

Report on an unannounced inspection of

**Heathrow Immigration
Removal Centre
Harmondsworth site**

by HM Chief Inspector of Prisons

2–20 October 2017

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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Clive House
5th floor
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SW1H 9EX
England

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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.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Harmondsworth immigration removal centre (IRC) is Europe's largest detention facility, holding up to 676 male detainees, close to Heathrow Airport. The centre is run for the Home Office by Care and Custody, a division of the Mitie Group. Since 2014, Harmondsworth has been under the same management as the neighbouring Colnbrook IRC, and the two centres are collectively known as the Heathrow IRC. However, they remain discrete sites and, in light of their size and complexity, we are continuing to inspect them separately.

In addition to our normal methodology, we employed an enhanced methodology at this inspection which included hundreds of interviews and surveys. The main objectives were to give detainees and staff an opportunity to tell inspectors, in confidence, about any incidents or concerns relating to the safe and decent treatment of detainees; to identify cultural or structural issues affecting outcomes; and to identify areas of positive and progressive work.

The last inspection of Harmondsworth in 2015 highlighted concerns in relation to safety, respect and provision of activities. This report describes a centre that had made some improvements, but not of the scale or speed that were required. In some areas, there had been a deterioration.

The centre's task in caring for detainees was not made any easier by the profile of those who were held. There was a very high level of mental health need and nearly a third of the population was considered by the Home Office to be vulnerable under its at risk in detention policy. The continuing lack of a time limit on detention meant that some men had been held for excessively long periods: 23 men had been detained for over a year and one man had been held for over 4.5 years, which was unacceptable.

Processes for safeguarding detainees were not good enough. Detention Centre Rule 35 reports, which are intended to give some protection to the most vulnerable detainees, lacked rigour. Worryingly, in nearly all of the cases we examined, the Home Office accepted evidence that detainees had been tortured, but maintained detention regardless. Insufficient attention was given to post-traumatic stress and other mental health problems. There were delays in referring potential trafficking victims to the National Referral Mechanism (NRM) and our staff interviews confirmed widespread ignorance of the NRM.

The first night unit had been relocated since our last visit and now provided a much calmer environment for newly arrived detainees. However, reception and first night processes were superficial and left many detainees feeling anxious and ill-informed.

Violence was not high but violence management processes were weak and a high number of detainees felt unsafe. Detainees told us this was because of the uncertainty associated with their cases, but also because a large number of their fellow detainees seemed mentally unwell, frustrated or angry. Many detainees on the newer and more prison-like units found being locked into their cells at night upsetting and stressful, and drug use was becoming an increasing problem. Self-harm was low compared with other centres and detainees at risk of self-harm were often positive about staff efforts to support them, although those who spoke little English were less well served.

The governance of use of force was generally good and we noted that managers had identified an illegitimate use of force by a member of staff on CCTV cameras and dismissed the person concerned. Neither detainees nor staff told us of a pernicious or violent subculture, but some aspects of security would have been disproportionate in a prison and were not acceptable in an IRC. For example, detainees taken to the separation unit were routinely handcuffed and then strip-searched, regardless of individual risk. Harmondsworth is the centre where, in 2013, we identified the disgraceful treatment of an ill and elderly man who was kept in handcuffs as he died in hospital. A more proportionate approach to handcuffing was subsequently put in place by the Home Office and

followed by the centre contractor. It is with concern, therefore, that at this inspection we found detainees once again being routinely handcuffed when attending outside appointments without evidence of risk.

Only 58% of detainees in our survey said that most staff treated them with respect, well below the average figure for IRCs. Staffing levels were low and neither staff nor detainees felt that there were enough officers to effectively support detainees. Around a third of staff told us themselves that they did not have sufficient training to do their jobs well. Few had an adequate understanding of whistle-blowing procedures.

Physical conditions had improved since our last inspection, but the environment remained below acceptable standards in much of the centre. Many areas were dirty and bedrooms, showers and toilets were poorly ventilated. It was particularly unacceptable that two years after we raised bed bugs as a serious concern, they remained endemic in the centre and continued to affect detainees' physical and mental well-being.

Detainees were often critical of health services, but we found generally adequate health care provision. A significant exception was the inability of health services to meet the very high level of mental health need. Communication with detainees by health care staff was also weak but starting to improve.

An important aspect of well-being is activity, but only 29% of detainees in our survey said they could fill their time while in the centre and many described a sense of purposelessness and boredom. Few detainees were able to work, and the education provision was underused and did not meet the needs of detainees.

There were a number of positive areas of work. For example, the on-site immigration team made considerable efforts to engage with detainees, faith provision was good and complaints were managed well. The dedicated and well-organised welfare services were impressive and there was positive engagement with third sector groups. The charity Hibiscus Initiatives provided support to many detainees before release or removal and the local visitors' group was active and well supported.

However, our overall finding was that the centre had failed to progress significantly since our last visit in 2015. For the third consecutive inspection, we found considerable failings in the areas of safety and respect. Detainees, many identified as vulnerable, were not being adequately safeguarded. Some were held for unacceptably long periods. Mental health needs were often not met. Detainees were subject to some disproportionate security restrictions and living conditions were below decent standards. It is time for the Home Office and contractors to think again about how to ensure that more substantial progress is made by the time that we return.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

January 2018

Fact page

Task of the establishment

Immigration removal centre (IRC).

Location

Harmondsworth, West Drayton

Name of contractor

Mitie Care and Custody

Number held

537

Certified normal accommodation

676

Operational capacity

676

Last inspection

7–18 September 2015

Brief history

Harmondsworth opened as a purpose-built IRC in 2000. In 2006, following a major disturbance, two of the four original residential units were put out of commission. In August 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 separate Harmondsworth and Colnbrook sites were combined into the Heathrow IRC. In 2015, additional beds on Dove unit increased the centre's capacity to 676.

Name of centre manager

Paul Morrison

Escort provider

Tascor

Short description of residential units

Harmondsworth has seven residential units, Ash, Beech, Cedar, Dove, Elm, Fir and Gorse. Elm is a six-bed care and separation unit and Gorse is the induction unit. There is also an inpatient facility.

Health service commissioner and provider

Central and North West London NHS Foundation Trust

Learning and skills provider

OCN London

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
- **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 At this inspection, in addition to our normal methodology, we offered every detainee in the centre a confidential interview with an inspector and 120 took up this offer. Where necessary, these interviews were conducted with the help of professional interpreting. We issued an invitation to recent ex-detainees to speak to us through various support groups, but no one took up this offer. The main findings from detainee interviews are reported in Appendix V.

A10 We also interviewed 118 centre staff working in operational roles. They included detainee custody officers, health services staff and staff in the Home Office contact team. In addition, we issued an electronic staff survey over the same period, which elicited 31 responses. All

responses were anonymous and some of the survey respondents and interviewees might have been the same people. There were no significant differences between the staff survey responses and the interview responses, and the findings are therefore reported together in Appendix VI.

