.

5.2.3. The Salon offers a range of treatments for detainees and continues to be extremely popular. Among the Asian population threading and hair colour treatments are the most popular, while African and Caribbean detainees tend to opt for hair extensions and manicures. Currently the salon provides two jobs for detainees and both positions are filled.

5.2.4. Use of the services provided by Welfare is consistent across all nationalities within the Centre. During 2014 main users have varied from month to month: at the beginning of the year there was more uptake from detainees from the Indian sub-continent, while towards the latter part of the year the number of detainees from Pakistan dropped and a greater proportion of Nigerian detainees and FNOs from Jamaica have been using the service. The Welfare team are active with detainees who wish to pursue AVR and provide help and support in liaising with families, tracking down property, and signposting detainees who feel lost in the process.

5.2.5. The Library is well organized and provides vital information about access to legal advice and other services. Detainees seeking employment within the Centre can access a list of job vacancies in the library.

5.2.6. There are fifty-nine jobs in total, although not all of them are filled at present. Most employed detainees are aged between twenty-five and fifty, and come from a wide range of backgrounds. A recent innovation is the award of '*Employed Resident of the Month*' with the photograph of the resident in question displayed on the notice board with testimonials from staff and detainees.

5.2.8. The Sports Hall offers a varied timetable of activities throughout the week from afternoon football sessions for men from Hummingbird unit to the Music in Detention choir, as well as bingo, yoga, and zumba. Full use is made of the hall for events like Children in Need, Valentine's Day, Christmas quiz evenings, and detainees of all ages are encouraged to participate. Posters targeting over fifty-fives encourage detainees to take up some form of physical exercise; in the summer cricket is played outdoors in the Hummingbird recreation area. We are pleased to note the resumption of the Yarl's Wood choir under the auspices of Music in Detention.

5.2.9. IT tuition is probably the activity most widely accessed across all units in the Centre. Staff provide basic training for those unfamiliar with computers and detainees are actively encouraged to undertake certificated programmes of study, sponsored by the Prince's Trust. Many detainees, both male and female, have successfully completed basic, intermediate, and advanced level studies in word-processing, graphs and charts, and Power Point. Staff are happy to forward their certificates to a UK address provided by the detainee prior to removal. Detainees also take full advantage of the daily English (ESOL) classes on offer. Sometimes the popularity of these classes can lead to long waits, especially to access the computers; however, the IT room is sufficiently large that it could accommodate a further row of machines, thereby easing pressure on the existing provision. **We recommend that additional IT facilities are provided.**

5.2.10. The range of artefacts created is ever-growing. In 2014 detainees crafted photo frames, bracelets, cushions, paper roses, 3D origami, T shirts

(Children in Need), watches, Chambala Jewellery, greetings cards, clay ornaments and woodcraft, and even began dressmaking, following the donation of fabric suitable for use as skirts. The Chambala Jewellery and watches form part of a non profit making cottage industry with fifty pence from each sale going to charity, and the balance back into more materials. Detainees clearly gain huge pleasure, as well as a sense of purpose and achievement from this enterprise: there is not a room in the centre without its 3D origami decoration.

5.3. HEALTHCARE AND MENTAL HEALTH

5.3.1 In our 2013 report, we described the Healthcare department as “relatively settled”. Unfortunately that is very far from being the position as we report on 2014. The department has been under-staffed for most of the year, lacking in proper management for a substantial period and struggling to come to terms with a major change in commissioning arrangements and a change of contractor.

5.3.2 Staffing has been a problem in Healthcare all year. In August, for example, we were told that the department had vacancies for about a third of its nursing posts. Recruitment to Yarl’s Wood is difficult: the detention setting can create a very pressured environment. Added to this are lengthy delays in obtaining security clearance, which mean that good candidates will often find another post during the clearance process.

5.3.3 The department lacked proper management for much of the year as a result of the absence of, and failure to replace, key personnel.

5.3.4 On 1st September 2014 two important changes came into effect: first, the new commissioning arrangements. NHS England took over responsibility for the commissioning of Healthcare services at Yarl’s Wood and other IRCs. This means that whilst the main contract for running Yarl’s Wood is between the Home Office and Serco, the contract for Healthcare is between NHS England and the private contractor, which is now G4S. The contract monitor at Yarl’s Wood overseeing the main contract has no jurisdiction over – indeed does not have sight of - the Healthcare contract. The arrangements are overseen by a Partnership Board, of which the IMB is a member, and which meets every quarter.

