

Report on an unannounced inspection of

Heathrow Immigration Removal Centre

Harmondsworth site

by HM Chief Inspector of Prisons

7–18 September 2015

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Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprison/about-our-inspections/>

Introduction

Harmondsworth immigration removal centre (IRC) is Europe's largest immigration detention facility, holding up to 661 male detainees. It is located a few hundred metres from Heathrow Airport and is run for the Home Office by Care and Custody, a division of the Mitie Group. Since the start of a new contract in September 2014, both Harmondsworth and the adjacent Colnbrook IRC have been under the same management. The centres are now known collectively as Heathrow IRC but are not yet integrated to the extent that they can be inspected as a single entity.

Harmondsworth was last inspected in August 2013, when it was run by the GEO Group. At that time, we were concerned to find that uncertainty about the future of the contract had undermined progress and created an atmosphere of drift which was having a tangible negative impact on the treatment of and conditions for detainees. Many of the concerns that we identified in 2013 have not been rectified and in some respects matters have deteriorated. The lack of investment in the last stages of the previous contract was evidenced in particular by the appalling state of some of the residential units. While the decline had been arrested by the time of this inspection, the centre had not yet recovered and we identified substantial concerns in a number of areas.

The vulnerability of the detainee population appeared to have increased since the last inspection. In our survey, 80% of men said that they had had problems on arrival and nearly half said they had felt depressed or suicidal. However, despite an improved reception environment, early days risk assessment processes were not good enough and the complex mix of detainees on the first night unit made it impossible for staff to provide a calm and supportive environment for people undergoing one of the most stressful periods of their lives. More detainees than at the last inspection also reported feeling unsafe or victimised, but safer custody structures to help managers to interrogate and address such concerns were underdeveloped. While use of force was not high and subject to good governance, some detainees were segregated for too long, and we were not assured that this serious measure was always justified or properly authorised.

Many men were held for short periods but well over half were detained in the centre for over a month and some for very long periods. Eighteen detainees had been held for over a year and one man had been detained on separate occasions adding up to a total of five years. The quality of Rule 35 reports was variable but nearly a fifth of these reports had identified illnesses, suicidal intentions and/or experiences of torture that contributed to the Home Office concluding that detention could not be justified. This unusually large number reflects the vulnerabilities identified in our survey.

The centre has a mix of older and newer, prison-like accommodation. Some of the newer accommodation was dirty and run down but the condition of some parts of the older units was among the worst in the detention estate; many toilets and showers were in a seriously insanitary condition and many rooms were overcrowded and poorly ventilated. An extensive programme of refurbishment was underway, the impact of which we will report on in future inspections. The centre should never have been allowed to reach this state.

We saw little positive engagement between staff and detainees, and staff had too little understanding of the backgrounds and needs of the people in their care. There has been little discernible change in this finding over the course of the previous three inspections, suggesting a need to address the issue through concerted long-term work. Equality and diversity work was improving but outcomes were still poor overall. Detainees had very little faith in the complaints procedure. Health care was recovering from a low base but substantial concerns remained – for example, over medicines management. The chaplaincy provided valued support for detainees and the cultural kitchen was a positive development.

Given the importance of constructive activity to detainees' mental health and well-being, it was surprising that activity places were underused. Despite some improvements in access to activities,

movements were still too restricted which affected detainees' ability to reach the available resources. There was less work available and poor use was made of some recreational facilities. Only a third of detainees said they could fill their time at the centre.

By contrast, the centre had substantially improved preparation for release and removal, and had engaged particularly well with some third-sector agencies. Welfare work had improved and Hibiscus Initiatives offered practical assistance in preparing detainees for discharge. Visits provision was generally good and many detainees received support from the local visitors group, Detention Action.

Overall, while this report describes some good work, it highlights substantial concerns in most of our tests of a healthy custodial establishment. While the state of drift that we described in our last report has been arrested and the direction of travel is now positive, it is unacceptable that conditions were allowed to decline so much towards the end of the last contract. The Home Office and its contractors have a responsibility to ensure that this is not allowed to happen again.

Following the inspection, we were informed by the Home office that lessons had been learned and that a new set of principles were established to prevent a recurrence of this situation. We will assess the success of these measurements in due course.

Peter Clarke
HM Chief Inspector of Prisons

February 2016

Fact page

Task of the establishment

IRC Harmondsworth accommodates adult men detained by the Home Office's Immigration Enforcement division.

Location

Harmondsworth, West Drayton

Name of contractor

Care and Custody (a division of the Mitie Group)

Number held

610

Certified normal accommodation

661

Operational capacity

661

Last inspection

5–16 August 2013

Brief history

Harmondsworth opened as a purpose-built removal centre in 2000. In 2006, following a major disturbance, two of the four original residential units were put out of commission, and in 2010 four residential units and a six-bed separation unit were built, to category B standards. In 2013, a further 46 beds were added to Dove House. In September 2014, the adjacent Harmondsworth and Colnbrook sites, until then separate centres, were combined into the Heathrow Immigration Removal Centre.

Name of centre manager

Paul Morrison

Escort provider

Tascor

Short description of residential units

Harmondsworth has seven residential house blocks: Cedar and Dove are on the older site; Ash, Beech, Fir and Gorse are the newer buildings, with Elm as the separation unit. There is also a residential enhanced care unit. All newly arrived detainees spend their first days in Fir House.

Health service commissioner and providers

Central and North West London NHS Foundation Trust

Learning and skills providers

OCR

Independent Monitoring Board chair

Andrew Newell

About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:
- | | |
|--|--|
| Safety | that detainees are held in safety and with due regard to the insecurity of their position |
| Respect | that detainees are treated with respect for their human dignity and the circumstances of their detention |
| Activities | that the centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees |
| Preparation for removal and release | that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property. |
- A4 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Home Office.
- **outcomes for detainees are good against this healthy establishment test.**
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.
 - **outcomes for detainees are reasonably good against this healthy establishment test.**
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for detainees are not sufficiently good against this healthy establishment test.**
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for detainees are poor against this healthy establishment test.**
There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

A5 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

- in a relaxed regime
- with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment
- to encourage and assist detainees to make the most productive use of their time
- respecting in particular their dignity and the right to individual expression.

A6 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

- the particular anxieties to which detainees may be subject and
- the sensitivity that this will require, especially when handling issues of cultural diversity.

A7 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

A8 Five key sources of evidence are used by inspectors: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A9 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

A10 All inspections of immigration removal centres are conducted jointly with Ofsted or Education Scotland, the Care Quality Commission and the General Pharmaceutical Council

(GPhC). This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A11 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A12 Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.
- A13 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1 Too many detainees were transferred overnight for reasons of administrative convenience alone. Most risk assessments for outside appointments were proportionate. The reception area had improved but some aspects of early days support were not sufficiently good. The induction unit housed an inappropriate mix of detainees. The number of recorded violent incidents was relatively low but many detainees reported feeling unsafe or victimised. Those at risk of self-harm were well cared for. Security processes were reasonably effective but detainee movements were too restricted. Levels of use of force were not high and governance was good. Separation was used for too long and sometimes punitively or without proper authorisation. Most detainees had lawyers but many waited too long for a legal surgery appointment. Some detainees were held for unacceptably long periods. Rule 35 procedures were variable but there had been a large number of releases following Rule 35 reports. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***
- S2 At the last inspection in 2013 we found that outcomes for detainees in Harmondsworth were not sufficiently good against this healthy establishment test. We made 31 recommendations about safety. At this follow-up inspection we found that six of the recommendations had been achieved, 10 had been partially achieved and 15 had not been achieved.*
- S3 Detainees told us that escort staff were polite and treated them with respect. Too many detainees were subjected to exhausting and disorientating night-time moves from other centres for reasons of administrative convenience alone. Risk assessments for outside escorts had greatly improved and restraints were no longer applied routinely during hospital appointments.
- S4 In our survey, more detainees than at other centres said that they had had problems, and more said that they had felt depressed or suicidal, when they first arrived, but fewer said that they had received help or support from a member of staff in dealing with their problems. The newly renovated reception area was a much improved facility but the risk assessment and support processes were underdeveloped. There were no 'buddies' in reception to support new arrivals and there was little use of professional interpreting services during reception interviews.
- S5 The first night and induction house block was busy and housed an inappropriate mix of detainees, including vulnerable detainees, those who claiming to be children, new arrivals and those leaving on charter removal flights, usually in the early hours of the morning. First night welfare checks took place but detainees were not consistently inducted into the unit. Induction into the centre was timely but not always thorough.
- S6 In our, survey, more detainees than at comparator centres said that they felt unsafe and more said that they were victimised by staff and other detainees. Safer detention systems were underdeveloped. There had been no recent safer detention survey and not enough had been done to understand and address detainees' poor perceptions of safety. The number of assaults was similar to that at other centres. Reported violent incidents were investigated appropriately and the police were called in appropriate instances. There was a new system for managing bullies and victims, and it was too early to assess its effectiveness.

- S7 There had been no self-inflicted deaths since the previous inspection. The number of self-harm incidents was relatively low in comparison with that at other centres but considerably higher than at the time of the previous inspection. Detainees in crisis received good care. The quality of assessment, care in detention and teamwork (ACDT) case management documents for detainees at risk of suicide or self-harm was variable and case reviews were not always multidisciplinary. There was insufficient analysis of safer custody data to identify trends.
- S8 Formal links with the local safeguarding adults board were beginning to be developed but were not yet embedded. Although there was a new centre-wide safeguarding adults policy, most staff were unaware of its contents and health services staff usually managed adults at risk. The weekly multidisciplinary complex case meeting was a good forum for sharing information and was leading to better care for vulnerable detainees.
- S9 The timeliness of the assessment of detainees who were disputing their age had improved, but Merton-compliant age assessments were not always carried out. One detainee who said he was a child was located in inappropriate accommodation on the induction wing. He was located away from the staff office in a dirty room with graffiti on the walls.
- S10 Some risk management systems had improved but detainee movement within the centre was over-restricted. The environment in much of the centre was too secure and prison-like. Intelligence was reasonably well managed but the number of security information reports submitted was low, suggesting weaknesses in dynamic security. Security information was communicated well, but security committee meetings were not well attended and the analysis of patterns and trends was underdeveloped. There was some evidence of an increase in the availability and use of drugs, particularly new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), but there was no centre-wide approach to deal more strategically with these emerging problems. Few detainees were aware of the rewards scheme and it seemed both irrelevant and unnecessary for the population.
- S11 Force was used more often than at the time of the previous inspection but less often than at other centres. Paperwork indicated that force was used proportionately. Video footage showed that staff went to great lengths to de-escalate incidents. However, we saw some instances where restraints were applied without justification and some use of inappropriate language by staff.
- S12 Separation was used less often than at the time of the previous inspection and than at other centres. However, some detainees had been held for long periods after being moved from the Harmondsworth to the Colnbrook Immigration Removal Centre separation unit. The governance of separation was poor. Paperwork did not always give sufficient grounds for separation and lacked the required authorisation. It was sometimes used inappropriately for punishment.
- S13 More detainees than at the time of the previous inspection said that they had a lawyer. Those without a lawyer had to wait nearly two weeks to see one through duty advice surgeries, which was too long, given the generally short lengths of stay. Additional legal interview rooms had been made available and efforts made to improve waiting rooms. However, some detainees had to wait for long periods in overcrowded conditions, including for immigration interviews. There was good access to legal websites and forms but the library did not stock sufficient legal textbooks.
- S14 Most detainees were held for short periods but a few were held for many months, and three men had been held for over two years. In some cases, the Home Office's internal review

processes had recommended release without this taking place. GPs submitted a large number of Rule 35 reports (to disclose information on detainees whose health is likely to be affected by detention or who may have suicidal intentions or been a victim of torture). Although some reports were thorough, many others were formulaic and unhelpful to caseworkers. Despite this, 18% of reports in the previous six months had contributed to decisions to release. The onsite immigration team did not routinely track overdue progress reports or bail summaries, and did not induct all newly arrived detainees, but the induction interviews that were carried out were generally good.

Respect

*S15 Much of the accommodation had deteriorated and there had been a lack of investment in the final stages of the previous contract so that some areas now lacked decency. Cleanliness was poor in many parts of the centre. Staff-detainee relationships were variable. Equality and diversity work was underdeveloped and the needs of some vulnerable detainees were not met. The chaplaincy provided a good service. The number of complaints submitted was reducing and detainees had little confidence in the process. Health services were the subject of much complaint; although we found most care to be reasonable, serious concerns remained, especially over medicines management and access. The enhanced care unit was a depressing environment and could not meet the needs of all the men it held. Substance use needs were being addressed reasonably well. The quality of the food provided was adequate and the cultural kitchen was a good development. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S16 At the last inspection in 2013 we found that outcomes for detainees in Harmondsworth were not sufficiently good against this healthy establishment test. We made 45 recommendations about respect. At this follow-up inspection we found that 15 of the recommendations had been achieved, 13 had been partially achieved and 17 had not been achieved.

S17 The environment had continued to deteriorate in the final stages of the previous contract, with no attempt to improve it. In consequence the older buildings in the centre were now in poor condition, although the new contractor had begun a programme of refurbishment. Many showers and toilets were in a seriously insanitary condition. Even the newer buildings had ingrained dirt in floors, basins and toilets. Many rooms designed for two were being used for three detainees and some for four, with insufficient furniture. Poor ventilation was a common complaint. There had been some problems with the provision of clean clothes and bedding, and shoes had been in short supply for several weeks. Regular consultative meetings were held but most detainees were unaware of them.

S18 Most staff were calm, experienced and competent. However, in our survey less than two-thirds of detainees said that staff treated them with respect. We saw few staff taking the initiative in engaging detainees and, in some cases, we saw abrupt and unhelpful staff behaviour. Staff deployment created too few opportunities for consistent relationships to be developed. A personal officer scheme had been launched but was not yet operational.

S19 There was a comprehensive equality, diversity and inclusion strategy and action plan, overseen by a reasonably well-attended equality and diversity meeting. While implementation was developing, outcomes were currently poor. Identification of detainees with protected characteristics was weak, and monitoring was unsophisticated and had not led to action to address issues. Support for detainees with disabilities was poor and we met some men with severe mobility problems whose needs were not being met. Professional interpreting services were reasonably well used but not always for sensitive interviews such as health care or ACDT assessments. Good use was made of staff and detainees with language skills,

- although there was no formal list of those who were willing to help. Consultation with detainees by nationality was developing well but there was little evidence of resultant change.
- S20 Facilities for corporate worship were good and met the needs of all faiths represented at the centre. The chaplaincy had a high profile and there were good links with community faith groups and volunteers.
- S21 The number of complaints submitted was low and had been reducing. Detainees had little confidence in the system, and complaint forms on several units were not easy to find. Administrative systems for handling complaints were efficient, with regular quality checks of responses, but the responses did not always answer all the points raised.
- S22 Detainees in our survey reported negatively about the quality of health services, which had deteriorated to a poor level and were recovering from a low base. Weaknesses in the application system meant that detainees did not always have prompt access to the nurse and GP but, once they were seen, the overall quality of care was reasonably good. There were significant weaknesses in medicines management. Men with long-term conditions were identified and followed up appropriately but care plans were not always used. The enhanced care unit housed a challenging mix of men with diverse needs and there was an absence of any therapeutic activity there. The physical environment was bleak and, as currently organised, the unit was not able to manage the risks or meet the needs of all those located in it.
- S23 There were significant problems with the management of medicines. Access to the health centre to collect medicines caused considerable frustration. Men being deported who were on prescribed medicines were given adequate supplies but preventative malarial medicine was not provided. Mental health services were good and men with complex trauma and abuse problems had access to specialist help. Substance use needs were assessed on arrival, prescribing was flexible and arrangements for detoxification were safe. Drug reduction regimes reflected the needs of detainees being deported. Psychosocial support was not yet in place.
- S24 The food provided was adequate, although many detainees were negative about the quality. The cultural kitchen, although small, was a good development and popular with detainees. The centre shop sold a wide range of products, at reasonable prices.

Activities

- S25 *Detainees' access to activities had improved but was still too restricted, especially through a complex system of timetabling. There was a reasonable range of recreational activities but education provision was limited and there was less paid work than at the time of the previous inspection. Only around a third of detainees said that they had enough to do while at the centre. The library was reasonable but undermanaged. Some good sports activities were held but sports and fitness facilities were not adequate. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***
- S26 *At the last inspection in 2013 we found that outcomes for detainees in Harmondsworth were reasonably good against this healthy establishment test. We made six recommendations about activities. At this follow-up inspection we found that none of the recommendations had been achieved, none had been partially achieved and six had not been achieved.*

- S27 Most detainees were unlocked from their rooms for over 12 hours a day. The need to lock detainees behind their doors at all remained unclear. Access to activities, sport and welfare had improved but was still too restricted. Many detainees found the movements timetables confusing and frustrating. Although some improved facilities were available, there were fewer activities than previously. Only around a third of detainees said that there was enough to do at the centre to fill their time, which was considerably worse than the comparator and than at the time of the previous inspection.
- S28 The detainee induction to education and work was poor; staff did not follow up a useful information DVD to identify needs and capability. There was a limited range of formal education, and both attendance and the standard of teaching were poor. Although there were some good recreational and sporting activities, they were still not sufficient to meet the need. Detainees had access to a reasonable number of computers on the house blocks and in education classrooms, although too many were broken.
- S29 Paid work, mainly part-time, was available for only about 17% of the population, which was less than at the time of the previous inspection. There were long waiting lists and the Home Office inappropriately blocked about 15% of applications for work. Decision making by the Home Office about which detainees should not work while in detention was slow and could take more than two weeks.
- S30 There was an appropriate range of multilingual books and newspapers in the well-used library. The lack of permanent qualified library staff had led to untrained staff too often being arbitrarily allocated to library duties; they did not always understand the importance of using tracking systems, and book loss was high.
- S31 Detainees had equitable access to the gym, within the confines of the regime. The current fitness area was small and unkempt, with insufficient cardiovascular equipment, and the sports hall was not in use at the time of inspection. The promotion of activities was weak. Health services staff did not inform gym staff when detainees were unfit to participate in activities.