- A11 The interviews with both detainees and staff were semi-structured, and took place from 2–18 October 2018. The main objective of the enhanced methodology was to give staff an opportunity to tell inspectors confidentially about concerns on safety and the treatment of detainees. We followed up all serious allegations whenever there was sufficient information to do so, and have reported on relevant outcomes in the main body of the report. The results of these further interviews and survey were used as sources of evidence to inform the rounded judgements made by inspectors in the body of this report.
- A12 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.
- A13 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

- A14 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 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.
- A15 Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.
- A16 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 Appendices V and VI contain results of confidential one-to-one interviews with detainees and staff, and a staff survey.

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

- S1** *Too many detainees continued to be moved to the centre overnight. First night procedures were not sufficiently robust. There had been a reversion to risk-averse handcuffing of detainees for outside appointments. Almost half of detainees reported feeling unsafe, although the number of violent incidents was relatively low. There had been a self-inflicted death. Support for those at risk of self-harm was not consistent, but there were fewer incidents than at other centres. The adults at risk policy was not working effectively and we identified some shortcomings in safeguarding. Some aspects of security were disproportionate. Use of force had risen and use of handcuffs was excessive. Governance of force was reasonably good. The separation unit was used for too long and sometimes punitively. Detainees had better access to legal advice than we normally see. Some detainees had been held for long periods and far fewer were released as a result of rule 35² reports than previously, including where there was evidence of torture. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***
- S2** *At the last inspection in 2015, we found that outcomes for detainees in Harmondsworth were not sufficiently good against this healthy establishment test. We made 23 recommendations about safety. At this follow-up inspection we found that one recommendation had been achieved, seven had been partially achieved and 15 had not been achieved.*
- S3** Over the previous three months, almost a fifth of detainees had been transported to the centre overnight, many from other centres. The routine handcuffing of detainees for outside escorts had increased significantly, and there was no evidence that this was based on increased risks. In our survey, more than half of detainees said they felt depressed or suicidal on arrival. Many also spoke of the stress of being locked behind their doors on first night, and said that this added to their feelings of insecurity. The reception area was clean and welcoming with reasonable facilities. However, reception screening did not identify and respond to all detainee risks and needs. There was little evidence of the use of professional interpreting in reception. The induction unit had been moved to a better location since the previous inspection, but there was no first night support for new arrivals. The induction process was rushed and ineffective at engaging detainees.
- S4** Almost half of detainees in our survey said they felt unsafe, significantly more than the comparator. However, most incidents were relatively minor. Detainee fears about safety stemmed from several factors, including their immigration status, illicit drug use in the centre and the prison-like conditions. The number of fights was high and we saw one incident where the staff response was slow. The safer community meeting was poorly attended and there was insufficient focus on the causes of detainee fears. The investigation of incidents was mostly adequate, but some had not been investigated at all and most were poorly followed up. Recent changes to the violence management process were improving matters.
- S5** There had been one recent self-inflicted death in the centre, which was under investigation by the Prisons and Probation Ombudsman. The support for witnesses was good, but there had not been enough information and reassurance to detainees about this tragic incident. There were fewer self-harm incidents than at other centres, and most detainees were

² Rule 35 requires notification to Home Office Immigration and Enforcement if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

reasonably positive about the support from staff. However, there had been some potentially serious delays in assessing or responding to detainees who had self-harmed, and there were no 'near miss' investigations to learn lessons. The quality of assessment, care in detention and teamwork (ACCT) case management documents for detainees at risk of suicide or self-harm remained variable and we saw some poor assessments. In many cases, observations evidenced little meaningful engagement with the detainee.

- S6 Efforts were made to care for at-risk adults but too many were held for long periods. The Home Office's adults at risk in immigration detention policy was not working effectively. As we had found at other centres, Home Office and Care and Custody records did not align, and not all relevant staff knew which detainees were considered to be at risk. Staff had not been aware of a detainee on the highest risk level until we raised his case with them. Links with the local adult safeguarding board were now good. Detainee custody officers (DCOs) did not have enough understanding of Care and Custody's whistleblowing procedures and the national referral mechanism (NRM)³. Some Home Office staff also lacked knowledge of the NRM.
- S7 The number of age-dispute cases was reducing and none had been recorded in the previous six months. Centre staff responded swiftly and appropriately when detainees declared they were children. Of the 10 age-dispute cases since our last inspection, three were subsequently found to be children. These cases were not reviewed by the Home Office to establish any safeguarding lessons. The Home Office had not notified social services about the release of a detainee who posed child protection risks until we raised the case.
- S8 Most of the centre was designed as a category B prison, which was inappropriate for a detainee population. Shortcomings in the environment were compounded by an increase in restrictive practices, such as an hour's lunchtime lock-up for detainees in the newer part of the centre and the routine strip searching of detainees taken to the care and separation unit (CSU). In some cases, an insistence on strip searching had escalated situations unnecessarily. Security intelligence was managed well, although the number of submitted information reports remained low. The weekly security briefing was useful in providing information about risks, such as detainees involved with drugs, but security meetings lacked strategic direction and focus. Staff and detainees described high availability of drugs and this had become a bigger problem. There was no centre-wide strategy to deal with the problem.
- S9 The use of force had increased since the previous inspection. We saw several examples of staff de-escalating situations effectively, and force was usually used proportionately. However, detainees were routinely handcuffed when relocating to the CSU, even if they were compliant. In one case, several detainees who had been involved in an incident that had been resolved were handcuffed before being taken to the CSU. In another case, a member of staff used unprofessional language during a protracted incident in which the detainee did not fully understand the instructions given. Governance of the use of force was reasonably good.
- S10 The use of separation had increased and the average time of separation in the previous six months was high at 49 hours. Some detainees were held for a minimum of 24 hours. Some detainees had been separated as a punitive measure, which was inappropriate for an IRC.
- S11 In our survey, more detainees than at other centres said they had a lawyer. Waiting times for the legal advice surgeries had reduced and were now reasonably good. Detainees could access a wide range of legal, human rights and support organisation websites. Detainee access to the on-site Home Office contact management team was good but less so for the

³ Put in place in the UK in April 2009 to identify, protect and support victims of trafficking.

detained asylum casework team. The on-site immigration team was diligent and made commendable efforts to engage with detainees.

- S12 Some detainees had been held in detention for too long, with 23 held for more than a year at the start of the inspection; one had been held for more than four and half years. The Home Office case progression panel's recommendations for release were often rejected. Some detention was prolonged by Home Office delays; in one case, an asylum claim had taken over a year to conclude. Rule 35 reports had improved but some still failed to provide sufficient information to decision-makers, especially about mental health needs and evidence of post-traumatic stress disorder. One report had not been sent from the health care centre to the Home Office for consideration, and was only discovered when a detainee reported it to us. Replies were timely but less than 10% led to release. In our sample of 10 reports, the Home Office found evidence of torture in nine reports but maintained detention of all but one of the men involved, despite this clear evidence of vulnerability.