5.3.5 The second important change was the change in contractor from Serco Health to G4S, which also took place on 1st September 2014. Staff were transferred over to G4S under the Transfer of Undertaking Regulations. Many procedures in the department have been changed, adding to the pressures on an already over-stretched workforce.

5.3.6 Another pressure on Healthcare during 2014 has been the insistence by HOIE on all visiting medical professionals having security clearance. This resulted in the complete withdrawal of the dentistry service for 3 months and midwives and physiotherapists being unable to visit. Detainees were taken to

external clinics to see midwives and the physiotherapist but no such arrangements were put in place for dentistry. The regular dentistry and midwifery services have by the time of writing been restored. Unbelievably, the manager overseeing the transition from Serco to G4S did not have security clearance and was not allowed to attend the Centre.

5.3.7 The factors listed above have all contributed to a serious deterioration in the service to detainees. This is a matter of grave concern to the Board. It has been difficult for us to investigate detainees' complaints as there was no full-time manager for much of the year. Specific problems are reported in more detail below.

5.3.8 During 2014 we received at least 40 applications about Healthcare. This includes informal approaches as we were conducting rota visits, and is an increase from 17 in 2013. DCF9 complaints to HOIE about Healthcare numbered 61 meaning that in most cases the Board did not see either the complaint or its response. We are aware, however, of delays in responding to DCF9 complaints.

5.3.9 The main source of complaint from detainees was the attitude of Healthcare staff, which could be summed up as "dismissive". We have reported in successive years that detainees have complained about rudeness; in 2014 what we have been hearing is more serious in that it appears to amount to a failure to take detainees' complex physical and mental needs seriously. Many women in Yarl's Wood have complex medical needs, including long-term conditions such as diabetes. It should also be borne in mind that the fact of detention frequently exacerbates medical conditions – or may seem to do so to the detainees who have little else to distract them. We should also add at this point that there seem to be more detainees than in previous years with complex needs. To take two examples: a female resident had suffered serious facial burns in a criminal attack and she complained that her treatment was inadequate. Another detainee had arrived on 17th December 2014; she had existing conditions in respect of which, at the routine medical screening appointment the following day, the doctor had ordered blood tests. These were not done until 5th January 2015. In the meantime the detainee had not been able to book another doctor's appointment.

5.3.10 There appears to be real difficulty for detainees in obtaining medical appointments, particularly with GPs. The GP provision was already stretched before the change of contractor on 1st September; inexplicably the number of GP hours has been cut by G4S from 48 to 38 per week. Access to a GP was one of the most common subjects of detainee complaints to the Board about Healthcare in 2014. One resident complained in July that his wife had had to wait two weeks to see a female GP. Others report that appointments are cancelled or that they have a long wait in Healthcare before they are seen.

5.3.11 Detainees also report delays in obtaining medication. A family told us in June that they had to wait a week from arriving at the Centre before they received regular medication for diabetes and asthma. It was not clear on that

occasion where the delay occurred: there can be difficulties in obtaining medical records from other community GP practices. Since the change in contractor the problem has become worse: the pharmacy provider has also been changed and the performance of the new provider has been less than satisfactory.

5.3.12 In terms of mental health, there was once again a small number of detainees presenting with acute mental health issues. It appeared in at least two cases that they were detained at Yarl's Wood because there was nowhere else considered safe for these vulnerable women. As we commented in our 2013 report, this is not an adequate reason for placing people in a detention centre. The women we refer to here were extremely disturbed, sometimes violent and destructive of property, sometimes a threat to other detainees, with the result that they spent significant periods of time in the separation unit. One spent 17 days in Healthcare awaiting a psychiatric assessment. Another was detained from February to May while, as it appeared to us, various services argued over who had responsibility for her care. Eventually she was temporarily admitted to the country and handed over to the care of her family. A third resident was sectioned on 22nd December but was not moved to the secure mental health facility until 6th January of this year. She spent the intervening period in RFA.