Preparation for removal and release

S32 *Welfare services were good and the involvement of third-sector support was particularly strong. The visitors centre had improved and was good. Visits arrangements were generally effective. There was good access to most means of communication. All detainees who were being discharged were assessed and supported with practical issues. **Outcomes for detainees were good against this healthy establishment test.***

S33 *At the last inspection in 2013 we found that outcomes for detainees in Harmondsworth were reasonably good against this healthy establishment test. We made 12 recommendations about preparation for removal and release. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and five had not been achieved.*

S34 The welfare service had become considerably more effective through relocation to the large, open and easily accessible shared service area. There was not a system for welfare staff to see every detainee on arrival but they saw almost all of them before discharge. Hibiscus Initiatives provided a useful service in the form of practical preparation for discharge and for resettlement abroad. Information packs were available on the countries to which most

detainees were removed, but only in English. Other third-sector organisations provided valuable advice and support to detainees at regular surgeries.

- S35 The visitors centre had improved considerably; it was clean and comfortable, with good facilities. Visiting times were generous and conditions in the visits hall were reasonable, although some seating was dirty and substantial food was not available. The visitors group, Detention Action, gave valued support to detainees.
- S36 Detainees could maintain good contact with the outside world. Mobile telephones were provided routinely and there was good access to email. However, inadequacies in the system for sending and receiving faxes caused frustration. Detainees could not access social media or Skype, which was a disproportionate restriction.
- S37 Almost the same number of detainees had been released as removed over the preceding six months. Individual multidisciplinary strategy meetings were held when removal directions were given to vulnerable or high-risk detainees. Reserves were used for some charter flights. There was adequate attention to the immediate practical needs of those being released or removed.

Main concerns and recommendations

- S38 Concern: A high number of detainees reported problems and said they felt depressed or suicidal on arrival, but risk assessment and support processes were underdeveloped. Reception interviews were not in private and insufficient use was made of interpretation to ascertain concerns and needs. The busy first night unit held an inappropriate mix of people, and first night staff did not provide them with consistent supervision and support. Only a third of detainees said that they had felt safe on their first night at the centre.

Recommendation: Staff should interview all detainees on arrival, in confidence and with professional interpreting where necessary, to identify needs and risks. They should be located in a dedicated first night centre, used solely for this purpose, where they can receive systematic support including access to buddies and appropriate levels of supervision.

- S39 Concern: The environment in the centre had been allowed to deteriorate to an unacceptable level in the last stages of the previous contract. The standard of repair, cleanliness and hygiene in the residential units was unacceptably poor. Showers and toilets in the older wings were in a severely insanitary condition. Many bedrooms were poorly ventilated and much equipment was out of use. Some bedrooms designed for two housed three or even four people.

Recommendation: Immediate action should be taken raise standards of repair, cleanliness and hygiene to an acceptable standard and maintain them at this level across the centre. All bedrooms, showers and toilets should be well ventilated. Bedrooms should be properly furnished and not be used for more people than they were designed to hold. The Home Office should commission a review of the contract performance to identify responsibility for the deterioration and how these contract management failures can be avoided in future.

S40 Concern: There was a confusing and restrictive system of access to activities and services, and detainees' movement around the centre was too limited. Only a third of detainees said that they had enough to do and many activity areas were underused. Given the high levels of mental distress that could have been alleviated through activities, these were considerable shortcomings. Detainees were locked behind their doors at night on the newer units for reasons that were unclear.

Recommendation: Detainees should be able to move around the centre for at least 12 hours a day and have access to a wide range of appropriate activities and education. They should not routinely be locked behind their doors on the newer units.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

Detainees travelling to and from the centre are treated safely, decently and efficiently.

1.1 *Most detainees said that escort staff treated them well. Too many detainees were subject to exhausting and unnecessary night-time movements. Risk assessments for hospital escorts had improved.*

1.2 In our survey, 64% of detainees, similar to the comparator, said that escort staff treated them well. The searches we observed were carried out sensitively and communication was respectful. The vans we inspected were clean, with sufficient supplies of food and water on board.

1.3 Almost a quarter of detainees travelling to the centre between June and August 2015 had arrived between 10pm and 6am. Many of these exhausting overnight transfers were from other centres, and could have been arranged at more appropriate times.

1.4 The completion of risk assessments for outside escorts had improved and handcuffs were no longer applied routinely during hospital appointments (see section 1.44).

Recommendation

1.5 **Detainees should not be transferred between centres overnight unless there are urgent operational reasons.**

Early days in detention

Expected outcomes:

On arrival, detainees are treated with respect and care and are able to receive information about the centre in a language and format that they understand.

1.6 *Detainees arrived at the centre with high levels of need but these were not always addressed. The reception environment was good but there was insufficient use of professional interpretation. Reception interviews were not always carried out in private. Early days support for detainees on the first night unit was not adequate. Induction was timely but inconsistent.*

1.7 In our survey, 80% of detainees said that they had had problems when they first arrived, compared with 66% at other centres. More detainees than elsewhere and than at the time of the previous inspection also said that they had felt depressed or suicidal when they first arrived. However, fewer than at other centres said that they had received help or support from staff in dealing with problems soon after arrival.

- 1.8** A new reception area was spacious, bright and clean, and the facilities were good. Detainees had access to hot and cold drinks and some printed translated materials were available. However, most reception interviews took place at the reception desk in the presence of other detainees, despite the fact that a private room was available (see main recommendation S38). Staff made little use of professional interpreting services (see paragraph 2.22 and recommendation 2.26). There were still no 'buddies' or peer supporters working in reception.
- 1.9** The busy first night and induction unit, Fir House, housed a disparate mix of detainees with needs that could not all be met in such an environment. New arrivals shared the unit with vulnerable young men involved in age dispute cases (see section on safeguarding children), detainees who required regular observation by staff for other reasons, and men who were due to leave on charter flights, often in the early hours of the morning. During the inspection, 18 detainees booked on a charter flight left Fir House at 2am (see main recommendation S38).
- 1.10** Staff checked on the welfare of new arrivals twice on their first night but there were no additional first night processes to support and welcome detainees. They were not interviewed or given any written information before they were locked in their rooms. In our survey, only 29% of detainees said that they had received information about the support available to them at the centre on the day of arrival, compared with 50% at other centres. Only a third said that they had felt safe on their first night, compared with over a half at other centres and at the time of the previous inspection (see main recommendation S38).
- 1.11** Induction took place on the day after arrival. It included a 10-minute PowerPoint presentation on a computer, available in 13 different languages. Detainees had variable experiences of induction and, while some received a tour of the centre, others were given little introduction to the regime.

Recommendation

- 1.12 All detainees should receive a thorough induction programme.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation. Detainees at risk or subject to victimisation are protected through active and fair systems known to staff and detainees.

- 1.13** *More detainees than at comparator centres said that they felt unsafe and had been victimised. The number of assaults was similar to that at other centres. Incidents were investigated and followed up well. A new anti-bullying system had been introduced recently but it was too early to assess its effectiveness. Oversight of issues of violence was not sufficiently robust.*

- 1.14** In our survey, more detainees than at comparable centres and than at the time of the previous inspection said that they felt unsafe at the centre (42% versus 33% and 30%, respectively). More detainees than elsewhere and than at the time of the previous inspection also said that they had been victimised, both by staff and other detainees. The centre had not conducted a recent safer detention survey to explore perceptions on safety.

- I.15** There had been 30 assaults in the previous six months, which was similar to the number at the time of the previous inspection; these comprised 18 assaults on staff (an increase from 13 at the time of the previous inspection) and 12 on detainees (a decrease from 22). The overall number of assaults was about the same as at other centres, and incident reports showed that most were relatively minor. All reported incidents of violence were logged and investigated in a timely manner, with referrals made to the police where necessary (18 in the previous six months). Investigation reports were of good quality, with a full explanation of the incident, progress updates and follow-up actions taken by centre staff.
- I.16** A new three-stage system to monitor and manage bullying had been introduced at the beginning of August 2015. Staff completed a bullying incident report form and an anti-bullying booklet to monitor victims and perpetrators alike. The booklets contained some good observational entries and information about support for the victim but it was not always clear what actions had been taken to monitor the bully. Victims of bullying were well supported and perpetrators were sometimes moved to another house block. It was too early to gauge the effectiveness of the system. Staff were aware of the new system and understood how to complete the booklets.
- I.17** The new contractor was reviewing safer detention systems. Monthly safer detention meetings were held but attendance was poor. The number and location of violence and bullying incidents were presented at the meetings but there was insufficient analysis to identify and understand any emerging trends.

Recommendations

- I.18** **A safety survey should be conducted, the results of which should be analysed and the findings used to inform policy and practice.** (Repeated recommendation I.24)
- I.19** **The governance of safer detention should include regular quality checks on anti-bullying booklets, multidisciplinary attendance at the monthly meetings, and analysis of data to identify emerging patterns and trends in both violence and suicide and self harm.**

Self-harm and suicide prevention

Expected outcomes:

The centre provides a safe and secure environment that reduces the risk of self-harm and suicide. Detainees are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.20** *There were fewer self-harm incidents than at other centres. Since the time of the previous inspection, there had been a decrease in the number of assessment, care in detention and teamwork (ACDT) documents opened. There was insufficient trend analysis of data. Detainees monitored on ACDTs were well supported but the quality of the documentation entries was variable. Attendance at case reviews was insufficiently broad.*

- I.21** There had been no self-inflicted deaths since the previous inspection. The recommendations from the Prisons and Probation Ombudsman report investigating the death of a detainee in 2013 had been addressed effectively.

- I.22** There had been 65 incidents of self-harm in the previous six months, which was considerably higher than at the time of the previous inspection but below the average for other centres. The number of food and fluid refusals had decreased substantially since the previous inspection and there had been 21 in the previous six months. However, detainees who declined two meals were placed on assessment, care in detention and teamwork (ACDT) procedures, in line with the Detention Services Order on food and fluid refusal, even if they were not considered to be at risk of self-harm and might have been eating food from the shop. This was not an appropriate way to use the ACDT process.
- I.23** During the inspection, there were 24 ACDT documents open. Detainees subject to ACDT processes were positive about the care they received from staff. Most said that staff checked on them regularly and that the observations made were not intrusive or inappropriate. Detainee custody managers checked the quality of ACDT documentation daily, and senior managers checked a sample each week. However, the information recorded in ACDT documents varied in quality and some entries were illegible. There was not enough multidisciplinary attendance at some case reviews. Home Office immigration staff rarely attended, although they provided information by telephone or email. We saw little evidence of the use of professional interpreting during case reviews (see recommendation 2.26).
- I.24** The safer detention manager collected data and presented them at the monthly safer detention meeting. However, the data did not include enough in-depth trend analysis to identify and understand the likely triggers for detainees at risk of self-harm or suicide (see recommendation 1.19).

Recommendations

- I.25** **The frequency of monitoring of detainees refusing food and fluid should be determined solely by their care needs. (Repeated recommendation 1.35)**
- I.26** **Assessment, care in detention and teamwork (ACDT) case management documentation should be completed to a high standard and case reviews should be multidisciplinary.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The centre promotes the welfare of all detainees, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- I.27** *There was embryonic contact with the local safeguarding adults board. Most staff were unaware of the contents of a new centre-wide safeguarding adults policy. In practice, adults at risk were usually identified and dealt with by health services staff. A complex case meeting was a useful way to ensure that the needs of more vulnerable detainees were met.*

- I.28** The head of residence had made initial contact with the Hillingdon adult safeguarding board but, as yet, there were no formal links. A centre-wide safeguarding vulnerable adults policy had been published. However, most staff we spoke to were unaware of protocols setting out

² We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

actions to be taken on receipt of information indicating that a detainee was at risk or might have been abused or injured.

- I.29** The health care department had a good and up-to-date safeguarding adults policy that was well understood by their staff. In practice, health services staff usually identified and dealt with adults at risk, and they also identified vulnerable detainees who did not meet the safeguarding threshold (see also paragraph 2.46).
- I.30** The needs of vulnerable detainees were discussed at a multidisciplinary complex cases meeting, attended by centre managers, a Home Office representative, health services staff and a senior psychiatrist. Detailed care plans were reviewed and progress was monitored. The meeting was an effective means of ensuring that the needs of detainees considered to be vulnerable were identified and addressed. At the time of the inspection, 21 detainee cases were being managed in this way.

Recommendation

- I.31** **Formal links should be established with the local safeguarding adults board, and the safeguarding policy should contain clear protocols about at-risk detainees that are understood by all staff.**

Safeguarding children

Expected outcomes:

The centre promotes the welfare of children and protects them from all kind of harm and neglect.

- I.32** *The number of age dispute cases had reduced considerably. Age assessments were timely but not always carried out by social services. Detainees whose ages were in dispute were located in inappropriate accommodation.*

- I.33** Child protection and age dispute policies were robust and staff we spoke to were aware of their basic responsibilities. However, staff had not received child safeguarding training. Staff underwent a Disclosure and Barring Service check. There were appropriate links with the local safeguarding children board.
- I.34** There had been only six age dispute cases in the previous six months, which was considerably fewer than at the time of the previous inspection. All but one had undergone a Merton-compliant age assessment by social services and had been released to them within days of arrival. However, one detainee had been assessed by Home Office staff alone, who were not sufficiently independent or qualified for this role. No detainees had been removed while waiting for an age assessment.
- I.35** Detainees who said they were children were housed in Fir house, the first night and induction unit, and an individual support plan was opened. Fir house was not an appropriate location (see paragraph I.9) and staff were unable to provide the level of supervision required for detainees who were presumed to be children until assessed otherwise. During the inspection, a detainee whose age was disputed was allocated a dirty room with graffiti on the walls, sited away from the staff office. The care plans we saw were of poor quality and did not always take into account individual needs.

Recommendations

- I.36 All staff should have up-to-date safeguarding children training.**
- I.37 All detainees who say they are children should undergo a Merton-compliant age assessment by social services.**
- I.38 All detainees who say they are children, while waiting for a Merton-compliant age assessment, should be held in decent conditions where staff are able to provide sufficient support and supervision.**

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

I.39 *Some risk management systems had improved but detainee movement within the centre was too restricted. Security meetings were not well attended and the analysis of patterns and trends was underdeveloped. There was some evidence of an increase in the availability and use of drugs, particularly new psychoactive substances, but there was not a centre-wide approach to deal strategically with these emerging challenges.*

- I.40** Physical security was sound. Checks and routine searches of the perimeter took place regularly and routine searches of communal areas and activities areas were reasonable. However, levels of security in the newer part of the centre (Ash, Beech, Fir and Gorse units) were disproportionately high and not commensurate with the levels of risk presented by most detainees. Detainees were locked in their rooms at night, and movement off units was restricted to designated periods during the day (also see section on activities). Galleried landings and cellular accommodation made the general atmosphere oppressive and reminiscent of a secure prison wing.
- I.41** Some important elements of dynamic security were weak. We saw limited contact between staff and detainees (see section 2.11), reducing the likelihood of obtaining useful information. Although security intelligence was managed well, the number of security information reports submitted by staff had reduced from an average of 75 a month at the previous inspection to 45. These were processed and categorized quickly and intelligence was communicated to other areas of the centre, to allow them to take necessary action in response. A daily briefing sheet communicated security information to managers effectively.
- I.42** Security committee meetings were often poorly attended and there was limited sharing of information there. Links to violence reduction and drug treatment services were inadequate and there was insufficient analysis of security intelligence to identify patterns and trends.
- I.43** There was some evidence of an increase in the availability and use of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects). Many of the security information reports submitted were about NPS or other drugs and there had been 15 drug finds in the previous few months. In spite of this, there was no centre-wide approach to dealing strategically with these emerging problems.

- I.44** The centre had improved some risk assessment systems. Individual risk assessments were appropriately informed by detainees' recent custodial behaviour, as well as historical data. Detainees were not routinely handcuffed on escorts, and the rare incidents of strip-searching were authorised only on the basis of specific intelligence. However, routine room searches that were not intelligence led were excessive.

Recommendations

- I.45** The living environment for all detainees should be more open and security restrictions should be proportionate to the risks presented.
- I.46** Security information should be analysed thoroughly, and inform strategic direction through security meetings attended by representatives from a broad range of departments.
- I.47** There should be a coordinated centre-wide approach to substance supply and reduction, including detailed and regularly monitored action plans.

Rewards scheme

Expected outcomes:

Detainees understand the purpose of any rewards scheme and how to achieve incentives or rewards. Rewards schemes are not punitive.

- I.48** *The rewards scheme was ineffective. A policy had been published but much of its content had not been implemented.*

- I.49** Detainees arriving at the establishment were placed on the enhanced level of a two-tier rewards scheme. There was little difference between these levels and at the time of the inspection all but two detainees were on the enhanced level. There was a policy that set out how the scheme operated but most of its content had not been implemented and most detainees and officers were unaware of it. The case notes we looked at showed that warnings were often inconsistent and sometimes petty but none resulted in a substantive sanction. The scheme seemed largely irrelevant.