Respect

S13 *Despite some improvements, accommodation and cleanliness were below acceptable standards in much of the centre. The serious problem with bed bugs remained unresolved. In our survey, only half of detainees reported being treated with respect by most staff. Staffing levels were low and many staff felt they lacked sufficient time and training to support detainees adequately. Equality and diversity work was poor. The chaplaincy provided a good service. Complaints were managed very well. The quality of food was adequate but the cultural kitchen was not available often enough. Detainee views of health care were largely critical and not enough had yet been done to understand this. Health services were reasonable overall, but mental health provision did not meet the need. Substance use needs were addressed reasonably well. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S14 *At the last inspection in 2015, we found that outcomes for detainees in Harmondsworth were not sufficiently good against this healthy establishment test. We made 22 recommendations about respect. At this follow-up inspection we found that eight recommendations had been achieved, two had been partially achieved, 11 had not been achieved and one was no longer relevant.*

S15 There had been considerable work to improve the physical environment, mostly in Cedar and Dove units. However, the environment remained poor overall. Some showers had been out of order for long periods. Many toilets were dirty and many cells on the newer units contained graffiti. Cells and dormitories were poorly ventilated. As at our last inspection, bed bugs were endemic throughout the site and detainees should not have had to endure such intolerable conditions for so long. There were also some problems with mice infestations. Many cell keys were missing and we found no lockable cupboards. Laundry arrangements had improved. There were shortages of bedding, including for new arrivals.

S16 Staffing levels were low, and both detainees and staff said there were too few officers to support detainees. In our survey, only 50% of detainees said that most staff treated them with respect, against the comparator of 79%. We saw many examples of staff being too busy to offer prompt assistance, and some were curt with detainees. Although we did not find a negative underlying staff culture, detainees complained of some staff who were lazy and others who were too busy to help, and that some did not understand their daily frustrations. In our staff interviews, a third of staff said they did not feel they had sufficient training to do their jobs well. Many staff said that newer staff were less able to manage difficult situations, and detainees echoed this concern.

- S17 The strategic management of equality and diversity work had been neglected. An equality policy was in place but too many actions remained uncompleted. Identification of detainees with protected characteristics was weak, and monitoring and analysis were insufficient. Many detainees did not speak fluent or any English. Apart from in health care, use of professional interpreting was low, although many staff spoke other languages. Some useful forums had been held with different nationality groups, but not with other protected groups, and there was little evidence of resultant changes. We saw poor support for some detainees with disabilities, and support for LGBT detainees was more limited than before. There were few diversity complaints and investigations were of a reasonable standard.
- S18 Faith provision was good for the major faiths represented in the centre. Access to the faith centre was reasonable and had been supplemented with additional prayer rooms on residential units. The chaplaincy was well integrated into many aspects of centre life and was valued by detainees.
- S19 In the previous six months, there had been 116 detainee complaints to Care and Custody, seven to the professional standards unit (PSU) and none to the Home Office contact management team. Care and Custody investigations were very good and replies were always polite, although a few were not timely. Many offered appropriate apologies and were constructive. PSU investigations and replies were exemplary. While complaint forms were freely available in different languages, very few were submitted by non-English speaking detainees.
- S20 The food was reasonable. Many detainees were negative about the quality and range, and the lunchtime meal lacked variety. The centre shop sold a wide range of goods at reasonable prices. The cultural kitchen was very popular but remained small and could not meet the demand.
- S21 Many detainees felt that health care provision was inadequate, and regularly complained about the attitude of health services staff. In our interviews with non-health staff, such views were often repeated. There were some initiatives to attempt to understand these perceptions, but they were new and yet to show results. We found good access to an appropriate range of primary care services, and patient need was largely met. However, mental health services were insufficient to meet the high level of demand, particularly in dealing with acute problems out of hours. Psychological support was developing and some individual and group sessions were offered to detainees, but there was no counselling. Arrangements to respond to emergencies were disjointed and there were insufficient automated external defibrillators. Pharmacy and medicine management arrangements were generally reasonable, but medicine rounds were lengthy and there was not enough use of in-possession medication. Substance misuse support had improved, with detainees able to access psychosocial support and a flexible range of opiate substitution options.

Activities

S22 *There were insufficient activities for the population, and many detainees said they were bored and lacking purpose. Strategic management of provision was weak. There was a reduced range of education provision and it was poorly used. Detainee access to computers had increased and was good. The amount of work for detainees was similar to the previous inspection, but waiting lists were high. The library was reasonable but underused. Detainees had reasonable access to sports activities but some equipment was in poor repair. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S23 *At the last inspection in 2015, we found that outcomes for detainees in Harmondsworth were not sufficiently good against this healthy establishment test. We made eight recommendations about activities. At this follow-up inspection we found that none of the recommendations had been achieved.*

S24 In our survey, only 29% of detainees say there was enough to do at the centre, significantly worse than the comparator of 54%. In our interviews, many detainees described a sense of purposelessness and boredom. Detainees had reasonable access to recreational facilities, but few benefited from education classes and the facilities continued to be underused. The education offered had been reduced following the decision to cease delivering English for speakers of other languages (ESOL), and education was made up of information and communications technology (ICT) classes. A cleaning course had been introduced but was very new and had had few participants to date.

S25 The most popular facility was the computer suite, and there were now internet rooms on the units, which were also popular. ‘Music in Detention’ visited the centre but had been poorly publicised, and the numbers attending were low. Managers did not analyse data sufficiently to establish patterns in participation. Induction was ineffective at promoting activities to detainees.

S26 Leaders and managers had not planned or implemented the recent review of education activities well enough. There had been insufficient arrangements to support the communication needs of non-English speaking detainees. The quality of teaching and learning continued to be insufficiently good. Some tutors were not appropriately qualified or experienced to deliver what was expected of them. The detainees who accessed the art room engaged well with creative activities and had entered their work in competitions.

S27 About 18% of the population could access paid work placements, and they could work for up to 30 hours a week, but waiting lists were long. Applications to work were considered quickly by the Home Office but many detainees were stopped from working as a result of non-compliance with the Home Office, which interfered with the centre’s ability to manage the population. Managers did not oversee the job recruitment process effectively to ensure that it was fair and transparent.

S28 The library offered a good selection of console games and film DVDs, and daily newspapers in several languages. Apart from the photocopying facilities. It was not well used.

S29 Gym instructors were not always appropriately qualified. The area was small for the needs of the population and some equipment was in a poor state of repair. The indoor sports hall, which was mostly closed during the last inspection, was now used appropriately, and detainees could play team sports.

Preparation for removal and release

S30 *Welfare services remained a strength in the centre. Visits arrangements were generally effective and the visits area had improved. Detainees had good access to most means of communication, and faxing arrangements were very good. There was strong support from voluntary groups. 'Reserve' detainees were still removed on some charter flights. **Outcomes for detainees were good against this healthy establishment test.***

S31 *At the last inspection in 2015, we found that outcomes for detainees in Harmondsworth were good against this healthy establishment test. We made five recommendations about preparation for removal and release. At this follow-up inspection we found that one recommendation had been achieved, one had been partially achieved and three had not been achieved.*

S32 The welfare team continued to give a good service to detainees and was very accessible; its work helped to offset the negative effects of detention for some detainees. Welfare staff no longer saw every new arrival, and the initiative rested with detainees to come to the welfare area and seek help. However, the team had a high level of contact with detainees, with over 300 interventions a month to prepare for release, such as travel, accommodation and employment. Hibiscus (a charity working with foreign national prisoners and their families) continued to provide a good service. Partnerships with a range of advice agencies continued to be effective.