5.3.13 The residents described in the previous paragraph are a matter of extreme concern to the Board, and appear to be part of an upward trend. Each year we observe more women with acute mental health problems being detained when they are clearly not fit for detention. Quite apart from the effect on the individual, there is an effect on the service to other detainees, with Healthcare staff spending hours trying to arrange other accommodation for them, and officers trying to manage them on the residential units or in the separation unit.

5.3.14 A further casualty of the change of contractor has been the counselling provision. This service, which detainees found very valuable, was cut from 140 hours per month to 24 hours. The counsellor has recently left, and there do not appear to be any plans to replace her and reinstate the service. It was extremely valuable for detainees who wanted advice on dealing with the anxieties of their situation, and did not need to follow a mental health pathway. Removal of this provision is, in the Board's view, a retrograde step. We would remind HOIE at this point of its response to the 2014 Tavistock review of mental health provision in IRCs and, specifically, its acceptance of recommendation No 5 (g): "NHS England has recommended that IRC healthcare commissioners ensure that detainees have access to trained counsellors, including provision that is culturally sensitive and/or delivered in the detainees' own languages." We would particularly endorse the last of these points: that counselling should be available in the detainee's own language. This was one limitation of the counselling service previously provided – it was available only in English.

5.4. Removal from Association, Temporary Confinement and Use of Force.

5.4.1. The monthly Intelligence Report is reviewed at each meeting
All Security Threat priority Areas have been GREEN (i.e. low risk) throughout 2014. The IMB was represented at 8 out of 12 meetings of the Security Committee in 2014 (66%)

5.4.2. . A set number of regular room searches are carried out each month. During these searches a variety of items have been found and removed

5.4.3. Contingency Plans are reviewed regularly and updated
When possible, a review is conducted of a Use of Force video recording. This has improved monitoring of such actions.
There has been an increase in incidents involving detainees who appear to be suffering from mental health problems. On occasions this has endangered other detainees and members of staff.

5.4.4. Removal from Association (RFA) has been invoked on 66 occasions which is slightly less than the 72 occasions in 2013 and less still than the 78 occasions in 2012. A small number of detainees have been removed from association on more than one occasion during 2014. We continue to be concerned at the number of occasions on which RFA is used as a preparation for Removal from the Centre.

5.4.5. Use of Force was employed on 75 occasions in 2014, considerably fewer than the 125 occasions in 2013 and fewer still than the 130 occasions in 2012. Since June of this year the Use of Force figure has not included occasions when assistance was offered to detainees which required officers to lay hands on the detainees. This has had some impact on the figures so it is difficult to make a credible comparison this year.

5.4.7. There were 19 recorded uses of Temporary Confinement (TC) in 2014 compared with 15 in 2013 and the 25 recorded in 2012. This represents an increase of over 20% but the numbers are small. A small number of detainees have been in TC on more than one occasion. We are concerned that detainees with perceived and identified mental health issues end up in TC because of their behaviour.

5.5. Foreign National Offenders (FNOs)

5.5.1. During the year it was decided that fewer FNOs whose sentences had expired would stay in prison. Consequently the numbers of FNOs in Yarl's Wood increased. They are among the longest stayers in the Centre, and include EU citizens who have more rights than others to appeal against removal. We have been concerned about inadequate drug rehabilitation programmes and in a few instances, disciplinary problems. **We recommend that effective provision should be made to manage the increased numbers of FNOs.**

5.6. Pregnant Women

5.6.1. The Board continued to be concerned in 2014 about the detention of pregnant women. Residents reported the same difficulties as in previous years with morning sickness and clothing; added to that in 2014 there have been the problems with Healthcare (see section 5. above). For a period in the autumn the midwives were not allowed to visit the Centre and detainees had to be taken under escort to appointments. We acknowledge the work done by individual officers to try to alleviate difficulties, and to obtain information and maternity clothes for pregnant detainees through the market. However, from our observations of pregnant detainees we consider that the detention environment places them under intolerable stress.