The use of force and single separation

Expected outcomes:

Force is only used as a last resort and for legitimate reasons. Detainees are placed in the separation unit on proper authority, for security and safety reasons only, and are held on the unit for the shortest possible period.

I.50 *Use of force and separation had increased since the previous inspection but both were used less often than at other centres. Force was generally used proportionately but video footage showed that restraints had been used inappropriately. The governance of separation was poor and paperwork did not evidence sufficient justification and authorisation. Some detainees were separated as a punishment and a number had been held for long periods following transfer to Colnbrook Immigration Removal Centre.*

I.51 Force was used less often than at other centres but slightly more than at the time of the previous inspection, with around 10 uses a month for the previous six months. Handcuffs had been used a dozen times in the previous six months. Paperwork justifying use of force suggested that it was used proportionately and as a last resort. Video footage of incidents also showed staff making considerable efforts to de-escalate situations, and in most cases force was used appropriately. However, there were some exceptions. In one case, the footage showed Tascor escorts placing a detainee in leg restraints without any immediately presenting risk to justify this measure. In another example, a detainee was transferred in a van to neighbouring Colnbrook Immigration Removal Centre, handcuffed behind his back; this was both unnecessary and potentially dangerous. In a third incident, staff could be heard swearing and using inappropriate language, which could have escalated tensions. A use of force committee met monthly to review incidents and identify trends but it had not identified the issues mentioned above.

I.52 Separation under Detention Centre Rule 40 (in the interests of safety and security) had been used 118 times in the previous six months. Rule 42 (separation for violent and refractory detainees) had been used seven times in this period. These figures were lower than at the time of the previous inspection and than at other centres. The same bare cells were used to hold detainees under Rules 40 and 42. The separation unit was austere and rundown.

I.53 However, Rule 40 detainees were allowed out of their cells during the day and efforts were made to ensure that detainees were separated for no more than 24 hours. Those held longer were transferred to Colnbrook and could then spend substantial periods in separation. In the previous six months, 19 detainees from Harmondsworth had been held in the Colnbrook separation unit, for an average of about five and half days – the longest for almost 20 days. Governance of separation was poor. Paperwork did not always give sufficient grounds for separation and lacked the required authorisation. We were not assured that the Home Office authorised separation where necessary. Some detainees were separated inappropriately as a punishment.

Recommendations

I.54 **Mechanical restraints should be applied only when necessary, and in a safe and approved manner.**

- I.55** Separation should be authorised only following a full examination of the facts of the case by the authorising Home Office manager, and on the basis of clearly documented risks. Detainees should not be separated as a punishment or for any longer than absolutely necessary for safety or security.

Legal rights

Expected outcomes:

Detainees are fully aware of and understand their detention, following their arrival at the centre and on release. Detainees are supported by the centre staff to exercise their legal rights freely.

I.56 *More detainees than at the time of the previous inspection said that they had a lawyer but those without had to wait too long for the Legal Aid Agency-funded advice surgeries. Additional legal consultation rooms had been built but detainees still waited too long in overcrowded conditions for interviews. Detainees had good access to legal websites and forms but not to legal textbooks.*

- I.57** In our survey, more detainees than at the time of the previous inspection said that they had a lawyer (66% versus 60%) but fewer said that they had received a visit from them (46% versus 57%). A number of detainees were paying privately for their lawyers.
- I.58** Detainees could receive half an hour of free legal advice from advice surgeries funded by the Legal Aid Agency (LAA). Three firms of solicitors ran the surgeries. During the inspection, detainees had to wait for almost two weeks for an appointment, which was too long, given the tight deadlines they faced. Only those with a meritorious protection claim or bail case received ongoing legal advice. Detainees who were not satisfied with the firm of solicitors handling their case could change to either of the other two firms serving the centre.
- I.59** Since the previous inspection, several additional legal consultation rooms had been made available, relieving pressure for interview space. The centre had redecorated the two waiting rooms in the legal visits area and detainees were no longer locked in. However, the rooms were too small and waiting times too long, especially for immigration interviews. Staff brought detainees from the residential units to the legal visits area in batches, which meant that some waited for a long time in hot and overcrowded conditions; some detainees we spoke to had waited over four hours. Only one of these rooms had a television and neither had books or magazines.
- I.60** Detainees could easily obtain legal forms in the library and welfare office, and country of origin reports online. They could also access websites relevant to preparing their cases. There were only three legal textbooks in the library, not all up to date.
- I.61** In early July 2015, the Home Office had suspended its detained fast-track process following a legal challenge. The former detained fast-track caseworkers became the detained asylum casework (DAC) team and were responsible for managing detained asylum seekers in general. At the time of the inspection, they were managing 354 detainees at the centre. All DAC detainees were guaranteed legal advice through an LAA-funded duty rota. DAC detainees who met the LAA's merits and means test were granted legal representation in relation to their protection claims.

Recommendations

- I.62** Detainees should have timely access to high-quality legal advice and representation through the Legal Aid Agency-funded advice surgeries.
- I.63** Detainees should not have to wait for excessive periods for their legal and immigration interviews to begin. There should be sufficient seating and activities for detainees in the waiting rooms.
- I.64** The library should stock sufficient and up-to-date legal textbooks.

Casework

Expected outcomes:

Decisions to detain are based on individual reasons that are clearly communicated and effectively reviewed. Detention is for the minimum period necessary and detainees are kept informed throughout the progress of their cases.

I.65 *Detention was short for most men but a significant number were held for excessive periods. Home Office processes to prevent unreasonable detention were not always effective. Some people were detained in spite of medical evidence of vulnerability. The number of Rule 35 reports submitted was high, and 18% of those submitted over a six-month period in 2015 had contributed to a decision to release. Not all detainees received an induction on immigration matters at the centre.*

- I.66** Most detainees were held for short periods but some were held for an unreasonably long time. At the time of the inspection, 18 detainees had been held for more than a year and three for more than two years. These figures did not capture detainees who had been released and then re-detained. For example, one detainee had been detained on separate occasions for a total of five years, and another for almost four and half years.
- I.67** The Home Office's internal review processes to prevent detainees being held for unreasonable periods did not always work. In April 2015, the Home Office agreed to release a detainee subject to a suitable address being found. In May 2015, they agreed to release another detainee subject to satisfactory care arrangements. In both cases, the men were still being held during the inspection. The Home Office cited difficulties with their post-release planning as reasons for maintaining detention. Since the previous inspection, the Home Office had established an 'independent detention review panel', made up of senior managers who met every six weeks to discuss all detainees in the estate who had been held for more than 150 days. In two cases we saw, the panel had recommended release but both detainees remained in detention.
- I.68** Some vulnerable detainees were held despite evidence from medical professionals of the negative impact of detention. In one case, a GP at the centre wrote to the Home Office advising that: 'the detainee's health is likely to be injuriously affected by detention'. The Home Office reviewed the case but maintained detention. A week later, the GP wrote to the Home Office again, stating: 'I am concerned the longer that this is left, the worse the outcome is going to be for him. ... it is evident his mental health is deteriorating in my opinion ... I believe ongoing detention will only make this worse. I would urge you to reconsider your decision please'. Again, the detainee remained in detention.

- I.69** The number of Rule 35 reports (written by medical practitioners who disclose information on detainees whose health is likely to be affected by detention or who may have suicidal intentions or been a victim of torture) submitted was high. In the six months to August 2015, 434 reports had been submitted. Of these, 18% had contributed to the detainee's release, which was a higher percentage than we normally find. We reviewed 10 Rule 35 reports and their responses, eight of which related to torture and two to suicidal intent. All were typed and, where necessary, included body maps. However, these reports added little value and were formulaic. Many simply repeated the detainee's account of ill treatment without commenting on consistency between scarring and the account. Some were poorly written and showed a lack of attention to detail. For example, one recorded: 'He reports that he was beaten a mechetti and stone and pucnches and kicks [sic]'. Some doctors appeared to be unsure of their role in writing these reports. Home Office decision makers generally reviewed detention quickly in light of the reports. In eight cases, detention had been maintained. One of the detainees had been released, not as result of the report, which was poorly written, but because the detainee had an appointment at the Helen Bamber Foundation. The tenth case had not been replied to. Immigration staff we spoke to expressed frustration that the reports did not contain the detail required to review detention adequately. Home Office staff said that they were aware of the problems with Rule 35 reports and that NHS England was arranging training for centre doctors (see also paragraph 2.45).
- I.70** The onsite immigration contact management team did not induct detainees transferred from other centres. The induction interviews we observed were good but detainees were not given a bail application form. During the inspection, 38 monthly progress reports were overdue. The team did not monitor overdue monthly progress reports or bail summaries regularly. Immigration staff held surgeries on the wings four times a week but detainees complained that their queries were not always responded to and that it was difficult to see immigration staff.

Recommendations

- I.71** There should be a time limit on the length of detention.
- I.72** Casework decisions should be made quickly and with due care.
- I.73** There should be sufficient on-site immigration staff to induct detainees and respond to their queries within 24 hours.
- I.74** Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. When a doctor declares a detainee unfit for detention, the detainee should be released unless there are very exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor.

Housekeeping point

- I.75** The immigration contact management team should monitor overdue monthly progress reports and bail summaries, and provide detainees with a bail application form during induction interviews.

Section 2. Respect

Residential units

Expected outcomes:

Detainees live in a safe, clean and decent environment. Detainees are aware of the rules, routines and facilities of the unit.

2.1 *The physical environment was poor. A programme of refurbishment had begun but the condition of showers and toilets in the two older wings was unacceptable. The newer wings were less crowded but large parts of them were dirty and poorly equipped and maintained.*

- 2.2** The environment had continued to deteriorate, especially because of neglect in the final stages of the previous contract. In the older buildings, although there had been some replacement of flooring and redecoration of corridors, the physical environment remained poor, especially the showers and toilets. Showers had stained and chipped base units and discoloured curtains, most toilets were in an insanitary condition, and we saw some cockroaches. Several sinks were blocked, and a number of toilets and showers were locked off as out of order. Even the newer, prison-like wings, where bed bugs were commonly reported, were not in good condition; Fir House, in particular, which had the highest throughput of detainees, had ingrained dirt in the floors and in some basins and toilets in communal areas (see main recommendation S39).
- 2.3** Some wings had a desolate air, as a result of rooms being bare and/or locked off (especially rooms which had once housed recreation or fitness equipment), and there was a great deal of broken or disused equipment lying around in communal areas. Various water boilers were not working, and soap dispensers were broken or empty (see main recommendation S39).
- 2.4** In the older wings, all rooms designed for two were being used for three, and at least two rooms housed four people in two double bunks, with no table and in one case just one chair; while most detainees had lockable cabinets, lockers in the four-person rooms had no doors (see main recommendation S39). Many rooms were poorly ventilated and detainees complained about the airlessness of rooms, especially at night. Rooms for people with disabilities did not give sufficient decency or privacy (see paragraph 2.21). The newer wings were less crowded.
- 2.5** Detainees consistently reported problems with obtaining clean clothes and bedding. Several washing machines on the wings were out of action. Staff told us that there had been insufficient clothing available and some detainees were in ill-fitting clothes; shoes had been in short supply for several weeks and some detainees had only flip-flops. The establishment had begun to change systems in order to improve the availability of clothing.
- 2.6** Consultation meetings with detainee representatives were held fortnightly. They were well attended by managers, and many substantive issues were covered. The detainees attending said that issues from the meetings were followed up constructively but most detainees were unaware of these meetings. An attractive monthly magazine had been introduced, which was a promising way of communicating more widely with detainees.

Recommendation

2.7 All detainees should have adequate clothing and footwear.

Housekeeping point

2.8 All detainees should be made aware of the consultation meetings and encouraged to participate in the consultation process.

Good practice

2.9 *A colourful monthly magazine was produced locally, giving news and information about the centre to detainees.*

Staff–detainee relationships

Expected outcomes:

Detainees are treated with respect by all staff, with proper regard for the uncertainty of their situation and their cultural backgrounds.

2.10 *Most staff were experienced and confident in the functional aspects of their role but few were able or willing to build relationships with detainees. Unpredictable deployment of staff from day to day had made it difficult for them to provide consistent support.*

2.11 There were many experienced staff, who were generally calm and competent. However, we saw few staff taking the initiative in engaging detainees and building relationships, and in some cases we saw abrupt and unhelpful staff behaviour. In our survey, only 64% of respondents said that staff treated them with respect, which was lower than at comparable centres. This figure had remained constant over the previous three inspections. Detainees said that some staff were helpful but that many made little attempt to engage positively with them. Staff numbers were generally insufficient to do more than carry out routine tasks in offices. The staffing arrangements made it impossible for staff to be deployed consistently to a single 'home' unit.

2.12 A personal officer scheme had recently been reintroduced but was not yet operational. Initial officer training included some input from Home Office staff about issues related to immigration status but nothing more substantial on the particular backgrounds and needs of a detainee population.

2.13 There were infrequent staff entries in individual detainee records and most entries were functional – for example, about the issue of clothing. The welfare staff made many of these entries. For all but a few detainees – those identified as most vulnerable – there was no information in these case notes about their actions, state of mind, risks or needs.

Recommendation

2.14 Staff should have sufficient time to interact regularly with individual detainees and receive training on equality and the specific backgrounds, experiences and needs of a detainee population.

Equality and diversity

Expected outcomes:

The centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. At a minimum, the distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.15 *The strategic management of equality and diversity was improving but outcomes were poor. Consultation with nationality groups took place but it was not clear whether actions resulted. Identification, planning and support for detainees with disabilities were poor. There was insufficient translated material, and professional interpreting services were not used enough in some residential areas. Support for gay and bisexual detainees was provided on an individual basis. There was no specific provision for older or young detainees.*

Strategic management

- 2.16** Some progress had been made in the strategic management of equality and diversity, although so far without a notable impact on detainee outcomes. The new equality, diversity and inclusion strategy was comprehensive and an action plan assigned relevant actions to specific members of staff and was appropriately monitored. A custodial manager led a new equality and diversity team of eight members of staff with responsibility for particular protected characteristics. Their names and photographs were well publicised around the centre. The team was due to undergo training in equality and diversity shortly after the inspection. There was no programme of equality and diversity training for residential staff (see recommendation 2.14).
- 2.17** A well-designed welfare support plan for identifying, assessing, planning and managing detainees with diverse needs had recently been introduced. These new measures had not been embedded and were not well known to residential staff.
- 2.18** The equality and diversity meeting was attended by representatives from appropriate departments. Data on protected characteristics were considered but not systematically analysed – for example, to show how outcomes for detainees with protected characteristics compared with those for the rest of the population in areas such as violence, self-harm or employment.
- 2.19** Most diversity-related complaints related to regime rules that detainees felt to be unfair, or being addressed disrespectfully by staff. Investigating managers interviewed both the complainant and the staff member concerned and replies were mostly helpful, although investigations of derogatory remarks by staff did not seek corroboration of allegations, and simply accepted staff members' accounts (see paragraph 2.36 and recommendation 2.37).

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendation

- 2.20 Equality monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics, and the findings used to help assess progress on the equality action plan.**

Protected characteristics

- 2.21** Detainees with disabilities were not systematically identified and recorded by the equality and diversity team, and processes for meeting their needs through the new welfare support plans (see above) were not being implemented. In our survey, 14% of respondents (equivalent to over 80 detainees) said that they had a disability but the equality and diversity team was aware of just five. In practice, the level of help provided depended on a detainee coming to the notice of staff. One man using a wheelchair was not getting sufficient support, although he was in a cell adapted to accommodate the wheelchair. His room was untidy and dirty, with a shower 'wet room', including a toilet which had no screen or curtain. He said that he could not remove his clothing because of a dressing on his leg and had not taken a shower for two weeks. No detainee was assigned to assist him and there was no welfare support plan to identify his needs and ensure that they were met. Although he had been assessed for clinical need by health services staff, they had not communicated with residential staff to ensure that social care was being provided.
- 2.22** Nationality meetings were held monthly and minutes showed that they covered matters of importance to particular groups, such as the need for interpretation for Vietnamese detainees. Communication with detainees who could not speak English was reasonable because of the wide range of languages spoken by staff, although there was no list of detainees and staff willing to help with interpreting. Professional interpreting was not always used appropriately for confidential matters such as health care assessments and assessment, care in detention and teamwork (ACDT) reviews (see also paragraph 1.8). Some written information had been translated into other languages but much key information around the centre – for example, about health care, the Independent Monitoring Board and legal advice providers – was in English only (see also paragraph 2.47).
- 2.23** Two equality officers provided individual support and advice to gay and bisexual detainees, linking them with support organisations as required, although a weekly support group for gay, bisexual and transgender detainees no longer took place. We were told that transgender detainees would be transferred to Colnbrook Immigration Removal Centre, which held female detainees and could more easily meet the needs of a detainee who wished to live as a woman.
- 2.24** Apart from a nurse with responsibility for older detainees, there was no specific provision for older detainees or for young people.

Recommendations

- 2.25 Detainees with disabilities should be quickly identified and have their needs assessed and met in a coordinated way. They should have care plans and personal evacuation plans as needed, and support with daily tasks should be provided by detainee carers.**

- 2.26** A wide range of relevant information in an appropriate number of languages should be provided, and professional translation and interpreting should be used whenever required, especially when confidentiality and accuracy are essential. (Repeated recommendation 2.35)
- 2.27** The specific needs of older and young adult detainees should be identified and addressed. (Repeated recommendation 2.36)

Faith and religious activity

Expected outcomes:

All detainees are able to practise their religion fully and in safety. The faith team plays a full part in the life of the centre and contributes to detainees' overall care, support and release plans.