S33 Detainees had good access to visits. The visitors' centre was well run. Detention Action and the Jesuit Refugee Service provided volunteer visitors, whose work was appreciated by detainees. There was a good range of information for visitors, but no clear way to report concerns about a detainee. Low staffing numbers sometimes led to long waits for visitors to get into the visits hall. We observed good treatment of visitors and those we spoke to were positive about the staff. The visits area was well equipped and the seating and facilities for children had improved. However, only snacks and drinks were available from vending machines.

S34 Detainees could generally communicate with the outside world, but they still had no access to video-calling or social media. The faxing facilities had greatly improved since the last inspection and represented good practice.

S35 The welfare team provided practical help about preparation for release to many detainees. Written information was available about return to a number of countries, and about other IRCs, including some information in different languages. Multidisciplinary meetings prepared for the removal of those assessed as high risk. 'Reserves' were still taken on some charter flight removals, and in most cases they were not told that they were reserves. Clothing and suitable bags were available for those leaving the centre.

Main concerns and recommendations

S36 Concern: A high number of detainees reported problems when they arrived, with many feeling depressed or suicidal. Reception processes did not cover all areas of vulnerability and interviews were not held in private. Professional interpreting services were not used sufficiently. There were no first night interviews, and detainees were often left feeling anxious, with a lack of information.

Recommendation: Thorough reception interviews should take place in private, with professional interpreting when required. All identified detainee needs and risks should be communicated to first night staff so that they can provide relevant additional support and information on the first night unit to allay detainee apprehensions.

S37 Concern: Almost half of detainees in our survey said they felt unsafe. Some violent incidents had not been investigated and most were poorly followed up. The safer community meeting was poorly attended and there was insufficient focus on the causes of detainee fears. Some self-harm risks had not been responded to adequately. Detainees and staff told us that a lack of staff affected safety, and that staff struggled to meet even their daily practical needs. Both staff and detainees also reported concerns about the training and capability of staff in responding to violence and self-harm prevention.

Recommendation: The centre should investigate and address the main reasons that detainees feel unsafe, and also address deficiencies in the practice, management and governance of its violence reduction and suicide and self-harm prevention work. There should be appropriate staffing levels, training and capability to ensure detainees feel safe and are well supported in all aspects of their life in Harmondsworth.

S38 Concern: Some periods of detention were prolonged. At the time of the inspection, 23 detainees had been held for more than a year, the longest for more than four and half years.

Recommendation: There should be a time limit on the length of detention.
(Repeated recommendation 1.71)

S39 Concern: Rule 35 reports did not always record the detainee's consent for the release of their medical records. Many assessments provided insufficient detail. Report templates inappropriately referred to a prison number. Reports did not comment on post-traumatic stress disorder or how detention affected detainee health. One report was not passed from health care to the Home Office. The Home Office maintained detention even when it accepted rule 35 reports as independent evidence of torture.

Recommendation: Rule 35 reports should provide full objective professional assessments and consent from the detainee to the release of their medical records. Templates should not refer to a prison number. All reports should be passed promptly from health care to the Home Office. When a doctor declares a detainee unfit for detention, the detainee should be released unless there are exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor.

S40 **Concern:** Despite some improvements, the physical environment remained poor. Many areas were neglected and dirty. Some showers had been out of order for long periods. Bedrooms, showers and toilets were poorly ventilated. Many toilets were dirty, and many cells were poorly equipped and contained graffiti. Bed bugs remained endemic and mice were also a problem. Many cell keys were missing and we found no lockable cupboards. There were shortages of clothing and footwear, and some detainees were not given appropriate bedding.

Recommendation: The centre should take immediate action to raise and maintain standards of repair, cleanliness and hygiene to an acceptable level across the centre. All bedrooms, showers and toilets should be well ventilated. Bedrooms should be properly furnished. Detainees should be given adequate clothing, footwear and bedding. Managers should take all necessary measures to eradicate bed bugs and other pests promptly and permanently.

S41 **Concern:** The range of activities available to detainees was underused. Few detainees could obtain a paid job. The education provision did not support the communication needs of the many detainees who spoke English as a second language. Activities were not sufficiently well planned or promoted to ensure detainees could occupy themselves sufficiently. The gym was cramped and presented health and safety risks.

Recommendation: Detainees should be able to access a wide range of appropriate activities and education that meet their needs and help keep them positively occupied and active during the day, promoting their mental and physical well-being.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

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

- I.1** Between July and September 2017, over 200 detainees had arrived in reception overnight between 10pm and 6am - 19% of all arrivals. Of the overnight arrivals, 34% had come from other immigration removal centres (IRCs); these transfers were undertaken for operational convenience without sufficient regard to the impact on detainees forced to leave and arrive at centres in the early hours. Detainees complained of long waits in police cells or at immigration reporting centres, and some also experienced long journeys. In our survey, 38% of detainees said that they had spent longer than four hours on escort vans.
- I.2** In our survey, 52% of detainees said that they were treated well by escort staff, against the comparator of 67%. Escort staff offered drinks and snacks to detainees. Some detainees said there was a lack of toilet stops. The person escort records (PERs) that we looked at were reasonably well completed and showed regular welfare checks and routine toilet breaks.
- I.3** There was no routine handcuffing of detainees from vans into the centre, but routine handcuffing of detainees for external escorts had increased significantly since our last inspection (see paragraph I.43 and recommendation I.47).

Recommendation

- I.4** **Detainees should not be subject to long delays before transfer to Harmondsworth, and transfers should not occur 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.

- I.5** Reception was open for 24 hours, seven days a week, and there had been an average of 97 arrivals a week in the previous six months. Detainees often arrived with a high level of need. In our survey 85% said they had problems on arrival (against the 67% comparator); over half said they felt depressed and/or had suicidal thoughts. Only 34% of detainees, against the 50% comparator, said that they had received information about the support available to them at the centre on the day of arrival.
- I.6** Only a third of detainees said that they had felt safe on their first night, against the comparator of over a half. In our interviews, many detainees said they felt unsafe because it was their first time in custody, or because they did not know what was going to happen to them. They also spoke of the stress of being locked into cells as if they were prisoners, and said this exacerbated their sense of anxiety and insecurity (see recommendation I.45).