5.6.2. It appears that the Home Office does not follow its own guidelines on the detention of pregnant women. Chapter 55.9.1 of the Home Office Enforcement Instructions and Guidance states that: 'Pregnant women should not normally be detained. The exceptions to this general rule are where removal is imminent and medical advice does not suggest confinement before the due removal date, or, for pregnant women of less than 24 weeks gestation, at Yarl's Wood as part of a fast-track asylum process'.

5.6.3. The numbers of pregnant women detained are not high: at any one time in 2014 there have been typically been between 10 and 20. It is difficult for the Board to ascertain precisely which detainees are held under the Fast-Track scheme as this information is not given to us as a matter of routine. However, our enquiries of the detainees themselves, and of HOIE in individual cases, suggest that Fast-Track cases represent a minority of pregnant detainees. Where pregnant women are not held under the Fast-Track scheme, then their removal should be imminent. That is manifestly not the case: the typical length of stay for pregnant women is one-two months, and stays of three months are not unheard of.

5.6.4. Furthermore, we question why this practice continues given that very few pregnant women are removed from detention. The Board took a

snapshot view of the fate of pregnant detainees at three points throughout the year (dates in February, March and July).

February: 10 pregnant residents – all granted Temporary Admission (“TA”)

March: 8 pregnant residents – one removed, seven granted TA

July: 14 residents – one removed, 13 bailed or granted TA

5.6.5. Given our concerns about the difficulties of the detention setting for pregnant women, and the fact that in practice it does not appear to further the aims of the Returns Directorate, we would recommend that the policy of detaining pregnant women be abandoned. If it is to continue, we recommend that the guidelines be strictly adhered to, with detention only being used in evidenced, exceptional circumstances with removal directions being served at the time of detention.

5.7. Length of Stay

5.7.1. In 2014 a total of 2972 single women left detention at Yarl's Wood compared to 2957 in 2013¹.

Figures published by the Home office show the following:

Females leaving detention by length of detention, 2014. Figure for 2013 in brackets.

A: 3 days or less	217 (253)
B: 4 to 7 days	365 (449)
C: 8 to 14 days	598 (525)
D: 15 to 28 days	617 (541)
E: 29 days to less than 2 months	610 (636)
F: 2 months to less than 3 months	266 (235)
G: 3 months to less than 4 months	141 (120)
H: 4 months to less than 6 months	90 (87)
I: 6 months to less than 12 months	64 (41)
J: 12 months to less than 18 months	3 (6)
K: 18 months to less than 24 months	0 (3)
L: 24 months to less than 36 months	1 (1)
M: 36 months to less than 48 months	0 (0)

5.7.2. The number of long stay detainees has decreased slightly. Only 1 resident had been detained for more than 12 months and none for more than 18 months by the end of the year, however the longest stay resident during the year was released in May after just over 800 days.

This detainee was a Chinese national who was detained at the Centre on 22/03/12 after serving a short prison sentence. She was released on 17/06/14. She was first placed on ACDT Constant Supervision, reserved for detainees deemed to be at risk of suicide, in May 2012. She then made several attempts at self - harm, banging her head against the wall, swallowing sachets of shaving gel, using a ligature and running into the middle of the road on a hospital visit. She complained of hearing voices and first threatened to throw herself down a stairwell in March 2013. On 24/4/14 she jumped from the first floor over the stairwell sustaining serious injuries, and was taken by emergency ambulance to Bedford Hospital. This was deemed to be an immediate attempt to end her life and following a psychiatric review and consideration of her injuries she was released into the community on Permanent Discharge. During her period of detention this resident was removed to RFA or TC (solitary confinement) on at least eight occasions and spent at least seven periods on Constant Supervision and varying degrees of ACDT.

5.7.3. Although this resident refused to co-operate with any of the authorities to effect her removal, there does not seem to have been any realistic prospect of removing her to China and she was deemed fit to fly during the whole period of her deteriorating mental and physical health. After all this she was

¹ Home Office Immigration enforcement figures. Figures for Family Unit and STHF not available.

eventually permanently released into the community. We cite her case as an example of the extremely harmful effects of long term and indefinite detention.

5.7.4. This is especially so for women with children. We have seen a detainee overwhelmed by trying to make arrangements for her grandchildren after her daughter's death. We also saw a woman whose children were in care, and came to see her as visitors, causing distress to all when the children had to leave. Another detainee was on constant supervision because of her distress at being unable to locate her children. The Red Cross were providing assistance to this detainee.