2.28 *Faith provision was comprehensive, with good facilities, easy access to corporate worship and links with community faith groups.*

- 2.29** The chaplaincy comprised full- and part-time chaplains covering the five major faiths represented at the centre. They were assisted by volunteers from local faith communities, who conducted worship and provided a befriending service.
- 2.30** There was a wide range of facilities on the faith corridor, with a Christian chapel, Sikh gurdwara, a Mosque with an attached ablution area, and a chapel room for other faiths. In addition, there was a Muslim prayer room in Gorse House and small informal prayer rooms throughout the centre.
- 2.31** Religious education was provided for all religions, including Bible classes and Qur'anic Arabic instruction as well as ad hoc group meetings with chaplains. Attendance at corporate worship was still not possible for separated detainees in Elm House, and health care patients could only attend subject to a risk assessment.
- 2.32** The chaplaincy was well embedded in the life of the centre, visiting health care inpatients and separated detainees every day. They also provided links with community faith groups, who visited the centre and provided support in the community for released detainees.

Housekeeping point

- 2.33** Separated detainees should be permitted to attend corporate worship, subject to a risk assessment.

Complaints

Expected outcomes:

Effective complaints procedures are in place for detainees, which are easy to access and use and provide timely responses.

2.34 *The process for handling complaints was efficient but detainees had very little confidence in the system. Complaint forms were not easily accessible in many wings, and responses were not always adequate.*

2.35 Complaint forms were not consistently available in a range of languages on all residential units, and some complaint forms and boxes were located in obscure locations. In our survey, only 5% of respondents said that they felt that complaints were sorted out fairly, compared with 28% at other centres and 24% at the time of the previous inspection. Many detainees told us that they did not trust the complaints system, some said that they had not received a reply, and others said that staff had threatened to move them to a less desirable unit if they made a formal complaint. The number of complaints submitted was low and had been dropping in recent months; the reasons for this were unclear and required further investigation.

2.36 The process for managing the complaints submitted was well organised, with regular quality checks of responses. The responses were courteous but followed a standard template, which made it difficult for replies to seem personal. Some responses did not answer all the points raised and, from the responses alone, it was not always clear how well complaints had been investigated and why some were judged to be unsubstantiated (see paragraph 2.19). Health care complaints had been submitted through the generic complaints system but a new, separate system was about to be implemented. Responses were still in English only, even when the complaint had been submitted in another language.

Recommendation

2.37 **Managers should investigate and address the reasons for the reduced and very low confidence in the complaints system. Complaint forms should be freely available and responses should address all the issues raised and be written in the same language as the complaint itself.**

Health services

Expected outcomes:

Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

- 2.38** *Detainees were very negative about health services, which had deteriorated to a poor level but were recovering from this low base. The current provider had taken over services a year before the inspection. Progress had been made with the provision of reasonable access to services and good care from nurses and GPs, although some weaknesses in the application system remained. Detainees waited too long to see the physiotherapist. The enhanced care unit had a poor environment and the diverse mix of men there was inappropriate. There were significant weaknesses in medicines management, and poor access to the health care unit to collect medicines caused much frustration. Detainees had good access to dental treatment. The care of detainees with long-term conditions was sound but care plans were not always used. Mental health provision had improved, with good provision for detainees with experience of trauma.*
- 2.39** *The Care Quality Commission (CQC)⁴ contributed to this inspection and found no breaches of the relevant regulations.*

Governance arrangements

- 2.40** Health services were commissioned by NHS England and had been provided by Central and North West London (CNWL) NHS Foundation Trust and the Langley GP practice since September 2014. Before the start of the current contract, the quality of health care provision had diminished to a poor level. There was evidence of clear leadership and improving service quality and there were active plans to ensure continued improvement. The Care Quality Commission (CQC) found no current breaches of the relevant regulations.
- 2.41** Partnership arrangements were reasonable and a regular meeting schedule had been re-established. Links with wider centre departments were reasonable and the overall relationship with the Mitie group was developing. A new health needs assessment had been commissioned to start in early 2016.
- 2.42** There was a suitable internal reporting structure to manage clinical risk and operational issues. Policies reflected key service issues and the detention context was reflected. Clinical incidents were reported and reviewed through a clinical governance forum, with further reporting to the Trust; learning from events was identified and shared.
- 2.43** Detainees could only make health care complaints using the main centre system but this shortcoming had been identified and a new confidential system was about to be implemented. The quality of complaint responses was sometimes poor (see paragraph 2.36).

⁴ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.44** Permanent nursing staff received regular management supervision and most were able to access clinical supervision. There were major staffing shortages, and an active recruitment plan was in place; the regular use of bank and agency staff presented some risk to the continuity and consistency of care.
- 2.45** Some medical staff had received training on the signs of trauma and torture, and on the requirements of Rule 35 (concerning notification to the Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture) (see paragraph 2.83). However, too many Rule 35 reports were of a poor standard, and further training was planned (see paragraph 1.69).
- 2.46** Most nursing staff had received training in safeguarding vulnerable adults (see also paragraph 1.29) and children and there were good links with Hillingdon Council. Nurses had received mental capacity training. Detainees on food or fluid refusal were identified and monitored appropriately. Nurses had not completed triage training but there were advanced plans to achieve this.
- 2.47** Health promotion was developing. There was access to smoking cessation support, and nicotine replacement therapy was available via the GP. Sexual health services were developing and detainees were able to obtain condoms. There was an immunisation programme but uptake was low. Detainees had already been involved in a health improvement and promotion action plan meeting. Information about services was not consistently available to detainees and was currently only in English. We observed instances where professional interpreting was not used during health consultations when it was needed (see recommendation 2.26).
- 2.48** Emergency bags were located strategically but the limited number of automated defibrillators was insufficient for the configuration of the centre and the population. Not all health services staff were up to date in resuscitation skills training and too few custody staff had received life support training.
- 2.49** The environment, including the enhanced care unit, was in the process of being upgraded and refurbished. An infection control audit completed in April 2015 showed a lack of compliance in most areas; a full repeat was due six months after the inspection and specific issues were re-audited regularly. The cleaning arrangements on the health care unit were poor, with cleaning provided by cleaners with no NHS-equivalent training; there were advanced plans to recruit a designated cleaner.

Recommendations

- 2.50** **There should be enough permanent health services staff to ensure continuity and consistency of care.**
- 2.51** **The provision and location of automated external defibrillators should reflect the configuration of the centre and the population. All health services staff and sufficient detention custody officers should be trained in basic life support, including CPR (cardio pulmonary resuscitation) and the use of automated defibrillators.**
- 2.52** **The health care environment should fully comply with primary care infection control regulations** (Repeated recommendation 2.65)

- 2.53 Nurses should have training in triage, use agreed triage algorithms and be trained to administer medication against agreed patient group directions.**
(Repeated recommendation 2.83)

Delivery of care (physical health)

- 2.54** In our survey, fewer detainees than at comparator centres said that the overall quality of health services was good (27% versus 46%), and detainees in our groups were consistently negative about their experience of health services. The application system, which required detainees to submit their appointment applications via custodial staff on the house units, led to problems of access in some cases. Detainees and staff alike were also frustrated about the poor access to the health care unit to collect medicines. However, detainees received good care once they were seen.
- 2.55** There was good identification and care for detainees with long-term health needs but care plans were not always used when needed. There was effective use of the centre's complex case meeting to support effective management of a small number of detainees with more challenging issues.
- 2.56** The range of primary care services was reasonable but detainees waited too long for physiotherapy and to see the optician. At the time of the inspection, 38 detainees were waiting to see the optician, who visited fortnightly.
- 2.57** The enhanced care unit held a complex mix of 12 men and could not meet all of their needs. It included men needing detoxification from alcohol or isolation for infectious disease, those waiting for a transfer to a secure hospital because of serious mental health needs and some with significant physical health needs. One man remained there mainly because of his vulnerability. One health care assistant (HCA) was on the unit across the 24-hour period, with supervision provided by a registered nurse from the main primary care area. A custody officer provided operational support. Overall responsibility for the detainees on the unit had not been properly clarified between the centre and health care unit. Our observation over several days was that, at times, detainees and staff alike were fearful about the potential risks associated with this complex mix of men.
- 2.58** The environment on the unit was poor but there were advanced plans to refurbish it. Two toilets were not working and, although it was reasonably clean overall, the bathrooms were grubby. There was an absence of any therapeutic activity on the unit.
- 2.59** The office space was shared by clinical and custody staff and, although we were assured that custody staff would not have access to confidential information, the space was so limited that this was a risk; a whiteboard with patient names and indications of ACDT status faced outwards onto the main corridor.

Recommendations

- 2.60 The application system should ensure that all detainees who request a health care appointment are given one reasonably quickly, and are able to see the optician and physiotherapist within an appropriate timeframe.**
- 2.61 Care plans should be used consistently for detainees with more complex needs, to ensure that care reflects needs.**

- 2.62** The enhanced care unit should provide a suitable therapeutic clinical environment, and should meet the needs of all detainees held there. Patient confidentiality should be assured and the details of detainees should not be visible.

Pharmacy

- 2.63** There was a full-time clinical pharmacist. There were no systematic medicine use reviews but nurses asked the pharmacist to see individual patients. Medicines were administered four times a day, with night-time doses given at 6.30pm. There was provision for night-time doses to be administered at 10pm from the pharmacy room but this did not happen as detainees were unable to leave their house blocks. Nursing staff were vigilant in confirming patient identity.
- 2.64** Medicines were given via a small hatch and it was difficult for nurses to observe detainees properly, including during the administration of controlled drugs; there was no direct supervision by custody staff. Detainees were frustrated at having to wait for long periods at wing doors or at the door to the health care unit to get their medicines (see paragraph 3.2). Detainees experiencing pain during the night could ask detention custody staff for soluble paracetamol tablets; there was a suitable audit trail. Detainees attending court or being released could take their in-possession prescribed medication with them, and arrangements for detainees being deported were reasonable, but preventative malarial medicine was not given.
- 2.65** Most detainees had lockable cupboards in their rooms to enable them to store their medicines securely (but see paragraph 2.4). Paper prescriptions and administration charts were poorly presented and organised. Neither charts nor dispensing labels included complete patient details and there were no photographs on the charts.
- 2.66** Medicines were usually supplied monthly and reviewed every three months. We found missed reviews, which meant that some patients had missed taking their medicines. There was no system to monitor patients who had not collected their medicines, and for some omitted doses no reason had been recorded.
- 2.67** There was limited stock medicine, including for out-of-hours use. The inpatient medicine trolley was not locked. We found a discrepancy between the name on a bag of patient medicines and the accompanying documents; the nurse was not clear about how he/she would ensure that the right medicines were linked to the right patient. There was no separation of each patient's medicines in the two cupboards. Dispensing labels had been removed from some medicines in use and not all medicines were stored in their original labelled package. Not all prescription items were appropriately labelled or supplied with patient information leaflets.
- 2.68** At the start of the inspection, the keys to the medical refrigerator had not been available for two days; nurses said that there were no patients requiring items that needed to be kept refrigerated, such as insulin. The ambient temperature in the pharmacy room was too high, at over 25 degrees centigrade. Oxygen cylinders in the pharmacy storeroom were unsecured and the controlled drugs cabinet was not fixed with rag-bolts. Nurses used a 20 ml plastic syringe instead of standardised glass measures to measure small volumes of methadone.
- 2.69** The pharmacist attended medicines and therapeutics committee meetings. A list of over-the-counter remedies had been agreed and nurses were due to be trained to administer a single

dose. The centre shop list contained some simple remedies but patients often had limited means of paying for these.

- 2.70** Immunisations were managed via the GP clinic; patient group directions (to enable nurses to supply and administer prescription-only medicine) for the flu vaccination was available but not in use as nursing staff had not yet completed anaphylaxis training.

Recommendations

- 2.71** The pharmacist should provide systematic medicine use reviews and regular pharmacy clinics.
- 2.72** There should be timely availability of medicines, including administration of night-time medicines and prescribing of repeat medicines; all missed doses should be followed up and records should accurately reflect missed or omitted doses.
- 2.73** Nurses should have a clear view of each detainee collecting his medication and should remain suitably vigilant while administering this, especially while administering controlled drugs.
- 2.74** Preventative malarial medicine should be available for detainees being deported to areas of malarial risk.
- 2.75** Governance and systems within the pharmacy room should ensure: appropriate completion and organisation of prescription/administration charts; correct labelling and storage of medicines in accordance with legal and professional requirements; secure and safe storage of oxygen equipment; securely fixed controlled drugs cupboards; the use of standard equipment for measuring medicines; and the maintenance of safe ambient temperatures to protect medicine integrity.

Dentistry

- 2.76** Kent Community Health Foundation Trust provided the dental service and a specific dental commissioner oversaw the service. There was no clinic during the inspection.
- 2.77** All detainees were able to get urgent treatment quickly, with the longest wait at the time of the inspection being less than four weeks; there were 27 detainees on the waiting list at the time of the inspection. Detainees who had been held for a year or more were able to receive routine treatment. The dentist recorded consultations on SystmOne.
- 2.78** Dental audits of both the facilities and infection control compliance had been completed in January 2015. The dental suite had subsequently been refurbished, including the provision of a separate decontamination room. Compliance with national standards was imminent, subject to final completion of the refurbishment.
- 2.79** There was a lack of clarity about responsibility for specific items of equipment, and therefore a risk regarding maintenance and servicing; this was in the process of being addressed.

Delivery of care (mental health)

- 2.80** In our survey, more detainees than at comparator centres (47% versus 34%) said that they had been depressed or suicidal on arrival. Few detention custody staff had received mental health awareness training but there were plans to resolve this.
- 2.81** An integrated mental health team provided a stepped model of care, with a clear referral pathway, enabling new arrivals and other detainees to access services quickly, subject to an efficient application system (see recommendation 2.60). New referrals were seen promptly and urgent referrals could be seen on the same day. A weekly referral meeting ensured immediate allocation to the appropriate team member. There was good follow-up of those who did not attend appointments.
- 2.82** Most detainees cared for by the team had reactive anxiety and depression, often resulting from their detention experience. There was currently no provision for talking therapies or therapeutic group work but there were advanced plans for this, with recruitment of specialist staff being finalised.
- 2.83** There was good access to a specialist in trauma for detainees who had experienced trauma or torture, with sensitive attention to the real risk of detainees being removed at any time during the therapy. All detainees making a request to see a doctor to ask that a Rule 35 review is undertaken, were referred to the service.
- 2.84** There was appropriate swift identification of serious mental needs, with regular psychiatrist sessions, links with the local low-secure unit and access to two beds, although need regularly exceeded capacity. One man on the enhanced care unit was waiting for transfer and efforts had been made to expedite this. Since September 2014, nine patients had been transferred under the Mental Health Act. A further five patients had been assessed as needing secondary care and were managed appropriately at the centre; three were subsequently removed and one detainee was released on temporary admission. The average time between assessment and admission was 29 days, with the longest wait being 44 days.
- 2.85** Efforts were made to identify and link detainees being deported with equivalent services in their home countries. Detainees being bailed or released were linked with community teams. We were aware of four men for whom links had been made with their families and clinicians in the destination countries, mainly for Australia and the USA. Further work was being done to enable continuity of medication by researching what was available in the destination country; this had recently been done for an African man.

Recommendation

- 2.86** **Talking therapies and therapeutic activities should be provided to support detainees with anxiety and depression, and all detention custody staff should receive mental health awareness training.**

Good practice

- 2.87** *The provision of a specialist service for detainees with experience of trauma or torture supported their needs in a realistic way that recognised the real risk of removal at any time during the therapy.*

Substance misuse

Expected outcomes:

Detainees with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their detention.

2.88 *Care for those with substance misuse needs had improved but there was no psychosocial support. Links with destination countries were made to ensure that detainees returning to countries where opiate substitution was not available received appropriate reducing regimes.*

2.89 There were two separate drug and alcohol strategies, for the health care unit and the centre, and early discussions were under way to align the strategies. There were no detailed action plans to ensure clear objectives and facilitate the monitoring of progress (see paragraph 1.43 and recommendation 1.47). There were emerging concerns about the use of new psychoactive substances (see paragraph 1.43).

2.90 There was effective identification of drug and alcohol needs through reception screening. Immediate detoxification needs, including prescribing, were addressed safely. The placement of these men in the enhanced care unit, alongside detainees with very different health and vulnerability needs, was inappropriate (see recommendation 2.62). There was no psychosocial support.

2.91 The clinical management of those with alcohol and opiate addictions was sound, with clear clinical regimes. Detainees arriving with an identified opiate addiction were placed on a suitable reduction regime. If this could not be achieved within a six-week timeframe, medical hold could be invoked. There was good oversight by a specialist psychiatrist, who attended weekly. Ongoing symptomatic relief was provided for detainees who were deported, if needed.

Recommendation

2.92 **Psychosocial interventions should be provided to support harm reduction and relapse prevention.**

Services

Expected outcomes:

Detainees are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations. Detainees can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.93 *The food provided was adequate and the cultural kitchen was popular with detainees. The centre shop sold a wide range of products, at reasonable prices.*

2.94 The main centre kitchen was clean, properly maintained and well equipped. All staff and detainees employed in the preparation and serving of food had received basic hygiene and food handling training. A four-week rolling menu offered a wide variety of healthy options,

meeting a range of dietary needs, and included portions of fruit and vegetables every day. The quality of the food we tasted was good and at the correct temperature, even though, in our survey, detainees were relatively negative about the quality of the food. The recently introduced cultural kitchen was popular with detainees but too small to deal fully with demand.