- I.7** The reception area was clean and spacious with two holding rooms that held information for detainees in a variety of languages, although some of this was out of date. Hot drinks were available in the waiting room and detainees were offered food by staff.
- I.8** On arrival, detainees were given a rub-down search, although not always in a private area. They were given a mobile phone, SIM card and additional clothing if required. While the reception staff we observed were polite and courteous, interviews with detainees did not take place in private and the reception screening did not cover all areas of vulnerability. (See main recommendation S36.)
- I.9** Although staff were aware of the professional interpreting service available, they were reluctant to use it and many staff we spoke to preferred to use other detainees to interpret or made hand gestures to convey their messages. There was no log of the use of professional interpreting services in reception. (See main recommendation S36.)
- I.10** First night accommodation on Gorse unit was reasonable and an improved first night environment compared with the last inspection. Detainees were given a bedding pack, including sheets, a duvet, a towel and basic toiletries; however, they did not always receive all necessary items during their first night, such as flasks for water and fans for the stuffy rooms (see paragraph 2.3).
- I.11** Detainees did not get first night interviews and there were no peer mentors on the unit. We were told that an induction leaflet available in a variety of languages was provided to detainees, but some staff were unaware of it and so we could not be certain that it was issued to all new arrivals. Night staff made additional checks on all new arrivals, although the frequency of these varied between staff. Some detainees went directly to other locations if there was no space in the first night unit, and there were insufficient safeguards to ensure the same welfare checks were completed. (See also main recommendation S36.)
- I.12** Induction took place the day following a detainee's arrival. We observed one session given to 12 detainees. An enthusiastic welfare staff member delivered it but did not always use easy-to-understand language. The induction was not multidisciplinary, and had no input from any peer representatives. The process was rushed, not all potential support and information were fully explained, and it did not sufficiently engage detainees. We were told that a computer presentation was also available in a range of languages.

Recommendations

- I.13** **Staff should be aware of the location of all new detainees so that there can be regular enhanced checks of their welfare on their first night.**
- I.14** **All new arrivals should receive a thorough and multidisciplinary induction to the centre that involves detainee peer mentors.**

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.

- I.15** There had been 21 assaults on detainees by other detainees in the previous six months. Most were relatively minor, but there had been 17 fights involving 53 detainees -16 participated in the largest incident.
- I.16** Almost half of detainees, 47%, said they felt unsafe in the centre against the comparator of 36%. The centre's own recent survey was consistent with our findings, and found that even more detainees (54%) felt unsafe. In our interviews, detainees said their fears about safety stemmed from several factors, including their immigration status, illicit drug use in the centre and the prison-like conditions. Many were also concerned about the number of fights in the centre. Of those interviewed, 29% said that staff did not intervene quickly enough to stop arguments, fights and assaults. The CCTV footage we viewed showed that the staff response to the largest fight had been slow. (See main recommendation S37.)
- I.17** Staff echoed much of what detainees told us about safety. About one-third of the staff we interviewed thought the centre was not safe enough, and most said that staff shortages had affected safety. We were repeatedly told that residential units, the smallest of which held 90 detainees, could be staffed by just one officer, and staffing appeared low (see also paragraph 2.8).
- I.18** The monthly safer community meeting was poorly attended. The centre manager and representatives from the Home Office and security teams had attended only one of the last six meetings, and detainees did not attend them. The analysis of data on violence had improved since our last inspection, but it generated few actions. Despite concerns about the number of fights, only one was referred to in any of the previous six monthly reports to the meeting. There was no investigation of the response to such incidents to learn lessons. There was just one reference in the minutes to how illicit drug use might be impacting on safety. There had been too little work to reduce the supply of illicit drugs (see paragraph I.42 and recommendation I.48). Action planning generally was poor.
- I.19** The investigation of incidents was mostly adequate. However, some had not been investigated at all and most had been poorly followed up. For example, only 11 of the 53 detainees involved in fighting in the previous six months had been placed on formal monitoring. The centre had recognised this problem and had made recent changes to the violence management process to improve matters. (See main recommendation S37.)

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 had been one apparently self-inflicted death in the previous two years, shortly before the inspection. It was under investigation by the Prisons and Probation Ombudsman (PPO). The detainee died in hospital four days after the initial incident. Good early support was provided to detainees who directly witnessed what had happened. However, while all

detainees were promptly informed of the man's death, a number told us they had been fearful and uncertain during the four days that he was in hospital, and had not received any official information about the condition of their colleague. Rumours and anxiety had spread as a result (see main recommendation S37).

- I.21** There had been 55 incidents of self-harm in the previous six months, which was similar to the level at the previous inspection and proportionately fewer than in other IRCs. This was despite over half of men in our survey saying they felt depressed or suicidal on arrival. Most detainees on assessment, care in detention and teamwork (ACDT) case management were reasonably positive about staff support.
- I.22** In the previous six months, ACDT documents had been opened for 218 detainees at risk of suicide or self-harm. Most detainees required ACDT support because of the impact of detention on their well-being. ACDT documentation was of variable quality and we saw some poor assessments. Not all documents contained care plans. Professional interpreters were not always used for case reviews when required. Health care and Home Office staff did not attend most reviews.
- I.23** In our interviews, some staff said they felt they had insufficient training in self-harm and mental health issues given their prevalence in the centre. In many cases, staff entries in ACDT documents showed little meaningful engagement with detainee, and this was especially noticeable in cases where detainees spoke little or no English. For example, one ACDT recorded only one 'conversation' in four days, despite the requirement for two conversations a day; the interaction was in English, although the detainee did not speak the language. There had been 31 detainees on an ACDT held in the care and separation unit (CSU) in the previous six months. None were there solely because of risk of self-harm, but the unit remained an inappropriate location for vulnerable detainees who could be there for prolonged periods (see paragraph I.53 and recommendation I.56). There was no evidence that alternative locations were considered to allow such detainees to be better supported.
- I.24** In the previous six months, 46 detainees had been placed on constant watch. Despite the imminent high risk of self-harm this entailed, we found no example of a detainee on constant watch placed at the highest level of the Home Office adults at risk policy (see paragraph I.29).
- I.25** Some detainees did not receive sufficiently prompt support, and this led to some increased risks. In one case, we asked for a detainee on an ACDT to be assessed as he appeared very distressed. The ACDT recorded no further action until over an hour later, when he was found making a noose. He was only then placed on constant watch. Another case involved a detainee who, according to his ACDT, had made 'deep lacerations' to his arm at night requiring emergency hospital treatment. He remained locked in his cell for over an hour without assistance, and emergency cell bell records indicated that he had made 22 calls before staff came to see him and called an ambulance. There had been no 'near-miss' investigation of this or other serious self-harm incidents to identify poor practice and learn lessons. Staff on duty at night told us that in the event of an emergency they would not take the decision to call for an ambulance until health care staff had seen and assessed the detainee, which could have caused delays in life-threatening situations. (See main recommendation S37.)

Recommendations

- 1.26** Detainees on constant watch should be placed at the highest level of the Home Office adults at risk policy, and the decision to detain them should be reviewed promptly.
- 1.27** There should be local investigations into all serious acts of self-harm and near-misses, and resulting learning points should inform the suicide and self-harm strategy.
- 1.28** Assessment, care in detention and teamwork (ACDT) assessment interviews should be completed rigorously, case reviews should be multidisciplinary with use of professional interpreting where necessary, and staff should record meaningful observational entries.