5.7.5. In our reports every year we highlight the high proportion of detainees who are detained but subsequently granted Temporary or Permanent Admission into the UK or bailed.

5.7.6. In 2014, of 4635 detainees who left the Centre, 1597 left as a result of Removal Directions, 3038 were either granted Temporary Admission or bailed. 65.5% of detainees leaving therefore were released and only 35.5%² were removed in spite of Yarl's Wood being termed a Removal Centre. More than half of women left in fewer than 28 days, and only four women were detained for more than a year compared with 10 last year. However there were still 68 women detained for more than six months.

5.7.7. The Board would yet again question the quality of the initial decisions to detain, and the amount and quality of the screening which takes place prior to detention. An increasing number of detainees have arrived suffering severe mental health problems to the extent of requiring sectioning under the Mental Health Act. These detainees are effectively then 'stuck' in detention until the authorities argue over responsibility or a suitable alternative can be found. We saw one resident who was detained for 8 months exhibiting increasingly disturbed behaviour which proved very challenging and distressing for all concerned in her care.

HOIE's own guidelines state that people should only be brought into detention for the shortest possible time and where there is a realistic expectation that a removal can be effected. These figures show that these are not being followed.

5.7.8. We regularly speak to distressed detainees who say they cannot understand why they could not be monitored in the community. We are told that the decision is based on an assumption that the person has a previous history of 'high risk' such as absconding. Although we recognise this is not within our remit, it strongly affects a detainee's state of mind when they resent and do not understand the reasons for detention. We have observed a culture of disbelief, in which case officers appear to give more weight to reasons for continuing detention, rather than whether such detention is necessary. We consider that there should be an assumption not to detain, and the decision to detain should be a last resort. **We recommend that**

² Includes male and family detainees.

Immigration Enforcement should give greater weight to release and monitoring in the community.

5.7.9. In the light of this, The Board strongly recommends that there should be a time limit to detention, such six months as in the 2008 EU Returns Directive, and that people are detained only in exceptional circumstances, at a stage of their case when removal is inevitable and imminent.

5.7.10. We also recommend that people with identifiable mental health problems should not be detained and should be accommodated in mental health facilities.

5.8. Safer Detention

5.8.1. Safer Detention is the umbrella provision for identifying, monitoring and supporting the most vulnerable detainees. Safer Detention meetings are held once a month. These are multidisciplinary and attended by HOIE, Healthcare, Religious affairs, Counselling, IMB, senior managers and DCOs. The Safer Detention report which is presented every month gives statistics regarding the number of ACDTs (Attention, Care in Detention and Teamwork) opened every month, who opened the document and the reason for opening. These figures are then compared on a month by month and year by year basis. Other factors considered are nationality and religion to attempt to identify trends. The quality of these documents and the review process are also monitored with any improvements which can be made discussed and incorporated. The IMB monitors these documents on our rota visits and attends reviews where possible. We are able to have input via the Safer Detention Meetings and our monthly Board meetings.

5.8.2. In 2014 a total of 427 ACDTs were opened. This figure includes the number of ACDTs opened for detainees who have missed 6 meals or more following a directive DSO03/2013. Of the 427 ACDTs, 91 were opened for food refusals. The reasons for food refusal are also monitored in the monthly report as they range from those detainees who want to eat their own food to those who do not want to eat because of low mood or ill health. The IMB have no concerns about the monitoring of food refusal and all detainees who did not use the dining room are encouraged to make use of the Cultural kitchens. They may also buy food at the Centre shop.

5.8.3. ACDT totals peaked at 49 in April as did incidents of self harm. No significant single event could be identified to explain this increase other than a Death in Custody which occurred in March 2014. The ACDT figures have been increasing over the past 4 years, 141(2011) 206(2012) 358(2013) 427(2014).

5.8.4. This increase could partly be explained by extra vigilance and training of staff but could also be explained by the increased vulnerability of those detained which the IMB has observed, particularly those with mental health problems, disabled, elderly and pregnant detainees. A resident who was released in June 2014 after 27 months at Yarl's Wood spent several periods on ACDT including 7 periods of Constant Supervision.