- 2.95** Detainees in Cedar and Dove House ate in a communal dining room near the residential units. The area was clean and reasonably well decorated. Staff sometimes ate with detainees there, helping to create a more relaxed atmosphere. Those on the other units ate together at tables on the ground floor landing but the environment was less pleasant in these areas.
- 2.96** Detainees had access to the centre shop in specified time slots between 9am and 12pm, 2pm and 5pm and 6.45pm and 8.45pm every day. The shop sold a wide range of goods, and orders for newspapers and magazines, including some foreign national publications, could be placed. There was ongoing consultation with detainees, and products were added as needed. Detainees could also order goods from a catalogue and from approved internet sites. Prices in the shop were reasonable, and cheaper unnamed brands were available.

Section 3. Activities

Expected outcomes:

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

- 3.1** *The regime limited detainees' access to education, and other activities and services. Most of the population had insufficient activity to fill their time. Only a limited range of paid work was available. The range of education classes provided was limited and poorly attended. The library facilities were adequate, providing reasonable access for detainees throughout the week. The fitness suite was well used but not appropriately equipped, and the sports hall was not in use at the time of the inspection.*
- 3.2** Most detainees were unlocked from their rooms for over 12 hours a day but their access to off-wing sports, education and welfare was inhibited by the strict movements regime. Those on the newer units were locked in their rooms at night, which was excessive for a detainee population, while those on the older units were locked on their landings. There were three central activity areas – broadly, one floor for education, one for faith and one for services. Each of the three zones into which the residential units were divided could access each of these three activity areas for a third of the day, in accordance with a fixed rota. Although this was an improvement on the situation at the time of the previous inspection, it was confusing to detainees and still too restricted; many activity resources were underused. Given the high levels of stress and depression among detainees (see paragraphs 1.7 and 2.80) that could have been mitigated by constructive activities, this was a significant shortcoming (see main recommendation S40).
- 3.3** In our survey, only around a third of detainees said that there was enough to do at the centre to fill their time, which was considerably worse than the comparator and than at the time of the previous inspection, and there were fewer activities than previously. Amenities to promote mental and physical well-being included a much-used and well-appreciated new cultural kitchen and a well-equipped, although less well-used, music room and a room where detainees could watch TV and films together. In spite of this, there were still insufficient activities (see main recommendation S40).
- 3.4** In the residential units, detainees could access a small range of activities and facilities, including pool tables, board games, the exercise yards and some sporting activities. There was an internet suite on each house block, although in each of these there was at least one inoperative computer. In many cases, no information was provided about ways to keep personal details secure when using communal computers to access the internet.
- 3.5** Only around 5% of the population took up learning and skills places in education classes. Facilities were therefore underused and attendance was poor. Classes were offered during the morning, afternoon and evening, with sessions in English for speakers of other languages (ESOL), information communications technologies (ICT) and art. Courses in ICT and ESOL led to qualifications. During the inspection, classrooms were often empty, and therapeutic activities in art and music were not fully utilised by detainees (see main recommendation S40).
- 3.6** During the induction programme, detainees watched an informative computer-based presentation describing education and work activities. This was available in 13 languages. However, it did not explain how to access the facilities. Staff did not use this as a basis for identifying the needs and potential for individual detainees but simply led detainees

unenthusiastically on a tour of the education department; detainees with poor English language skills found descriptions and explanations incomprehensible. No assessment of skills or needs was conducted to identify detainees who would benefit from ESOL classes or other training.

Recommendation

- 3.7 Strong links should be developed between induction, education and activities, to provide initial skills assessments that will give detainees a plan to structure their time at the centre.**

Housekeeping point

- 3.8** The centre should introduce appropriate training and reinforcement for detainees using the internet, to ensure that they understand how to protect passwords and stay safe.

Learning and skills

- 3.9** In our survey, the number of detainees participating in education was considerably lower than at other immigration removal centres (6% versus 26%). Regime restrictions severely constrained the opportunity to develop the critical mass of learners necessary for sessions to function successfully. Attendance records indicated that most sessions had been running with only two or three learners but during the inspection most classes and activity rooms had none (see main recommendation S40).
- 3.10** The quality of teaching and learning in too many sessions was inadequate. When learners attended sessions, they were subject to mundane, slow and repetitive teaching that failed to stimulate them to learn more. Tutors had no access to information learning technologies to provide a range of learning methods, and repeatedly relied on poor-quality handouts. Initial assessments conducted in ESOL classes were inappropriate for determining the needs and skill levels of potential learners.
- 3.11** The few detainees who attended ICT classes received useful support and coaching that helped them to progress appropriately through the units of the newly introduced commercial training package. The art room provided a therapeutic environment in which detainees could experiment with a range of materials and develop resources and information for festivals and centre-wide sporting events. Although this room was full of finished work, there were no displays of learners' work around the centre. The open-access internet suite in the education department was used often but only by a small number of detainees.

Recommendation

- 3.12 Quality assurance and improvement arrangements should be developed by routinely observing all activities, and by analysing data effectively to influence change and promote improvement.**

Paid work

- 3.13** Insufficient paid work was available for detainees who wanted it, with only around 110, mostly part-time, posts available, catering for 17% of the population, which was less than at the time of the previous inspection. Slow decision making by the Home Office about which detainees should not work while in detention resulted in long waiting lists for work; the Home Office decision sometimes took more than a fortnight, and about 15% of applications were refused.
- 3.14** Most work contributed to the running of the centre, with jobs in the kitchens, cleaning, painting and as ‘buddies’, to support other detainees. There was no formal skills training for key roles such as cleaners and painters.
- 3.15** Recruitment processes for work relied on individuals identifying themselves to custody officers, who would check to see if the detainee had been cleared, and then appoint them to a post. Posts were not openly advertised, and detainees told us that posts were awarded to favourites.

Recommendations

- 3.16 More paid work opportunities should be created for detainees who want to engage in purposeful activity.**
- 3.17 Access to work should be through a fair recruitment process, and detainees should not be prevented from working by the Home Office.**

Library

- 3.18** Detainees could visit the library for three hours per day, and was well used. It had a suitable range of books, covering all the major language groups, with new stock recently added but the loss rate of books and other materials remained high in spite of an improved monitoring system. Daily newspapers, periodicals and an adequate selection of ‘easy-reads’ was available, although the latter were not displayed prominently. A wide range of DVDs was available for loan.
- 3.19** There was an appropriate area for detainees to sit and read but there was no private study area. Internet facilities enabled them to carry out legal research, and a photocopier was available to copy legal documents. Literature on immigration law was limited (see also paragraph 1.60 and recommendation 1.64).
- 3.20** There was an appropriate system to record library loans. However, the lack of permanent qualified library staff meant that too often untrained staff were arbitrarily allocated to library duties. Such staff members had no understanding of the loan logging system to prevent book loss.

Recommendation

- 3.21 The library should be managed by suitably trained staff.**

Sport and physical activity

- 3.22** Detainees had reasonable and equitable daily access to the gym, within the confines of the strict operational regime. Suitably qualified instructors staffed the gym. Health services staff conducted an initial health assessment of all detainees during induction but the results of this were not systematically passed to gym staff, even for detainees deemed unfit to participate in sport and games. A number of sports activities were arranged each month, including football matches, a tug-of-war and weightlifting competitions. However, during the inspection only a limited range of sporting events and competitions were taking place because the refurbished sports hall was not yet in full use.
- 3.23** The fitness area was small and unkempt, with little cardiovascular equipment and an excessive focus on weight training. There was no information for detainees on healthy eating or to provide structured workouts for them to complete.
- 3.24** Detainees were able to shower on their accommodation units following games and activities. A limited range of sports clothing and footwear was available to them but most chose to wear their own clothing and footwear. No activities were promoted for those who did not use the gym.

Recommendations

- 3.25 A balanced range of sports and fitness activities should be available, with appropriate information and support.**
- 3.26 Health services staff should communicate information about detainees' fitness to participate in activities promptly to gym staff.**

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

Detainees are supported by welfare services during their time in detention and prepared for release, transfer or removal before leaving detention.

4.1 *Access to the welfare team had improved and was good. Co-location with immigration surgeries facilitated improved communication between welfare and immigration staff. Detainees were seen before departure but not always on arrival. Hibiscus Initiatives and other non-governmental organisations gave valuable support to detainees.*

4.2 The welfare team had moved to a large new ground-floor shared service room, which was open from 9am to 8.45pm each weekday, and from 9am to 5pm at weekends. This had made the service far more accessible, and up to 2,000 interviews a month took place. At least two welfare staff were on duty each day, and their work was appreciated, although they had not received specific training for the role. Co-location with immigration surgeries facilitated improved communication between welfare and immigration staff. The bustle of the large open area gave a positive feel to the area, and there was also a private room available if a confidential conversation was needed.

4.3 There was not a system for welfare staff to see every new arrival but they saw all detainees before removal or release, except when releases took place at too short notice for this to happen.

4.4 Hibiscus Initiatives attended four or five days a week, and gave a range of practical assistance. This included recovering property and helping to link those being removed to agencies in their home country, to aid their resettlement. They also helped to link detainees to family members, sometimes referring to the Red Cross for tracing family members who had lost touch. They organised a monthly workshop for particular language groups, and Chinese and Bangladeshi groups had been held recently.

4.5 Monthly visits from both Detention Action, which also supplied visitors for those needing support, and Bail for Immigration Detainees gave valuable support to detainees, as did weekly surgeries by the Jesuit Refugee Service. Information packs on the nine countries to which most detainees were removed had been produced by Hibiscus Initiatives, but in English only, and there was also a booklet in Mandarin about return to China.

Recommendation

4.6 **Welfare staff should be trained for the role, and should see every newly arrived detainee.**

Good practice

- 4.7** *Welfare and related services were co-located in a large, accessible space which detainees could visit at any time when they had access to the activities area.*

Visits

Expected outcomes:

Detainees can easily maintain contact with the outside world. Visits take place in a clean, respectful and safe environment.

- 4.8** *The visitors centre had improved and was now a decent facility. Visiting times were generous and facilities mostly good, although refreshments were limited. Detention Action provided good support through visits for many detainees.*

- 4.9** In our survey, more detainees than at comparator establishments and than at the time of the previous inspection said that they had had a visit from friends or family since being at the centre (50% versus 41% and 39%, respectively).
- 4.10** The visitors centre was a much improved facility. There was comfortable seating in a clean environment, with an play area for children, lockers for personal property and vending machines for refreshments. A ticketing system had been introduced so that at busy times visitors did not have to wait in a long queue to be booked in.
- 4.11** There were visits every day, lasting from 2pm until 8.30pm, and booking was not required. We saw visitors being treated respectfully and moving through to the visits hall quickly. The only delays occurred when detainees who were not expecting a visit could not be located, although staff used both telephone calls and texts to call them over to a visit.
- 4.12** The visits hall was large and arranged informally, although the seating was grubby. The play area was not supervised but it was well equipped and detainees could play with their children there. The vending machines provided a limited selection of snacks, and some visitors told us that they were sometimes broken or inadequately stocked. There were some helpful information notices around the visits hall, including information in seven languages about how to report concerns about detainees.
- 4.13** Detention Action was in touch with approximately 125 detainees at the centre, and their volunteers visited up to 30 a month to provide social contact, advice and support. Their services were well advertised around the centre and they received referrals from residential and welfare staff. They told us that more could have been done by welfare and health services staff to promote their services but they had been included in useful stakeholder meetings by the centre management.

Recommendation

- 4.14** **A range of refreshments, including healthy options, should always be available to visitors.** (Repeated recommendation 4.16)

Housekeeping points

- 4.15 Seating in the visits hall should be clean.
- 4.16 Health services and welfare teams should promote the services of Detention Action with detainees.

Communications

Expected outcomes:

Detainees can regularly maintain contact with the outside world using a full range of communications media.

4.17 *Telephone arrangements were good and mail facilities were adequate. Detainees had good access to emails but not to social networking sites or Skype. There was insufficient access to fax communication.*

- 4.18 Detainees had access to their own mobile telephone or one was provided by the centre. In our survey, more detainees than at comparator establishments and than at the time of the previous inspection said that it was easy to use the telephone. There were telephone cards available in the centre shop which provided cheap calls overseas.
- 4.19 Mail facilities were adequate, with post boxes on each unit and a collection and delivery each weekday. In our survey, more detainees than at comparator establishments and than at the time of the previous inspection said that they had had problems with sending or receiving mail; these issues seemed to concern delays in the receipt of recorded letters and parcels.
- 4.20 Detainees had regular access to an internet suite, where they could access their email accounts and websites (see also paragraph 3.4 and housekeeping point 3.8), although some useful sites, such as those relating to immigration appeals, were blocked. We were told that they could apply for the block to be lifted but those we spoke to did not know that this facility was available. They could not access social networking sites or Skype, which was a disproportionate restriction and would have enhanced their contact with friends and family.
- 4.21 Many detainees complained about their access to fax facilities, which were often central to their communication with legal advisers. Small fax machines in wing offices were often out of order, and could only be used when an officer was available. Managers recognised that current provision was inadequate and told us that they were working on securing fax machines which could cope with the volume of documents being faxed, and on establishing an efficient system.

Recommendations

- 4.22 **Detainees should have access to social networking and Skype, subject to individual risk assessment.** (Repeated recommendation 4.25)
- 4.23 **There should be adequate, reliable facilities for detainees to send and receive faxed communications.**

Removal and release

Expected outcomes:

Detainees leaving detention are prepared for their release, transfer, or removal.

Detainees are treated sensitively and humanely and are able to retain or recover their property.

4.24 *Preparations for removal, especially when there was evidence of raised risk or vulnerability, were thorough. Staff laid much emphasis on using persuasion rather than coercion.*

4.25 Almost the same number of detainees had been released (1,054) as had been removed (1,073) during the previous six months. In the previous three months, a still higher proportion had been released.

4.26 Individual strategy meetings were held when removal directions were given to vulnerable or high-risk detainees. These were attended by immigration staff, operational managers and, when appropriate, health services staff. Welfare staff visited all those brought to the centre in preparation for boarding a charter flight, on the day before departure. We observed the handover to escort staff of a detainee who had resisted removal on several occasions; the process was careful, low key and courteous, and this was the case for all staff dealings with those facing imminent removal or release.

4.27 There was no information available about other immigration removal centres to which detainees were transferred, except Morton Hall. Bags and some cold-weather clothing were available for the centre staff to issue on discharge. Detainees were able to keep mobile telephones to ring solicitors and family, until handed over to the custody of the escort contractor.

4.28 Preparations for removal were careful; detainees had full access to the regime on the day of departure. The handover by centre health services staff to escort medical staff was adequate. For each charter flight, a number of 'reserves' were identified – that is, detainees who were not on the flight list but were taken to the airport in case a vacant seat arose, usually because of a last-minute court judgement preventing the removal of the booked detainee. This practice could cause distress and worry for detainees who did not know if they were being finally separated from families and friends in the UK or about to be reunited with families abroad. Detainees were told if they were a reserve. Light-touch restraint was no longer used on compliant detainees by escort staff in secure areas.