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.⁴

- 1.29** The Home Office adults at risk policy had been operating for more than a year but was not working effectively in the centre.⁵ Despite efforts to care for adults at risk, too many were held for long periods. For example, a blind detainee on an ACDT had been detained for over a year (see also paragraph 1.67), and a wheelchair user who had tried to set himself on fire had been held for 15 months. The Home Office and Mitie Care and Custody kept separate logs of adults at risk but, as we have found at other centres, these records did not concur. At the start of the inspection, the Home Office had recorded 218 at-risk adults in the centre but Care and Custody recorded 198. Staff were not aware that a ‘level three’ detainee⁶ (on the highest level of the Home Office adults at risk policy) had been held during our inspection. Other men who fitted the criteria should have been recognised as level three but were not.
- 1.30** Care and Custody now had good links with Hillingdon safeguarding adults services. The safeguarding manager sat on the Hillingdon safeguarding adults board, and the joint strategic safeguarding children and vulnerable adults and trafficking sub-committee at Heathrow Airport. The centre alerted Hillingdon social services when at-risk adults were released with no fixed address. Hillingdon then referred these case to the London multi-agency safeguarding hub. Not all Care and Custody staff were aware of the company’s whistleblowing policy, and most staff lacked knowledge of the national referral mechanism (NRM) and/or lacked confidence in reporting victims of trafficking to it.⁷ In our staff interviews, only 8% knew what the NRM was. While Home Office staff were most likely to be aware, even one of them did not know about the NRM.

⁴ 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).

⁵ In response to the Shaw Review, the Home Office published guidance on adults at risk in immigration detention in September 2016. The purpose of the guidance was to, ‘lead to a reduction in the number of vulnerable people detained and a reduction in the duration of detention before removal’.

⁶ One for whom there is: ‘professional evidence (e.g. from a social worker, medical practitioner or NGO) stating that the individual is at risk and that a period of detention would be likely to cause harm’.

⁷ Put in place in the UK in April 2009 to identify, protect and support victims of trafficking.

- I.31** Some adults at risk were discussed at the weekly multidisciplinary complex cases meeting. Attendance was reasonably good and caseworkers from around the country phoned in to contribute. Too many cases were discussed in the meeting we attended -14 in 45 minutes. The forum had potential to be a mechanism for informing caseworkers about the impact of detention.

Recommendations

- I.32** There should be a single comprehensive list identifying detainees considered at risk of harm.
- I.33** Detainees who are at particular risk of harm should only be maintained in detention in exceptional circumstances. The reasons for maintaining detention should be clearly documented and explained to the detainee.
- I.34** Centre staff should understand and be confident in using the national referral mechanism and whistleblowing procedures.

Safeguarding children

Expected outcomes:

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

- I.35** The number of cases where a detainee stated he was a child was reducing. Since our last inspection, there had been 10 age-dispute cases, with none since November 2016. Social services subsequently found the detainee to be a child in three of these cases. In one case, a young person had been refused entry at Heathrow and detained. During his induction he stated he was 17 years old. The case was referred to Border Force to arrange a social services age assessment, but instead a Border Force officer, without seeing the young person, declared his appearance strongly suggested that he was significantly over 18 and assessed him to be 20. Social services subsequently assessed the young person to be a child. The Home Office had not learned safeguarding lessons from this and the other two cases. Centre staff responded appropriately when a detainee declared they were a child. Care plans were opened, individual circumstances and risks were assessed, and the young person was assigned a single room.
- I.36** Home Office staff were alert to their duty to safeguard and promote the welfare of children but we found a safeguarding failure. A Home Office enforcement team had liaised appropriately with social services before a man was detained in June 2017. The social worker wrote to the Home Office raising significant concerns that the man's child could be exposed to domestic abuse and violence if he were released. The detainee was released during our inspection but the Home Office did not notify social services until we raised the case.
- I.37** The Care and Custody safeguarding policy was up to date. Newly appointed detainee custody officers (DCOs) completed trafficking and child protection training during their initial training. Other DCOs could complete a safeguarding children and vulnerable adults online training package, but completion rates were low.

Recommendations

- I.38 All detainees who say they are children should undergo a Merton-compliant age assessment by social services.** (Repeated recommendation I.37)
- I.39 All staff should have up-to-date safeguarding children training.** (Repeated recommendation I.36)

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- I.40** The centre remained too prison-like in design and in some of its procedures. Security for detainees on Ash, Beech, Fir and Gorse units was disproportionately high, and had been compounded by the introduction of an hour's lunchtime lock-up for detainees on those units (see paragraph 3.1). Detainees were locked in their rooms at night, which was an inappropriate restriction that had a significant negative impact on their sense of well-being (see paragraphs 1.6 and 3.1).
- I.41** In the previous six months, 533 security information reports (SIRs) had been submitted, which was higher than at the last inspection but lower than at other IRCs. We saw limited contact between staff and detainees (see paragraph 2.7), which reduced the likelihood of obtaining useful information. The security department had delivered some training sessions to unit staff to encourage them to submit SIRs where appropriate. The SIRs we examined were processed quickly, and intelligence was communicated across the centre.
- I.42** Security committee meetings remained poorly attended, and lacked strategic direction and focus. The committee produced a monthly report that lacked sufficient analysis of security and intelligence to identify and address patterns and trends. The weekly security briefing sheet for managers was useful, but there was insufficient overall direction to staff about the centre's risks and threats. As at the last inspection, there was no centre-wide strategic approach to dealing with drugs, despite evidence of an increase in the availability of drugs, including new psychoactive substances (NPS).⁸ In our interviews, the vast majority of detainees said that drugs were easy to obtain, especially 'Spice', and many said that staff did not do enough to address the problem. Staff interviewees similarly felt that drugs were widely available. There was no effective partnership working, and no forum or agreed action plan to steer multiagency working.
- I.43** Handcuffing of detainees had increased substantially. At our previous inspection, the centre had responded well to our comments about the unnecessary and inhumane handcuffing of detainees during hospital escorts. However, at this inspection every detainee in our random sample of records was handcuffed, even when there was no evidence of risk. We were told increased handcuffing was in response to one detainee absconding on a hospital escort. Detainees were now also routinely handcuffed if they went to the CSU regardless of levels of compliance (see paragraph 1.50). The application of this risk-averse approach was disproportionate.

⁸ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

- I.44** Searching of communal areas, activities and staff entering the centre was reasonable. There were too many routine room searches that were not intelligence-led, but we were told that the centre was due to replace this with intelligence-based room searching only.

Recommendations

- I.45** Detainees should be able to live in a more open environment, and security restrictions should be proportionate to the risks posed. Detainees should not be locked into cells at night.
- I.46** Security meetings should be attended by representatives from a range of departments, and should analyse security information thoroughly to inform strategy and give direction to staff.
- I.47** The application of handcuffs without individual and properly evidenced risks to justify it should cease.
- I.48** There should be a coordinated centre-wide approach to substance supply and reduction, including detailed and regularly monitored action plans. (Repeated recommendation I.47)

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.49** As at the last inspection, new arrivals were placed on the enhanced level of a two-tier rewards scheme. There was minimal difference between the levels, and at the time of the inspection all but 27 of the 537 detainees were on the enhanced level. A policy set out how the scheme operated, but most officers and detainees were unaware of it.