5.8.5. Constant Supervision is the highest level of ACDT, only used when a resident is assessed as being at high risk of self harm/suicide. In 2014 there was a total of 168 occasions when a resident was placed on Constant Supervision. This is lower than in 2013 where there were 186. There is a clear need for more female members of staff. This is particularly needed for the execution of Constant Supervision where DCOs are obliged to monitor all movements of a particular resident however personal these might be. Male officers are deployed to carry out constant supervisions, and are required to

call a female officer if the detainee needs to shower, undress or use the toilet. Constant Supervision is very intrusive **and we recommend that it should be carried out by a woman if at all possible.**

5.8.6. Part of the ACDT assessment process is to identify an immediate action plan. This at present includes the option for referral to a counsellor, this option has proved enormously useful to vulnerable detainees and the IMB would **strongly recommend that this service be reinstated.**

5.8.7. Complex Case Reviews take place as needed when a resident is identified as posing particular problems either because of challenges in behaviour or where mental health, mobility or disability make managing that resident particularly difficult. There were 9 Complex Case reviews opened in 2014.

5.8.8. Most valuable of all though are the short daily and more comprehensive weekly Individual Needs meetings. These are attended where possible by Senior Managers, Healthcare, Religious affairs, Counselling ,residential officers, security, HOIE, and IMB. Of particular importance are those officers from the units who have personal knowledge of the detainees on a daily basis and can provide valuable information as to how to best support the detainees identified as vulnerable. At these meetings all those involved can share information and concerns about detainees on ACDT, care plans, pregnant detainees, those who pose a risk if required to share a room and detainees with a history of violence. There is also input from HOIE with regard to upcoming removal directions so that plans can be put in place for those detainees most at risk.

5.8.9.**The Board commends the time and commitment** given to these Individual Needs meetings as a valuable and effective way of identifying those detainees who are most at risk and a way of seeking a multidisciplinary way forward to deal with the most vulnerable detainees and keep them safe.

5.8.10. Violence Reduction Investigations(VRIs) take place if there is evidence of bullying or conflict between detainees or if an officer is verbally or physically abused. There is then a staged process up to resolution when the VRI is closed. There were 66 VRIs opened and closed in 2014, these procedures and the training are being reviewed. This is important as during our rota visits we have noted a number of occasions where ex FNOs have presented particularly challenging behaviour both to staff and other detainees.

5.8.11. Sadly, there was a Death in Custody during March 2014. A 40 year old resident who had been at the Centre for 10 days collapsed and died despite the efforts of Healthcare staff, paramedics and the Air Ambulance. An investigation was carried out by the PPO and the Coroner's Office. Recommendations from the PPO report were adopted. These were regarding the use of the code system for identifying the type of emergency when calling for First Response. At the inquest a finding of 'Death by Natural Causes' was given and the Coroner stated that "everything that could be done

was done". He stated that no 'To Prevent Further Deaths ' report would be made as the recommendations of the PPO had already been implemented.

5.9. Detainee complaints

5.9.1. There was an increase in the number of formal complaints to the Centre in 2014. The biggest increase was about Healthcare, with 60 clinical and one medical. There was also a large increase in conduct complaints from 17 to 31, and in complaints about services, from 14 to 26. The latter is partly accounted for by a change in the classification. Detainees were unhappy at the length of time these have taken. Few are upheld.

5.9.2. More serious complaints are investigated by the Professional Standards Unit and at the end of the period there were 7 outstanding.

5.9.3 Complaints about inappropriate behaviour and outcome are monitored as are service complaints. If one member of staff is mentioned in more than four complaints, a review is carried out.

5.9.4. We feel that the decisions made appear to give more weight to the respondents' replies. Detainees are unaided. **We recommend that there should be a review of the system and its effectiveness.**

5.10. Facilities Management

5.10.1. The centre is generally well maintained and kept clean and tidy. The units and corridors were decorated last year and the general impression is of a bright and cheerful establishment. In previous years the IMB have commented on the state of the laundries. These have been decorated this year, and their general appearance has greatly improved.

5.10.2 As mentioned last year, the main notice boards are now centralised in 'The Avenue'. They are of high quality, contain important information for the Detainees, and are in ten languages including English. The IMB boards located outside each dining room have now been updated.