Recommendation

4.29 **The practice of taking reserve detainees for overseas escort charter flights should cease.** (Repeated recommendation 4.36)

Housekeeping point

4.30 Information should be available to detainees about immigration removal centres to which they are to be transferred.

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the centre manager

- 5.1** Staff should interview all detainees on arrival, in confidence and with professional interpreting where necessary, to identify needs and risks. They should be located in a dedicated first night centre, used solely for this purpose, where they can receive systematic support including access to buddies and appropriate levels of supervision. (S38)
- 5.2** Immediate action should be taken raise standards of repair, cleanliness and hygiene to an acceptable standard and maintain them at this level across the centre. All bedrooms, showers and toilets should be well ventilated. Bedrooms should be properly furnished and not be used for more people than they were designed to hold. The Home Office should commission a review of the contract performance to identify responsibility for the deterioration and how these contract management failures can be avoided in future. (S39)
- 5.3** Detainees should be able to move around the centre for at least 12 hours a day and have access to a wide range of appropriate activities and education. They should not routinely be locked behind their doors on the newer units. (S40)

Recommendations

To the Home Office

Safeguarding children

- 5.4** All detainees who say they are children should undergo a Merton-compliant age assessment by social services. (I.37)

Legal rights

- 5.5** Detainees should have timely access to high-quality legal advice and representation through the Legal Aid Agency-funded advice surgeries. (I.62)

Casework

- 5.6** There should be a time limit on the length of detention. (I.71)
- 5.7** Casework decisions should be made quickly and with due care. (I.72)
- 5.8** There should be sufficient on-site immigration staff to induct detainees and respond to their queries within 24 hours. (I.73)

Activities

- 5.9** Access to work should be through a fair recruitment process, and detainees should not be prevented from working by the Home Office. (3.17)

Recommendations

To the Home Office and escort contractor

Escort vehicles and transfers

- 5.10** Detainees should not be transferred between centres overnight unless there are urgent operational reasons. (1.5)

Recommendations

To the escort contractor and centre manager

The use of force and single separation

- 5.11** Mechanical restraints should be applied only when necessary, and in a safe and approved manner. (1.54)

Recommendations

To the Home Office and centre manager

Self-harm and suicide prevention

- 5.12** The frequency of monitoring of detainees refusing food and fluid should be determined solely by their care needs. (Repeated recommendation 1.35) (1.25)
- 5.13** Assessment, care in detention and teamwork (ACDT) case management documentation should be completed to a high standard and case reviews should be multidisciplinary. (1.26)

The use of force and single separation

- 5.14** Separation should be authorised only following a full examination of the facts of the case by the authorising Home Office manager, and on the basis of clearly documented risks. Detainees should not be separated as a punishment or for any longer than absolutely necessary for safety or security. (1.55)

Legal rights

- 5.15** Detainees should not have to wait for excessive periods for their legal and immigration interviews to begin. There should be sufficient seating and activities for detainees in the waiting rooms. (1.63)

Casework

- 5.16** Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. When a doctor declares a detainee unfit for detention, the detainee should be released unless there are very exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor. (1.74)

Recommendations

To the centre manager and health care

- 5.17** Health services staff should communicate information about detainees' fitness to participate in activities promptly to gym staff. (3.26)

Recommendations

To the centre manager

Early days in detention

- 5.18** All detainees should receive a thorough induction programme. (1.12)

Bullying and violence reduction

- 5.19** A safety survey should be conducted, the results of which should be analysed and the findings used to inform policy and practice. (1.18, repeated recommendation 1.24)
- 5.20** The governance of safer detention should include regular quality checks on anti-bullying booklets, multidisciplinary attendance at the monthly meetings, and analysis of data to identify emerging patterns and trends in both violence and suicide and self harm. (1.19)

Safeguarding (protection of adults at risk)

- 5.21** Formal links should be established with the local safeguarding adults board, and the safeguarding policy should contain clear protocols about at-risk detainees that are understood by all staff. (1.31)

Safeguarding children

- 5.22** All staff should have up-to-date safeguarding children training. (1.36)
- 5.23** All detainees who say they are children, while waiting for a Merton-compliant age assessment, should be held in decent conditions where staff are able to provide sufficient support and supervision. (1.38)

Security

- 5.24** The living environment for all detainees should be more open and security restrictions should be proportionate to the risks presented. (1.45)
- 5.25** Security information should be analysed thoroughly, and inform strategic direction through security meetings attended by representatives from a broad range of departments. (1.46)
- 5.26** There should be a coordinated centre-wide approach to substance supply and reduction, including detailed and regularly monitored action plans. (1.47)

Legal rights

- 5.27** The library should stock sufficient and up-to-date legal textbooks. (1.64)

Residential units

- 5.28** All detainees should have adequate clothing and footwear. (2.7)

Staff–detainee relationships

- 5.29** Staff should have sufficient time to interact regularly with individual detainees and receive training on equality and the specific backgrounds, experiences and needs of a detainee population. (2.14)

Equality and diversity

- 5.30** Equality monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics, and the findings used to help assess progress on the equality action plan. (2.20)
- 5.31** Detainees with disabilities should be quickly identified and have their needs assessed and met in a coordinated way. They should have care plans and personal evacuation plans as needed, and support with daily tasks should be provided by detainee carers (2.25)
- 5.32** A wide range of relevant information in an appropriate number of languages should be provided, and professional translation and interpreting should be used whenever required, especially when confidentiality and accuracy are essential. (2.26, repeated recommendation 2.35)
- 5.33** The specific needs of older and young adult detainees should be identified and addressed. (2.27, repeated recommendation 2.36)

Complaints

- 5.34** Managers should investigate and address the reasons for the reduced and very low confidence in the complaints system. Complaint forms should be freely available and responses should address all the issues raised and be written in the same language as the complaint itself. (2.37)

Health services

- 5.35** There should be enough permanent health services staff to ensure continuity and consistency of care. (2.50)
- 5.36** The provision and location of automated external defibrillators should reflect the configuration of the centre and the population. All health services staff and sufficient detention custody officers should be trained in basic life support, including CPR (cardio pulmonary resuscitation) and the use of automated defibrillators. (2.51)
- 5.37** The health care environment should fully comply with primary care infection control regulations (2.52, repeated recommendation 2.65)
- 5.38** Nurses should have training in triage, use agreed triage algorithms and be trained to administer medication against agreed patient group directions. (2.53)
- 5.39** The application system should ensure that all detainees who request a health care appointment are given one reasonably quickly, and are able to see the optician and physiotherapist within an appropriate timeframe. (2.60)

- 5.40** Care plans should be used consistently for detainees with more complex needs, to ensure that care reflects needs. (2.61)
- 5.41** The enhanced care unit should provide a suitable therapeutic clinical environment, and should meet the needs of all detainees held there. Patient confidentiality should be assured and the details of detainees should not be visible. (2.62)
- 5.42** The pharmacist should provide systematic medicine use reviews and regular pharmacy clinics. (2.71)
- 5.43** There should be timely availability of medicines, including administration of night-time medicines and prescribing of repeat medicines; all missed doses should be followed up and records should accurately reflect missed or omitted doses. (2.72)
- 5.44** Nurses should have a clear view of each detainee collecting his medication and should remain suitably vigilant while administering this, especially while administering controlled drugs. (2.73)
- 5.45** Preventative malarial medicine should be available for detainees being deported to areas of malarial risk. (2.74)
- 5.46** Governance and systems within the pharmacy room should ensure: appropriate completion and organisation of prescription/administration charts; correct labelling and storage of medicines in accordance with legal and professional requirements; secure and safe storage of oxygen equipment; securely fixed controlled drugs cupboards; the use of standard equipment for measuring medicines; and the maintenance of safe ambient temperatures to protect medicine integrity. (2.75)
- 5.47** Talking therapies and therapeutic activities should be provided to support detainees with anxiety and depression, and all detention custody staff should receive mental health awareness training. (2.86)

Substance misuse

- 5.48** Psychosocial interventions should be provided to support harm reduction and relapse prevention. (2.92)

Activities

- 5.49** Strong links should be developed between induction, education and activities, to provide initial skills assessments that will give detainees a plan to structure their time at the centre. (3.7)
- 5.50** Quality assurance and improvement arrangements should be developed by routinely observing all activities, and by analysing data effectively to influence change and promote improvement. (3.12)
- 5.51** More paid work opportunities should be created for detainees who want to engage in purposeful activity. (3.16)
- 5.52** The library should be managed by suitably trained staff. (3.21)
- 5.53** A balanced range of sports and fitness activities should be available, with appropriate information and support. (3.25)

Welfare

- 5.54** Welfare staff should be trained for the role, and should see every newly arrived detainee. (4.6)

Visits

- 5.55** A range of refreshments, including healthy options, should always be available to visitors. (4.14, repeated recommendation 4.16)

Communications

- 5.56** Detainees should have access to social networking and Skype, subject to individual risk assessment. (4.22, repeated recommendation 4.25)
- 5.57** There should be adequate, reliable facilities for detainees to send and receive faxed communications. (4.23)

Removal and release

- 5.58** The practice of taking reserve detainees for overseas escort charter flights should cease. (4.29, repeated recommendation 4.36)

Housekeeping point

To the Home Office

Casework

- 5.59** The immigration contact management team should monitor overdue monthly progress reports and bail summaries, and provide detainees with a bail application form during induction interviews. (1.75)

Housekeeping points

To the centre manager

Residential units

- 5.60** All detainees should be made aware of the consultation meetings and encouraged to participate in the consultation process. (2.8)

Faith and religious activity

- 5.61** Separated detainees should be permitted to attend corporate worship, subject to a risk assessment. (2.33)

Activities

- 5.62** The centre should introduce appropriate training and reinforcement for detainees using the internet, to ensure that they understand how to protect passwords and stay safe.(3.8)

Visits

- 5.63** Seating in the visits hall should be clean. (4.15)
- 5.64** Health services and welfare teams should promote the services of Detention Action with detainees. (4.16)

Removal and release

- 5.65** Information should be available to detainees about immigration removal centres to which they are to be transferred. (4.30)

Examples of good practice

Residential units

- 5.66** A colourful monthly magazine was produced locally, giving news and information about the centre to detainees. (2.9)

Health services

- 5.67** The provision of a specialist service for detainees with experience of trauma or torture supported their needs in a realistic way that recognised the real risk of removal at any time during the therapy. (2.87)

Welfare

- 5.68** Welfare and related services were co-located in a large, accessible space which detainees could visit at any time when they had access to the activities area. (4.7)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick
Hindpal Singh Bhui
Colin Carroll
Fionnuala Gordon
Martin Kettle
Gordon Riach
Andrew Rooke

Chief Inspector
Team leader
Inspector
Inspector
Inspector
Inspector
Inspector

Nicola Rabjohns
Nicola Carlisle
Karena Reed
Martin Hughes

Health services inspector
Pharmacist
Care Quality Commission inspector
Ofsted inspector

Joseph Simmonds
Tim McSweeney
Catherine Shaw

Researcher
Researcher
Researcher

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy establishment. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Detainees are held in safety and with due regard to the insecurity of their position.

At the last inspection, in 2013, there had been several cases of unnecessary and inhumane handcuffing during hospital escorts. The reception area was not fit for purpose and detainees waited for excessive periods before moving to the units. Violence reduction work was reasonably effective. Those at risk of self-harm were generally well cared for but assessment, care in detention and teamwork (ACDT) case management documentation was poor. Security was generally well managed but restrictions on movement appeared largely unjustified. The level of use of force was not high and governance was good. Detainees spent too long in separation without evidence of continuing risk. There were more legal surgeries, but legal visits arrangements were inadequate. The on-site immigration team was overstretched. Rule 35 procedures were not sufficiently robust⁵. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

Detainees should not be routinely handcuffed during escorts or during hospital appointments. Restraints should be applied only if a risk assessment indicates a specific risk of escape or to the safety of the public or staff. (S41)

Partially achieved

Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. Case owner replies should be timely and address all relevant factors. (S42)

Partially achieved

Recommendations

Vans arriving with detainees should be admitted to the centre without delay. (I.4)

Achieved

Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying. (I.5)

Achieved

⁵ Detention Centre Rule 35 requires notification to the Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

Detainees should be given adequate notice of any transfer, and should not be transferred between centres overnight. (1.6)

Not achieved

The reception area should be adequately staffed and large enough to manage the throughput of detainees efficiently, with minimal delay. (1.11)

Partially achieved

Detainees should not be accepted into the centre without an authority to detain (IS91) document. (1.12)

Achieved

Reception interviews should be private and include a thorough risk assessment which takes account of all documentation arriving with detainees, including prison records. (1.13)

Not achieved

Buddies should meet and reassure all new arrivals in reception. (1.14)

Not achieved

Induction should be delivered in a dedicated room with no external distraction and should include a tour of the facilities available off the unit. (1.15)

Achieved

A safety survey should be conducted, the results of which should be analysed and the findings used to inform policy and practice. (1.24)

Not achieved (recommendation repeated, 1.18)

Assessment, care in detention and teamwork (ACDT) case management documentation should be completed to a high standard and case reviews should be multidisciplinary. When Home Office Immigration Enforcement staff do not attend reviews, an immigration update should be obtained and recorded. (1.34)

Partially achieved

The frequency of monitoring of detainees refusing food and fluid should be determined solely by their care needs. (1.35)

Not achieved (recommendation repeated as a housekeeping point, 1.26)

There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support. (1.36)

Partially achieved

All staff should receive regular training on the prevention of suicide and self-harm. (1.37)

Not achieved

A centre-wide safeguarding adults policy should be published, detailing how at-risk adults will be protected. (1.42)

Partially achieved

Formal arrangements for safeguarding adults should be developed in partnership with the local authority. (1.43)

Partially achieved

Home Office staff should treat all age dispute cases with urgency, and liaise with local social services to ensure that all detainees whose age is in dispute are assessed at the earliest opportunity. (1.48)

Not achieved

The child protection and age dispute policies should be regularly reviewed in consultation with the local safeguarding children board. (I.49)

Partially achieved

The need for a risk-based division into restricted, part-restricted and unrestricted areas should be reviewed, with a view to creating a more open regime and increasing participation in activities. (I.55)

Partially achieved

Detainees should be separated only on the basis of risk of harm, and only for as long as that risk continues. In particular, temporary confinement should be used only while the detainee is violent or refractory. (I.66)

Achieved

Care plans should specify practical support which staff can provide to the detainee, especially when his needs are complex. (I.67)

Not achieved

Separation should only be authorised following a full examination of the facts of the case by the authorising Home Office manager. (I.68)

Not achieved

Detainees should have timely access to high-quality legal advice and representation, and the centre should seek peer review of the advice surgery providers, in consultation with the Legal Advice Agency. (I.74)

Not achieved

The legal visits holding room should be kept in a good state of repair, and detainees should not be unnecessarily locked into them. (I.75)

Achieved

There should be sufficient on-site immigration staff to induct and respond to detainees' queries within 24 hours. Non-fast-track induction interviews should inform detainees of voluntary return and re-entry bans and they should be given this information in writing, along with a bail application form. (I.87)

Partially achieved

All casework should be progressed promptly. The Home Office should take proactive action when detainees cannot be removed because of their failure to comply with re-documentation, either prosecuting them or releasing them if there is no realistic prospect of removal within a reasonable timeframe. (I.88)

Not achieved

Detention reviews and bail summaries should demonstrate a balanced consideration of factors for and against detention and contain all relevant material facts. (I.89)

Not achieved

Monthly review letters to detainees should be timely, consider all factors relevant to continuing detention and state the reasons for any lack of progress since the last letter. (I.90)

Not achieved

For non-fast-track detainees, bail summaries should be sent via the on-site immigration team and there should be a system to monitor their receipt and timeliness. (I.91)

Not achieved

When a doctor declares a detainee unfit for detention, the detainee should be released unless there are very exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor. (1.92)

Not achieved

Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

At the last inspection, in 2013, standards of repair and cleanliness were variable across the establishment. Some accommodation was overcrowded. Staff–detainee relationships were reasonable overall, but staff did not have enough time to engage with detainees. The strategic management of diversity was weak and, with some notable exceptions, work with diverse groups was poor. Faith provision was very good. Complaints did not always address substantive issues. Despite some improvement, there were still areas of substantial risk in health care provision. Food and shop provision was adequate, but plans for a cultural kitchen had not been implemented. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

Strategic planning for diversity should consider the specific needs of the population at Harmondsworth, set objectives and clearly set out how these will be achieved. Monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics. (S43)

Partially achieved

Health care services, staffing levels, skill mix and training should meet the care needs of detainees, informed by the health needs assessment. (S44)

Partially achieved

Recommendations

Managers should ensure that all rooms accessible to detainees are suitably furnished and well maintained, and that staff regularly visit all areas and engage with detainees. (2.8)

Not achieved

All showers and toilets should be well ventilated, clean and in a good state of repair. (2.9)

Not achieved

Rooms designed for two detainees should not be used to accommodate three. (2.10)

Not achieved

All detainees with mobility problems should have access to adapted showers. (2.11)

Not achieved

Staff should have sufficient time to interact regularly with individual detainees, and positive engagement should be a priority. (2.15)

Not achieved

Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.16)

Partially achieved

All staff should undertake high-quality diversity training which encompasses all protected characteristics. (2.24)

Not achieved

Weekly group meetings should be held, with the help of interpreters where necessary, to enhance communication with different groups of detainees, especially those who speak little English. The meetings should identify unmet needs, inform detainees of relevant issues and keep staff abreast of detainee concerns, and follow up issues as necessary. (2.25)

Achieved

Detainees with disabilities should be identified at the earliest stage, have their needs assessed and care plans and personal evacuation plans drawn up where appropriate. Staff and the detainees concerned should be aware of these. (2.33)

Not achieved

There should be a mentoring/carers scheme for detainees who require additional support with daily tasks. (2.34)

Not achieved

A wide range of relevant information in an appropriate number of languages should be provided, and professional translation and interpreting should be used whenever required, especially when confidentiality and accuracy are essential. (2.35)

Partially achieved (recommendation repeated, 2.26)

The specific needs of older and young adult detainees should be identified and addressed. (2.36)

Not achieved (recommendation repeated, 2.27)

Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up action should be recorded. (2.47)

Achieved

Responses to complaints should be written in the same language as the complaint itself, address all the issues raised, and be upheld where appropriate. (2.48)

Not achieved

The transfer of commissioning to the NHS and procurement of an appropriate health provider should be expedited to ensure safe, prompt and appropriate health services for detainees. (2.60)

Achieved

An effective electronic clinical record system should be introduced. (2.61)

Achieved

All health services staff should be trained in recognising and dealing with torture and its consequences. (2.62)

Partially achieved

Detainees with little or no use of English should be offered the use of professional interpreting services for all health care consultations, and a professional service should always be used when accuracy or confidentiality is essential. Detainee interpreters should only be used to support rather than replace professional interpretation in such situations. (2.63)

Not achieved

A comprehensive communicable disease policy should be agreed with local Public Health England. (2.64)

Achieved

The health care environment should fully comply with primary care infection control regulations. (2.65)

Partially achieved (recommendation repeated, 2.52)

There should be active and systematic health promotion, including smoking cessation, throughout the centre. (2.66)

Partially achieved

Detainees should have access to age-appropriate screening, immunisation and vaccination programmes. (2.67)

Achieved

Appropriate life-saving equipment should be located throughout the centre, and subject to daily recorded checks, to ensure that detainees receive prompt effective emergency care. (2.68)

Partially achieved

A senior nurse should have responsibility for the overall care of older detainees and ensure that all health services staff are trained to recognise the signs of mental health problems and to identify the social care needs of older detainees. (2.69)

Achieved

Nurses should have training in triage, use agreed triage algorithms and be trained to administer medication against agreed patient group directions to ensure that detainees receive prompt, appropriate and consistent treatment. (2.83)

Partially achieved (recommendation repeated, 2.53)