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** In the previous six months, force had been used 86 times, which was higher than at other IRCs and the 60 recorded at the last inspection. The use of handcuffs during incidents had increased very significantly; they had been used 54 times in the previous six months compared with 12 for the same period at the last inspection (see paragraph I.43 and recommendation I.47).
- I.51** Documentation on the use of force indicated it was generally proportionate and used appropriately as a last resort in response to violent or non-compliant behaviour. It was also sometimes initiated in anticipation of resistance to removal. We observed one difficult incident where staff remained calm and in control with a very frustrated man who had become angry and abusive towards them. Video footage also showed some good examples of staff de-escalating situations effectively and using force appropriately. In one otherwise reasonably well-handled incident, a member of staff became frustrated and used

inappropriate language with a detainee who did not fully understand the instructions given; this occurred during a protracted strip search that was required simply because a detainee was taken to the CSU. In another case, several detainees who had been involved in an incident that had been resolved some hours earlier were handcuffed and relocated to the CSU by teams of staff in full personal protective equipment, despite being compliant throughout. We also found some examples of insufficient justification and authorisation in Tascor paperwork for the use of the waist restraint belt by escorting staff transferring detainees to and from the centre.

- I.52** Governance of use of force was reasonably good. A monthly use of force committee meeting reviewed incidents and identified trends. Until January 2017, samples of use of force paperwork and footage had been subject to external scrutiny, which was good, but since then they had been subject to local review. In 2016, a member of staff had been dismissed for illegitimate and excessive force on a detainee, which was identified on CCTV cameras by centre staff.
- I.53** Separation under Detention Centre Rule 40 (in the interests of safety and security) had been used 164 times in the previous six months, which was higher than the 118 at the last inspection. Rule 42 (separation for violent and refractory detainees) had been used 12 times in this period, which was also higher than the seven at the last inspection. As well as being routinely handcuffed on relocation to the CSU, detainees were routinely strip searched, which was also disproportionate and unnecessary. Cells used to hold detainees under rules 40 and 42 remained bare, and the unit was austere.
- I.54** Separation was not used for the shortest possible period, with the average length of separation high at around 49 hours. Records contained evidence that separation was used illegitimately as a punitive measure when detainees showed no signs of refractory behaviour. In filmed footage, we heard staff telling detainees that they would remain separated for at least 24 hours, with no mention that separation was intended to be reviewed regularly.
- I.55** Rule 40 detainees were allowed out of their cells during the day. A few detainees had been transferred from the CSU to the separation unit at Colnbrook and remained there for up to a further 10 days.

Recommendations

- I.56** **Detainees should only be separated on the basis of risk and harm, and only as long as that risk continues. Managers should ensure that it is not used punitively.**
- I.57** **Detainees should not be routinely strip searched on relocation to the separation unit. This should only be done on the basis of an individual risk assessment.**

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.58** In our survey, 81% of detainees said they had a lawyer, more than the 66% at our last inspection. Of those who had one, 59% said that they had been visited by their lawyer, more than the 40% comparator.

- I.59** Detainees could receive free legal advice through the Legal Aid Agency surgeries, which provided 10 half-hour slots on four days a week. Detainees who were financially eligible could receive ongoing legal representation for bail applications and protection claims. Waiting times for the surgeries had reduced since our last inspection and were now reasonably short.
- I.60** Detainees had good access to the internet to access a wide range of websites for legal, human rights and support organisations (see paragraph 4.11). Notices around the centre promoted a monthly bail for immigration detainees (BID) workshop. The range of legal textbooks in the library was narrow and many were out of date. The welfare office stocked a wide range of legal forms that detainees could freely access.
- I.61** There were 29 rooms for legal visits, including a medical room where detainees could meet independent doctors. Waiting rooms were still too small for the numbers held. One of the two holding rooms in the neighbouring tribunal hearing centre had been decommissioned for repairs, and the other was in poor condition, with graffiti, broken seating and nothing to occupy detainees while they waited.⁹
- I.62** Detainees received their bail summaries on time. However, a detainee who used a wheelchair was not transferred to his bail hearing as the escorts failed to provide suitable transport, which was unacceptable. The hearing went ahead and his application was refused.
- I.63** Detainee access to the on-site Home Office contact management team was good but less so for the detained asylum casework (DAC) team. The contact management team was diligent and made good efforts to engage with detainees - we observed a contact management officer dealing calmly with a very frustrated and angry detainee. The team ran a drop-in surgery five days a week. The officers had a laptop with access to the casework information database and could immediately update detainees, but it did not keep a record of overdue monthly progress reports. In theory, members of the DAC team ran drop-in surgeries three days a week but in practice many of these did not take place. DAC team members did not use laptops and did not have immediate access to the casework information database.

Good practice

- I.64** *The Home Office contact management team ran drop-in surgeries five days a week to answer detainees' queries, and could access the casework information database to give detainees prompt updates on developments in their cases.*

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** The centre held 552 detainees on the first day of our inspection. Too many were held for unreasonable periods of time. In some cases, the length of detention on its own was enough

⁹ See our report on an inspection visit to court custody facilities in London North, North East and West, 29 May–6 June 2017 (<http://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2017/10/London-North-North-East-and-West-court-custody-Web-2017.pdf>)

to justify release. In others, the relevant material facts of the case showed that detention was no longer justifiable. Twenty-three men had been held for more than a year, all but one ex-prisoners, with three held for more than two years. The longest detention had been for more than four and a half years. These figures did not include those who had been re-detained. For example, we found one detainee who had been held for more two and half years during five periods of detention. Thirty-nine per cent of the population had been detained for less than one month, 64% for less than two months and 88% for less than four months. (See main recommendation S38.)

- I.66** Removals failed for a variety of reasons, including late legal challenges, a lack of travel documents and disruptive behaviour on removal. Some detentions were prolonged by failings of the Home Office and its contractors. For example, the Home Office took over a year to decide an asylum claim. In another case, a judge ordered the release of a detainee subject to suitable accommodation being found, yet he was not released for another two months. In one case, there was a delay of almost two weeks in making a referral to the national referral mechanism (see paragraph I.30).
- I.67** Some detention reviews failed to document sufficiently all material factors needed to make a balanced judgment. For example, an optician confirmed that a detainee who had been detained for over a year was ‘registered blind and has no sight’, and an ADCT review stated that the detainee ‘relies on staff and his peers to assist him moving around the centre’, yet the detention review stated: ‘he is completely self-caring and able to manage.’
- I.68** The recommendations of the Home Office's own case progression panel were often rejected. The panel recommended the release of five detainees in the 12 cases we sampled, sometime more than once, yet detention was maintained every time. In one case, the panel had unsuccessfully recommended the release of a detainee on three separate occasions.
- I.69** We reviewed 10 rule 35¹⁰ reports; all concerned torture. In only four reports did detainees sign consent to the release of their medical details. The assessments had improved since our last inspection but some provided little help to decision-makers. Report templates referred inappropriately to a ‘prison number’. None of the reports commented on how detention affected the detainee’s health or the possibility of post-traumatic stress disorder. For reasons that were unclear, one report had not been transmitted from health care to the Home Office; this was only discovered when a detainee we interviewed reported it to us. (See main recommendation S39.)
- I.70** Replies were timely and confirmed that the reports had been assessed using the wider correct definition of torture. In nine of the 10 cases, the decision-maker accepted the reports as evidence of torture. However, only one of these reports led to release. In the previous six months, only 9% of the 351 rule 35 reports submitted had led to release, fewer than at other recent IRC inspections. (See main recommendation S38.)