5.10.3 The signposting around the centre has greatly improved. Every unit and rooms such as the Library, Welfare, Activities, Gym, Shop, Faith Rooms, Salon etc. are clearly signposted from the central area.

5.10.4 The weekly market continues to be a popular event. However we feel that the previous location in the Sports Hall created a better atmosphere and detainees from all units could attend at the same time.

5.11 Detainee Movements

5.11.1 The Board continues to be concerned about the length of time between Tascor picking up detainees for removal, and their flights. All the airports are within a two hour drive from Yarls Wood, and yet the average time taken to transfer a detainee for a flight is between six and nine hours, and it is not uncommon for it to be ten-thirteen hours. We think this is unacceptable.

5.11.2 The number of transfers at night is still too high. During a seven day sample analysis in February, over 50% of Detainees Removals were done at night. During December for a similar sample the number of night removals was 25%. We welcome this reduction.

5.11.3 There are instances where Detainees being transferred from one establishment to another have been poorly treated. In November a detainee complained that she had travelled from Scotland to Yarls Wood via Manchester. It had taken 12 hours, and she had had just 15 minutes break. In June another detainee had an interview with the Indian High Commission in London. She was not given any notice of the appointment, was woken up at 6.00am by a male officer and told to pack all her stuff. After a four hour journey she needed the toilet and was told she could urinate into a plastic bag (she declined). On arrival she was handcuffed from the van to the High Commissioner's office- a distance of a few yards. She returned to Yarls Wood at 20.00 hours and said in all the time she was away she had been offered nothing to eat. The woman was returning to India in the near future and so did not complain, but wanted us to do so. The complaint was upheld.

5.12. Charter Flights

5.12.1. We monitor removals on to transport for charter flights whenever possible. The process is good-tempered and efficient. On a few occasions where there is any use of force in a removal we have monitored this and have had no concerns.

5.13. Access to Legal Advice

5.13.1 Within Yarls Wood the Library is well-stocked with resources and information on how to obtain legal advice. Surgeries are run three times per week by various firms contracted to the Legal Services Commission ("LSC"): detainees are given 30-minute appointments. The waiting list for this service in 2014 was one week or less, which is an improvement on previous years. In addition, the charity Hibiscus provides important advice and assistance.

5.13.2 The surgeries, plus the clinics run by BID (Bail for Immigration Detainees), are a valuable resource for detainees, particularly when they first arrive. In many cases, however, they cannot take on detainees' immigration cases and we are extremely concerned about how the new restrictions on legal aid in immigration cases will affect detainees. The free LSC helpline was also useful for general advice but this service has been withdrawn.

Section 6

6.1. We have continued to receive assistance and co-operation from Immigration Enforcement staff during 2014. We have also been fortunate to have the services of a permanent clerk, who is extremely efficient.

THE WORK OF THE INDEPENDENT MONITORING BOARD

BOARD STATISTICS	2014	Change versus 2013
Recommended Complement of Board Members	12	-
Number of Board members at the start of the reporting period	9	-3
Number of Board members at the end of the reporting period	9	-
Number of new members joining within the reporting period	0	-
Number of members leaving within the reporting period	2	-2
Total number of Board meetings within the reporting period	11	-1
Average number of attendees at Board meetings during reporting period	9	0
Number of attendances at meetings other than Board meetings	Approx 70	-
Total number of visits to the IRC (including meetings)	237	-30
Total number of applications/complaints received (written and oral)	74	
Total number of segregation reviews held	N/A	N/A
Total number of segregation reviews attended	N/A	N/A

Subject-matter of Applications to the Board

Code	Subject	2014	Change versus 2013
A	Accommodation	0	-1
B	Access to/quality of legal advice	2	-1
C	Diversity related	0	-3
D	Education/employment/training/activities	0	0
E	Family/visits	2	+2
F	Food/kitchen related	4	-9
G	Health related	38	+21
H	Property	3	-+2
I	Related to detainee's immigration case	23	+16
J	Staff/prisoner/detainee related	16	+15
K	Transfers/escorts	2	+1
L	Miscellaneous	1	-5