Clinical record keeping should consistently comply with Nursing and Midwifery Council and General Medical Council standards, and all records should be stored securely in accordance with Caldicott guidelines on the use and confidentiality of personal health information. (2.84)

Partially achieved

Chronic disease management should be systematic and enable appropriate follow-up, with active care planning for detainees with multiple conditions. (2.85)

Partially achieved

The inpatient unit should provide a suitable therapeutic environment for physically or mentally ill detainees. (2.86)

Not achieved

There should be robust processes for identifying and keeping detainees at the centre if it is necessary to meet their treatment needs. (2.87)

Achieved

Discharge planning should start as early as possible to ensure that detainees receive appropriate immunisation or prophylactic medication, planned continuity of care and sufficient medication before they are released, transferred or deported. (2.88)

Achieved

There should be regular pharmacist attendance to ensure appropriate clinical governance, and provide medicine use reviews and support clinics. (2.96)

Not achieved

All detainees should receive prescribed medications in a timely manner and should not receive more than the total amount of a prescribed medicine. (2.97)

Partially achieved

The prescriber should make an entry in the clinical record when medication is prescribed. (2.98)
Achieved

There should be complete records of administration of medicines, and detainees who fail to collect or do not comply with dosing regimes should be monitored and reviewed. (2.99)
Not achieved

The dental surgery should comply with decontamination standards as outlined in dental guidance HTMI-05 (2.108)
Achieved

All custodial staff should receive mental health awareness training to enable them to recognise mental health problems and work effectively with health services staff. (2.113)
Not achieved

Detainees should have access to a full range of timely support for mental health problems, including clinical psychology, group therapies and counselling for non-English speakers. (2.114)
Achieved

Patients assessed as requiring secure mental health beds in the community should be transferred promptly. (2.115)
Partially achieved

Detainees should receive clinical substance misuse services from appropriately trained and skilled staff within an evidence-based policy that ensures that detainees receive comprehensive assessments, safe prescribing, effective monitoring and care planning, regular multidisciplinary review which includes the detainee, and discharge planning which considers the treatment available in the country of origin. (2.120)
Achieved

The centre should establish a comprehensive drug and alcohol strategy under the oversight of a committee chaired by a senior manager, with representatives from all relevant departments. (2.121)
Not achieved

A cultural kitchen and culturally themed days, with detainees preparing food from their country of origin, should be introduced. (2.127)
Achieved

Detainees employed in the kitchen should be allowed to cook and gain industry standard qualifications (2.128)
Not achieved

A catalogue system should be introduced so that detainees can purchase approved items not stocked in the shop. (2.129)
Achieved

Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

At the last inspection, in 2013, the range of recreational activity had improved. More detainees than at the time of the previous inspection said that they could fill their time while at the centre. Education provision was underused and affected by the restricted unit activity periods. There was an improved range of work for the population. PE and library provision were reasonable. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Detainees should not be locked into rooms. (3.6)

Not achieved

Attendance and participation should be better recorded and analysed and the data used to establish targets for improvement. (3.7)

Not achieved

All detainees should be assessed for literacy, numeracy and language support needs during induction, and the information used to structure learning to meet individual needs. (3.13)

Not achieved

Quality assurance and improvement arrangements should be further developed in education and activities (3.14)

Not achieved

Detainees' cooperation or failure to cooperate with the Home Office should not affect their ability to work. (3.17)

Not achieved

Health services and sports and physical activity staff should ensure that information about detainees' fitness to participate in sports and physical activity is shared before they undertake such activities. (3.21)

Not achieved

Resettlement

Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release transfer or removal. Detainees are able to retain or recover their property.

At the last inspection, in 2013, welfare work was effective and reached most detainees. Visiting hours were good but the visitors centre was unwelcoming and the facilities in the visits hall were inadequate. There was generally good access to various means of communication. There were weaknesses in the management of overseas removals. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Information packs on destination countries should be developed, and given to detainees being removed. (4.6)

Partially achieved

The visitors centre should be kept clean, free from graffiti, and provide play facilities for children. Lockers should be kept in a good state of repair. (4.15)

Achieved

A range of refreshments, including healthy options, should always be available to visitors. (4.16)

Partially achieved (recommendation repeated, 4.14)

Information for visitors should be available in different languages. (4.17)

Not achieved

Rules applied in the visits hall should be proportionate to risk. (4.18)

Achieved

The Home Office should proactively ensure that visitors are made aware that their information may be used to work on cases, and secure their consent to do so. (4.19)

Achieved

Detainees should have access to social networking and Skype, subject to individual risk assessment. (4.25)

Not achieved (recommendation repeated, 4.22)

Reasons for the delay in detainees receiving mail and faxes should be investigated and resolved. (4.26)

Not achieved

The handover by centre health services staff to escort medics should be accurate, highlight any additional needs that detainees may have, and incorporate all pertinent issues. (4.34)

Achieved

Light-touch restraint should not be used on compliant detainees by escorts in secure areas. (4.35)

Achieved

The practice of taking reserve detainees for overseas escort charter flights should cease. (4.36)

Not achieved (recommendation repeated, 4.29)

Removals should be delayed to facilitate a police investigation in any instances where allegations of assault against a detainee are made during a removal attempt. (4.37)

Not achieved

Appendix III: Detainee population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year				
1 to 6 years				
7 to 11 years				
12 to 16 years				
16 to 17 years				
18 years to 21 years	41			7
22 years to 29 years	229			38
30 years to 39 years	214			34
40 years to 49 years	86			16
50 years to 59 years	27			5
60 years to 69 years	6			1
70 or over	0			0
Total				100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
AFG Afghanistan	18			2.97
AGO Angola	2			0.33
ALB Albania	56			9.25
ATG Antigua and Barbuda	0			
AUS Australia	1			0.16
BDI Burundi	1			0.16
BEN Benin	1			0.16
BGD Bangladesh	62			10.24
BGR Bulgaria	1			0.16
BLR Belarus	0			
BRA Brazil	1			0.16
BWA Botswana	1			0.16
CHL Chile	0			
CHN China	14			2.31
CHN China, Peoples Republic of	2			0.33
CIV Cote D'Ivoire	1			0.16
COD Congo, Democratic Republic of	1			0.16
CUB Cuba	1			0.16
CZE Czech Republic	1			0.16
DEU Germany	1			0.16
DMA Dominica	1			0.16
DZA Algeria	12			1.98
ECU Ecuador	0			
EGY Egypt	0			
ERI Eritrea	2			0.33
ETH Ethiopia	1			0.16
GEO Georgia	1			0.16

GHA Ghana	15			2.47
GIN Guinea	1			0.16
GMB Gambia	1			0.16
GNB Guinea-Bissau	1			0.16
GRC Greece	1			0.16
HUN Hungary	2			0.33
IND India	120			19.83
IRN Iran, Islamic Republic of	4			0.66
IRQ Iraq	2			0.33
ISR Israel	1			0.16
ITA Italy	1			0.16
JAM Jamaica	16			2.64
KEN Kenya	4			0.66
LAO Lao	1			0.16
LBY Libya	2			0.33
LKA Sri Lanka	14			2.31
LTU Lithuania	9			1.48
LVA Latvia	5			0.82
MAR Morocco	6			0.99
MEX Mexico	0			
MLI Mali	1			0.16
MNG Mongolia	0			
MUS Mauritius	2			0.33
MYS Malaysia	2			0.33
NER Niger	0			
NGA Nigeria	31			5.12
NPL Nepal	1			0.16
PAK Pakistan	103			17.02
PAN Panama	1			0.16
PHL Philippines	1			0.16
POL Poland	14			2.31
PRT Portugal	6			0.99
PSE Palestine	2			0.33
ROM Romania	4			0.66
RUS Russia	1			0.16
SDN Sudan	1			0.16
SLE Sierra Leone	3			0.49
SOM Somalia	8			1.32
SSD South Sudan	0			
SVK Slovakia	1			0.16
SYR Syrian Arab Republic	0			
THA Thailand	1			0.16
TUN Tunisia	2			0.33
TUR Turkey	2			0.33
TZA Tanzania	1			0.16
UGA Uganda	1			0.16
UKR Ukraine	12			1.98
USA United States of America	1			0.16
UZB Uzbekistan	1			0.16
VCT Saint Vincent and the Grenadines	1			0.16
VNM Vietnam	7			1.15
XXK Kosovo	2			0.33

XXX Nationality doubtful	1			0.16
ZAF South Africa	2			0.33
Total	605			100

(iii) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	10			1.65
Roman Catholic	38			6.28
Orthodox	3			0.49
Other Christian religion	112			18.51
Hindu	30			4.96
Muslim	286			47.27
Sikh	77			12.73
Agnostic/atheist	3			0.49
Unknown	42			6.94
Rastafarian	2			0.33
Jewish	1			0.16
Other (please state what)	1			0.16
Total	605			100

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	82			13.55
1 to 2 weeks	64			10.58
2 to 4 weeks	115			19.01
1 to 2 months	172			28.43
2 to 4 months	126			20.83%
4 to 6 months	24			3.97
6 to 8 months	10			1.65
8 to 10 months	2			0.33
More than 10 months (please note the longest length of time)	10			1.65
Total	605			100

Mr Mohammed Ali CID 4111739 is our longest stayer, at 944 days

(v) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community				
Another IRC				
A short-term holding facility (e.g. at a port or reporting centre)				
Police station				
Prison				
Total				

Appendix IV: Summary of detainee survey responses

A voluntary, confidential and anonymous survey of the detainee population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Sampling

The detainee survey was conducted on a representative sample of the population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the centre.⁶ Respondents were then randomly selected from a detainee population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 7th September 2015 the detainee population at Harmondsworth IRC was 603. Using the method described above, questionnaires were distributed to a sample of 235 detainees.

We received a total of 171 completed questionnaires, a response rate of 73%. This included nine respondents refused to complete a questionnaire, 48 questionnaires that were not returned and seven that were returned blank.

Returned language	Number of completed survey returns
English	115 (67%)
Punjabi	9 (5%)
Urdu	9 (5%)
Albanian	6 (4%)
Bengali	6 (4%)
Chinese	5 (3%)

⁶ 95% confidence interval with a sampling error of 3%. The formula assumes an 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Polish	5 (3%)
Russian	4 (2%)
Pashtu	3 (2%)
Vietnamese	3 (2%)
Arabic	2 (1%)
Farsi	2 (1%)
French	1 (1%)
Turkish	1 (1%)
Total	171 (100%)⁷

Presentation of survey results and analyses

Over the following pages we present the survey results for Harmondsworth IRC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁸ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Harmondsworth IRC in 2015 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in 10 detention centres since April 2013.
- The current survey responses from Harmondsworth IRC in 2015 compared with the responses of detainees surveyed at Harmondsworth IRC in 2013.
- A comparison within the 2015 survey between the responses of non-English speaking detainees with English speaking detainees.
- A comparison within the 2015 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between the responses of detainees on C and D house blocks and all other house blocks.

⁷ Percentages have been rounded and therefore may not add up to 100%.

⁸ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1	Are you male or female?	
	<i>Male</i>	167 (100%)
	<i>Female</i>	0 (0%)
Q2	What is your age?	
	<i>Under 18</i>	1 (1%)
	<i>18-21</i>	11 (7%)
	<i>22-29</i>	60 (36%)
	<i>30-39</i>	56 (34%)
	<i>40-49</i>	29 (17%)
	<i>50-59</i>	7 (4%)
	<i>60-69</i>	3 (2%)
	<i>70 or over</i>	0 (0%)
Q3	What region are you from?	
	<i>Africa</i>	28 (17%)
	<i>North America</i>	1 (1%)
	<i>South America</i>	2 (1%)
	<i>Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)</i>	75 (46%)
	<i>China</i>	6 (4%)
	<i>Other Asia</i>	10 (6%)
	<i>Caribbean</i>	4 (2%)
	<i>Europe</i>	32 (20%)
	<i>Middle East</i>	4 (2%)
Q4	Do you understand spoken English?	
	<i>Yes</i>	129 (77%)
	<i>No</i>	39 (23%)
Q5	Do you understand written English?	
	<i>Yes</i>	114 (71%)
	<i>No</i>	46 (29%)
Q6	What would you classify, if any, as your religious group?	
	<i>None</i>	9 (5%)
	<i>Church of England</i>	9 (5%)
	<i>Catholic</i>	21 (13%)
	<i>Protestant</i>	5 (3%)
	<i>Other Christian denomination</i>	15 (9%)
	<i>Buddhist</i>	3 (2%)
	<i>Hindu</i>	9 (5%)
	<i>Jewish</i>	2 (1%)
	<i>Muslim</i>	78 (47%)
	<i>Sikh</i>	15 (9%)
Q7	Do you have a disability?	
	<i>Yes</i>	23 (14%)
	<i>No</i>	136 (86%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	132 (83%)
	No	28 (18%)
Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two	86 (53%)
	Three to five	66 (41%)
	Six or more	10 (6%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	7 (4%)
	More than 1 week less than 1 month	64 (38%)
	More than 1 month less than 3 months	67 (40%)
	More than 3 months less than 6 months	21 (13%)
	More than 6 months less than 9 months	6 (4%)
	More than 9 months less than 12 months	1 (1%)
	More than 12 months	2 (1%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	58 (35%)
	No	80 (48%)
	Do not remember	27 (16%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	23 (14%)
	One to two hours	40 (24%)
	Two to four hours	52 (31%)
	More than four hours	46 (28%)
	Do not remember	6 (4%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	34 (20%)
	Well	72 (43%)
	Neither	35 (21%)
	Badly	13 (8%)
	Very badly	12 (7%)
	Do not remember	1 (1%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	148 (88%)
	No	17 (10%)
	Do not remember	4 (2%)

Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	102 (62%)
	No	45 (27%)
	Do not remember/ Not applicable	17 (10%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well	21 (12%)
	Well	76 (45%)
	Neither	46 (27%)
	Badly	14 (8%)
	Very badly	10 (6%)
	Do not remember	2 (1%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	45 (27%)
	No	109 (65%)
	Do not remember	14 (8%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	48 (29%)
	No	116 (69%)
	Do not remember	4 (2%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	35 (22%)
	Yes	28 (18%)
	No	97 (61%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	77 (46%)
	No	83 (50%)
	Do not remember	7 (4%)
Q22	Did you feel safe on your first night here?	
	Yes	55 (33%)
	No	104 (62%)
	Do not remember	10 (6%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	33 (20%)
	Loss of property	16 (10%)
	Contacting family	28 (17%)
	Access to legal advice	33 (20%)
	Feeling depressed or suicidal	76 (47%)
	Health problems	72 (44%)
Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems	33 (21%)
	Yes	26 (17%)
	No	98 (62%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	5 (3%)
	<i>Yes</i>	110 (66%)
	<i>No</i>	52 (31%)
Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	19 (12%)
	<i>Yes</i>	70 (43%)
	<i>No</i>	74 (45%)
Q28	Can you contact your lawyer easily?	
	<i>Yes</i>	78 (47%)
	<i>No</i>	29 (18%)
	<i>Do not know/ Not applicable</i>	58 (35%)
Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	57 (35%)
	<i>Yes</i>	48 (30%)
	<i>No</i>	56 (35%)
Q30	Can you get legal books in the library?	
	<i>Yes</i>	47 (29%)
	<i>No</i>	46 (29%)
	<i>Do not know/ Not applicable</i>	67 (42%)
Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	11 (7%)
	<i>Easy</i>	30 (18%)
	<i>Neither</i>	32 (19%)
	<i>Difficult</i>	37 (22%)
	<i>Very difficult</i>	42 (25%)
	<i>Not applicable</i>	13 (8%)
Q32	Can you get access to official information reports on your country?	
	<i>Yes</i>	33 (20%)
	<i>No</i>	99 (61%)
	<i>Do not know/ Not applicable</i>	30 (19%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/ have not tried</i>	30 (18%)
	<i>Very easy</i>	8 (5%)
	<i>Easy</i>	26 (16%)
	<i>Neither</i>	29 (18%)
	<i>Difficult</i>	40 (24%)
	<i>Very difficult</i>	31 (19%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	<i>Yes</i>	99 (60%)
	<i>No</i>	65 (40%)

Q36	Are you normally able to have a shower every day?	
	Yes	137 (84%)
	No	26 (16%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	91 (55%)
	No	73 (45%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	71 (43%)
	No	63 (38%)
	Do not know	30 (18%)
Q39	What is the food like here?	
	Very good	7 (4%)
	Good	29 (17%)
	Neither	40 (24%)
	Bad	45 (27%)
	Very bad	46 (28%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	12 (7%)
	Yes	67 (40%)
	No	87 (52%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	128 (78%)
	No	18 (11%)
	<i>Not applicable</i>	19 (12%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	97 (59%)
	No	20 (12%)
	<i>Do not know/ Not applicable</i>	48 (29%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy	23 (14%)
	Easy	67 (41%)
	Neither	17 (10%)
	Difficult	8 (5%)
	Very difficult	12 (7%)
	<i>Do not know</i>	37 (23%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	42 (25%)
	No	109 (66%)
	Do not know how to	15 (9%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	2 (1%)
	No	37 (23%)
	<i>Not made a complaint</i>	124 (76%)

Section 7: Staff

Q47	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	90 (56%)
	No	70 (44%)
Q48	Do most staff at the centre treat you with respect?	
	Yes	100 (64%)
	No	57 (36%)
Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	15 (10%)
	No	139 (90%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	18 (12%)
	No	136 (88%)

Section 8: Safety

Q52	Do you feel unsafe in this centre?	
	Yes	67 (42%)
	No	92 (58%)
Q53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	43 (28%)
	No	110 (72%)
Q54	If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (5%)
	<i>Because of your nationality</i>	12 (8%)
	<i>Having your property taken</i>	8 (5%)
	<i>Drugs</i>	3 (2%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	6 (4%)
Q55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	31 (21%)
	No	119 (79%)
Q56	If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	8 (5%)
	<i>Because of your nationality</i>	14 (9%)
	<i>Drugs</i>	4 (3%)
	<i>Because you have a disability</i>	3 (2%)
	<i>Because of your religion/religious beliefs</i>	7 (5%)
Q57	If you have been victimised by detainees or staff, did you report it?	
	Yes	15 (11%)
	No	26 (20%)
	Not been victimised	90 (69%)

Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	22 (14%)
	No	133 (86%)

Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	25 (16%)
	No	129 (84%)

Section 9: Healthcare

Q61	Is health information available in your own language?	
	Yes	46 (28%)
	No	69 (42%)
	Do not know	50 (30%)

Q62	Is a qualified interpreter available if you need one during healthcare assessments?	
	<i>Do not need an interpreter/ Do not know</i>	65 (41%)
	Yes	24 (15%)
	No	68 (43%)

Q63	Are you currently taking medication?	
	Yes	71 (45%)
	No	88 (55%)

Q64	What do you think of the overall quality of the healthcare here?	
	<i>Have not been to healthcare</i>	26 (16%)
	<i>Very good</i>	7 (4%)
	<i>Good</i>	29 (18%)
	<i>Neither</i>	34 (21%)
	<i>Bad</i>	25 (16%)
	<i>Very bad</i>	38 (24%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes	9 (5%)
	No	155 (95%)

Q67	Is the education helpful?	
	<i>Not doing any education</i>	155 (96%)
	Yes	6 (4%)
	No	1 (1%)

Q68	Can you work here if you want to?	
	<i>Do not want to work</i>	46 (30%)
	Yes	64 (42%)
	No	43 (28%)

Q69	Is there enough to do here to fill your time?	
	Yes	57 (37%)
	No	98 (63%)

Q70	How easy or difficult is it to go to the library?	
	<i>Do not know/ Do not want to go</i>	16 (10%)
	<i>Very easy</i>	26 (16%)
	<i>Easy</i>	61 (38%)
	<i>Neither</i>	32 (20%)
	<i>Difficult</i>	14 (9%)
	<i>Very difficult</i>	13 (8%)

Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	22 (14%)
	<i>Very easy</i>	33 (21%)
	<i>Easy</i>	52 (33%)
	<i>Neither</i>	25 (16%)
	<i>Difficult</i>	20 (13%)
	<i>Very difficult</i>	8 (5%)

Section 11: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	12 (8%)
	<i>Very easy</i>	52 (33%)
	<i>Easy</i>	60 (38%)
	<i>Neither</i>	12 (8%)
	<i>Difficult</i>	17 (11%)
	<i>Very difficult</i>	7 (4%)

Q74	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	53 (33%)
	<i>No</i>	62 (39%)
	<i>Do not know</i>	46 (29%)

Q75	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	80 (50%)
	<i>No</i>	80 (50%)

Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	55 (36%)
	<i>Very well</i>	27 (18%)
	<i>Well</i>	43 (28%)
	<i>Neither</i>	19 (12%)
	<i>Badly</i>	7 (5%)
	<i>Very Badly</i>	2 (1%)

Section 12: Resettlement

Q78	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	18 (12%)
	<i>No</i>	133 (88%)

Main comparator and comparator to last time



Detainee survey responses: Harmondsworth IRC 2015

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Harmondsworth IRC 2015	IRC comparator	Harmondsworth 2015	Harmondsworth 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		171	1,474	171	229
SECTION 1: General information					
1	Are you male?	100%	89%	100%	100%
2	Are you aged under 21 years?	7%	10%	7%	7%
4	Do you understand spoken English?	77%	78%	77%	71%
5	Do you understand written English?	71%	73%	71%	75%
6	Are you Muslim?	47%	48%	47%	58%
7	Do you have a disability?	14%	12%	14%	12%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	83%	76%	83%	71%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	6%	6%	6%
10	Have you been detained in this centre for more than one month?	58%	54%	58%	58%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	35%	45%	35%	38%
12	Did you spend more than four hours in the escort van to get to this centre?	28%	29%	28%	25%
13	Were you treated well/very well by the escort staff?	64%	65%	64%	65%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	88%	89%	88%	84%
16	When you were searched in reception was this carried out in a sensitive way?	62%	66%	62%	56%
17	Were you treated well/very well by staff in reception?	57%	67%	57%	52%
18	Did you receive information about what was going to happen to you on your day of arrival?	27%	38%	27%	28%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	29%	50%	29%	30%
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	22%	29%	22%	28%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	46%	66%	46%	48%
22	Did you feel safe on your first night here?	33%	56%	33%	51%
23a	Did you have any problems when you first arrived?	80%	66%	80%	77%
23b	Did you have any problems with loss of transferred property when you first arrived?	10%	10%	10%	7%
23c	Did you have any problems contacting family when you first arrived?	17%	16%	17%	23%
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	20%	16%	20%	24%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	47%	34%	47%	38%
23f	Did you have any health problems when you first arrived?	44%	29%	44%	35%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	21%	38%	21%	24%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Harmondsworth IRC 2015	IRC comparator	Harmondsworth 2015	Harmondsworth 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	66%	67%	66%	60%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	73%	77%	73%	74%
29	Have you had a visit from your lawyer?	46%	37%	46%	57%
27	Do you get free legal advice?	43%	39%	43%	48%
30	Can you get legal books in the library?	29%	50%	29%	36%
31	Is it easy/very easy for you to obtain bail information?	25%	33%	25%	20%
32	Can you get access to official information reports on your country?	20%	22%	20%	24%
33	Is it easy/very easy to see this centre's immigration staff when you want?	21%	27%	21%	16%
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	60%	81%	60%	80%
36	Are you normally able to have a shower every day?	84%	93%	84%	88%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	55%	65%	55%	70%
38	Can you normally get access to your property held by staff at the centre, if you need to?	43%	48%	43%	40%
39	Is the food good/very good?	22%	29%	22%	29%
40	Does the shop sell a wide enough range of goods to meet your needs?	40%	45%	40%	50%
41	Do you feel that your religious beliefs are respected?	78%	79%	78%	82%
42	Are you able to speak to a religious leader of your own faith if you want to?	59%	56%	59%	58%
43	Is it easy/very easy to get a complaint form?	55%	59%	55%	43%
44	Have you made a complaint since you have been at this centre?	25%	24%	25%	21%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	5%	28%	5%	24%
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	67%	56%	56%
48	Do most staff treat you with respect?	64%	80%	64%	65%
49	Have any members of staff physically restrained you in the last six months?	10%	10%	10%	9%
50	Have you spent a night in the segregation unit in the last six months?	12%	14%	12%	13%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	42%	33%	42%	30%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	28%	19%	28%	19%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	5%	5%	5%	3%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	8%	5%	8%	6%
54c	Have you ever had your property taken since you have been here? (By detainees)	5%	2%	5%	3%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	2%	1%	2%	0%
54e	Have you ever been victimised here because you have a disability? (By detainees)	1%	1%	1%	0%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	4%	3%	4%	4%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	21%	16%	21%	14%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	5%	2%	5%	1%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Hamondsworth IRC 2015	IRC comparator	Hamondsworth 2015	Hamondsworth 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
56b	Have you been victimised because of your nationality since you have been here? (By staff)	9%	5%	9%	7%
56c	Have you been victimised because of drugs since you have been here? (By staff)	3%	1%	3%	0%
56d	Have you ever been victimised here because you have a disability? (By staff)	2%	1%	2%	0%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	5%	3%	5%	3%
For those who have been victimised by detainees or staff:					
57	Did you report it?	37%	43%	37%	37%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	14%	12%	14%	7%
59	Have you ever felt threatened or intimidated by a member of staff in here?	16%	12%	16%	11%
SECTION 9: Health services					
61	Is health information available in your own language?	28%	39%	28%	27%
62	Is a qualified interpreter available if you need one during health care assessments?	15%	20%	15%	20%
63	Are you currently taking medication?	45%	44%	45%	35%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre is good/very good?	27%	46%	27%	28%
SECTION 10: Activities					
66	Are you doing any education here?	6%	26%	6%	7%
For those doing education here:					
67	Is the education helpful?	84%	95%	84%	79%
68	Can you work here if you want to?	42%	61%	42%	57%
69	Is there enough to do here to fill your time?	37%	57%	37%	47%
70	Is it easy/very easy to go to the library?	54%	79%	54%	47%
71	Is it easy/very easy to go to the gym?	53%	69%	53%	51%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	70%	63%	70%	63%
74	Have you had any problems with sending or receiving mail?	33%	21%	33%	25%
75	Have you had a visit since you have been in here from your family or friends?	50%	41%	50%	39%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	71%	76%	71%	66%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	12%	17%	12%	12%



Key questions (Non-English speakers) Harmondsworth IRC 2015

Detainee survey responses(missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Non-English speakers	English speakers
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		39	129
8	When being detained, were you told the reasons why in a language you could understand?	60%	89%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	11%	5%
10	Have you been in this centre for more than one month?	62%	57%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	29%	37%
13	Were you treated well/very well by the escort staff?	55%	66%
17	Were you treated well/very well by staff in reception?	60%	57%
18	Did you receive information about what was going to happen to you on your day of arrival?	21%	29%
19	Did you receive information about what support was available to you on your day of arrival?	31%	28%
22	Did you feel safe on your first night here?	31%	34%
23	Did you have any problems when you first arrived?	74%	81%
26	Do you have a lawyer?	60%	68%
33	Is it easy/very easy to see the centre's immigration staff when you want?	19%	21%
35	Can you clean your clothes easily?	66%	59%
36	Are you normally able to have a shower every day?	86%	84%
43	Is it easy/very easy to get a complaint form?	43%	60%
44	Have you made a complaint since you have been at this centre?	24%	25%
47	Do you have a member of staff you can turn to for help if you have a problem?	54%	57%
48	Do most staff treat you with respect?	72%	61%
52	Do you feel unsafe in this centre?	37%	43%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	25%	28%

Key to tables

	Any percentage highlighted in green is significantly better	Non-English speakers	English speakers
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	21%	21%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	15%	14%
59	Have you ever felt threatened or intimidated by a member of staff in here?	15%	16%
61	Is health information available in your own language?	34%	26%
62	Is a qualified interpreter available if you need one during health care assessments?	20%	14%
66	Are you doing any education here?	5%	6%
68	Can you work here if you want to?	43%	41%
69	Is there enough to do here to fill your time?	42%	35%
70	Is it easy/very easy to go to the library?	57%	52%
71	Is it easy/very easy to go to the gym?	66%	48%
73	Is it easy/very easy to use the phone?	73%	68%
74	Have you had any problems with sending or receiving mail?	19%	36%
75	Have you had a visit since you have been in here from your family or friends?	41%	53%
78	Has any member of staff helped you to prepare for your release?	9%	12%

Residential Unit Comparator



Residential unit analysis: Harmondsworth IRC 2015

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	C and D wings	A, B, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		85	85
SECTION 1: General information			
1	Are you male?	100%	100%
2	Are you aged under 21 years?	9%	6%
4	Do you understand spoken English?	71%	82%
5	Do you understand written English?	66%	76%
6	Are you Muslim?	58%	37%
7	Do you have a disability?	13%	15%
SECTION 2: Immigration detention			
8	When being detained, were you told the reasons why in a language you could understand?	88%	77%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	4%	9%
10	Have you been detained in this centre for more than one month?	55%	60%
SECTION 3: Transfers and escorts			
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	30%	40%
12	Did you spend more than four hours in the escort van to get to this centre?	33%	23%
13	Were you treated well/very well by the escort staff?	61%	66%
SECTION 4: Reception and first night			
15	Were you seen by a member of health care staff in reception?	86%	91%
16	When you were searched in reception was this carried out in a sensitive way?	62%	63%
17	Were you treated well/very well by staff in reception?	55%	59%
18	Did you receive information about what was going to happen to you on your day of arrival?	27%	27%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	28%	29%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	41%	52%
22	Did you feel safe on your first night here?	22%	44%
23a	Did you have any problems when you first arrived?	83%	76%
23b	Did you have any problems with loss of transferred property when you first arrived?	5%	15%
23c	Did you have any problems contacting family when you first arrived?	22%	13%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	C and D wings	A, B, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Reception and first night continued			
23d	Did you have any problems accessing legal advice when you first arrived?	21%	20%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	54%	39%
23f	Did you have any health problems when you first arrived?	46%	43%
SECTION 5: Legal rights and immigration			
26	Do you have a lawyer?	72%	59%
For those who have a lawyer:			
27	Do you get free legal advice?	50%	35%
30	Can you get legal books in the library?	28%	32%
31	Is it easy/very easy for you to obtain bail information?	22%	28%
32	Can you get access to official information reports on your country?	21%	20%
33	Is it easy/very easy to see this centre's immigration staff when you want?	16%	25%
SECTION 6: Respectful detention			
35	Can you clean your clothes easily?	63%	59%
36	Are you normally able to have a shower every day?	77%	91%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	53%	59%
38	Can you normally get access to your property held by staff at the centre, if you need to?	38%	49%
39	Is the food good/very good?	21%	23%
40	Does the shop sell a wide enough range of goods to meet your needs?	42%	39%
41	Do you feel that your religious beliefs are respected?	88%	67%
42	Are you able to speak to a religious leader of your own faith if you want to?	68%	49%
43	Is it easy/very easy to get a complaint form?	54%	56%
44	Have you made a complaint since you have been at this centre?	23%	27%
SECTION 7: Staff			
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	56%
48	Do most staff treat you with respect?	59%	70%
49	Have any members of staff physically restrained you in the last six months?	8%	10%
50	Have you spent a night in the segregation unit in the last six months?	13%	10%
SECTION 8: Safety			
52	Do you feel unsafe in this centre?	43%	42%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	23%	32%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	2%	7%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	10%	7%
54c	Have you ever had your property taken since you have been here? (By detainees)	4%	7%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	0%	4%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	C and D wings	A, B, F and G wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
54e	Have you ever been victimised here because you have a disability? (By detainees)	0%	0%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	5%	1%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	21%	20%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	8%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	14%	4%
56c	Have you been victimised because of drugs since you have been here? (By staff)	2%	4%
56d	Have you ever been victimised here because you have a disability? (By staff)	0%	3%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	6%	3%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	10%	18%
59	Have you ever felt threatened or intimidated by a member of staff in here?	13%	18%
SECTION 9: Health services			
61	Is health information available in your own language?	29%	26%
62	Is a qualified interpreter available if you need one during health care assessments?	12%	18%
63	Are you currently taking medication?	39%	50%
For those who have been to health care:			
SECTION 10: Activities			
66	Are you doing any education here?	7%	4%
For those doing education here:			
68	Can you work here if you want to?	40%	44%
69	Is there enough to do here to fill your time?	40%	34%
70	Is it easy/very easy to go to the library?	57%	51%
71	Is it easy/very easy to go to the gym?	62%	46%
SECTION 11: Keeping in touch with family and friends			
73	Is it easy/very easy to use the phone?	74%	67%
74	Have you had any problems with sending or receiving mail?	33%	33%
75	Have you had a visit since you have been in here from your family or friends?	51%	49%
SECTION 12: Resettlement			
78	Has any member of staff helped you to prepare for your release?	11%	13%



Diversity analysis - Disability

Key questions (Disability analysis) Harmondsworth IRC 2015

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	136
4	Do you understand spoken English?	53%	82%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	6%
10	Have you been in this centre for more than one month?	59%	58%
13	Were you treated well/very well by the escort staff?	65%	62%
15	Were you seen by a member of health care staff in reception?	78%	90%
16	When you were searched in reception was this carried out in a sensitive way?	68%	61%
17	Were you treated well/very well by staff in reception?	65%	55%
22	Did you feel safe on your first night here?	26%	33%
23	Did you have any problems when you first arrived?	72%	80%
23f	Did you have any health problems when you first arrived?	53%	42%
26	Do you have a lawyer?	74%	66%
33	Is it easy/very easy to see this centre's immigration staff when you want?	35%	17%
35	Can you clean your clothes easily?	69%	59%
36	Are you normally able to have a shower every day?	85%	83%
43	Is it easy/very easy to get a complaint form?	46%	56%
44	Have you made a complaint since you have been at this centre?	40%	25%
47	Do you have a member of staff you can turn to for help if you have a problem?	68%	53%
48	Do most staff treat you with respect?	64%	62%
49	Have any members of staff physically restrained you in the last six months?	21%	9%
50	Have you spent a night in the segregation unit in the last six months?	15%	11%

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
52	Do you feel unsafe in this centre?	32%	44%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	15%	30%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	10%	22%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	10%	14%
59	Have you ever felt threatened or intimidated by a member of staff in here?	14%	18%
62	Is a qualified interpreter available if you need one during health care assessments?	31%	13%
63	Are you currently taking medication?	52%	42%
66	Are you doing any education here?	5%	6%
69	Is there enough to do here to fill your time?	30%	37%
70	Is it easy/very easy to go to the library?	65%	54%
71	Is it easy/very easy to go to the gym?	64%	52%
73	Is it easy/very easy to use the phone?	69%	71%
74	Have you had any problems with sending or receiving mail?	31%	33%
75	Have you had a visit since you have been in here from your family or friends?	46%	48%
78	Has any member of staff helped you to prepare for your release?	10%	13%