Recommendation

- I.71 Casework decisions should be made quickly and with due care.** (Repeated recommendation I.72)

¹⁰ Rule 35 requires notification to Home Office Immigration and Enforcement if a detainee’s health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

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 centre had done considerable work to improve the physical environment, mostly in Cedar and Dove units where conditions had improved since the last inspection. Despite this, conditions were still well below acceptable standards. In both our detainee and staff interviews, the poor environment was cited as a major concern. Several rooms were bare or locked off, many areas looked neglected and there was dilapidated flooring with ingrained dirt in various parts of the centre. Stairwells were particularly dirty. A floor in one of the main corridors had water on it throughout most of the inspection. A dilapidated pool table had been left for months in Fir unit, and was filled with rubbish. There was a strong smell of urine from communal toilets in this unit, which confronted anyone coming through the main entrance. Staff told us had been a problem for some time.
- 2.2 The very poor showers and toilets we found on Cedar and Dove units during the previous inspection had been closed and replaced with much more decent units. However, showers in the newer parts of the centre were poorly screened. Soap dispensers in showers were broken or empty. Many showers were out of order and had been so for months. In Ash unit, 91 men shared four working showers, and in Beech unit a similar number of men shared five showers.
- 2.3 Many detainees did not have a cell key. Cupboards could not be locked and some were broken or dilapidated. Poor ventilation in the sealed building where windows could not be opened was a constant problem, and only partly offset by the provision of fans. Toilets in shared cells in the newer wings were only screened by a curtain, and many were dirty with excessive limescale. Graffiti, in some cases nationalistic and threatening, was visible throughout the centre, particularly in the newer units. Rooms on Cedar and Dove were of an adequate size but could not easily accommodate more people. We were concerned to hear of plans to add another 50 beds to these units.
- 2.4 Bed bugs were endemic and a problem that detainees found particularly distressing. In our interviews, many staff also talked of their own frustration and embarrassment at the lack of resolution. There was evidence of infestation in all units, and work to address the problem was taking far too long. We reported on this problem in our 2015 inspection and it was unreasonable that detainees had been required to endure such intolerable conditions for so long. There were also problems with mice infestations in some units.
- 2.5 There had been improvements in laundry facilities and 77% of detainees said they could get clean clothes easily, compared with 60% at our last inspection. However, some detainees still complained about the poor quality of clothing and we saw some detainees given clothes that clearly did not fit them. There was a shortage of shoes in some sizes. There were still some shortages of bedding, including in the first night centre. The quality of some duvets and pillows was poor. (See main recommendation S40.)

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.

- 2.6** In our survey, only 50% of detainees said that most staff treated them with respect, against the comparator of 79%, and only 57% said they had a member of staff they could turn to for help if they had a problem. These results were consistent with the centre’s own recent survey, in which 64% of detainees said that staff had spoken harshly to them and 45% that staff did not help them enough.
- 2.7** Our interviews with detainees and staff did not evidence a pernicious underlying staff culture, and the majority of staff spoke of wanting to help detainees. However, many detainees complained that staff were too busy to help or that some were lazy and/or failed to understand their daily frustrations. Some detainees said that staff were rude, and there were some reports of staff shouting at them.
- 2.8** Staffing levels were low, and both detainees and many staff told us there were too few officers to provide adequate support. Both staff and detainees repeatedly told us that residential units, the smallest of which held 90 detainees, could be staffed by just one officer. The staff-detainee interactions we observed were largely functional, and staff struggled even to carry out routine tasks. We saw many examples of staff being too busy to offer prompt assistance, and some staff who were curt with detainees. A third of staff interviewed said they did not have sufficient training for their roles. Many staff told us that newer staff were less able and willing to manage difficult situations, and detainees echoed this concern. (See main recommendation S37.)
- 2.9** Staff entries in individual detainee records indicated a lack of meaningful support. Entries typically concerned routine administrative tasks, for example, the issue of clothing. Otherwise, they largely concerned refractory behaviour. Entries concerning a detainee’s state of mind, risks or needs were very unusual, even for those considered by the Home Office to be adults at risk.
- 2.10** There were fortnightly consultation meetings with detainee representatives. They were well attended by managers, and many substantive issues were covered. Minutes showed slow progress on getting some repairs completed. Most detainees were unaware of these meetings, and few detainees attended.

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 characteristic¹¹ 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.

Strategic management

- 2.11 Work on equality and diversity had been neglected. There was no dedicated equality team or any detainee equality representatives. Senior managers had been identified to lead protected characteristic strands, but lacked ownership of these areas.
- 2.12 There was an equality, diversity and inclusion strategy but the associated action plan had too many overdue actions. Not all relevant training had been provided to the equality managerial team, and it was unclear how many staff had completed the equality e-learning package.
- 2.13 The quarterly diversity meeting did not always take place and attendance was not recorded. Detainees did not attend this meeting. Data on protected characteristics was not systematically analysed in sufficient depth to show how outcomes for detainees with protected characteristics compared with those for the rest of the population.
- 2.14 Detainees could submit discrimination complaints through the local complaints system, in their own language if required. Any relevant complaints were forwarded to the equality manager for action. Eight discrimination complaints had been submitted by detainees during 2017. Responses generally showed sufficient investigation, and four complaints had been partially upheld. However, it was not clear what learning had been taken from these cases and how this had been disseminated to all staff.
- 2.15 Some nationality focus groups were held and were useful to an extent in helping to understand the perspectives and needs of some nationalities. However, support for detainees with protected characteristics was generally underdeveloped. There had been several recent fights involving different nationalities; some consultation had been held as a result, but there was little evidence of further investigation into the causes of the incidents or lessons that could be learned.

Recommendation

- 2.16 **The equality, diversity and inclusion strategy should be delivered systematically, with particular attention to staff training, consultation with detainees from protected groups and effective equality monitoring that is followed by action to address disparities.**

¹¹ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.17** Systems to identify new arrivals with protected characteristics were weak, and there was no input from the equality team into the reception, first night or induction processes (see recommendation I.14). To encourage disclosure, there were two equality referral form boxes in the welfare office and the library, which the equality manager emptied daily.
- 2.18** Professional telephone interpreting services were not used sufficiently, even though many detainees spoke little or no English. Although this was partially offset because many staff spoke languages other than English, other detainees continued to be used to interpret in confidential interviews, such as assessment, care in detention and teamwork (ACDT) reviews (see paragraph I.23). There was some translated written information in reception but not enough in other parts of the centre.
- 2.19** Centre records showed that 7% of the population were aged over 50, including 2% over 60, while approximately 7% were young adults. There was little action to investigate or address the specific needs of older and younger detainees.
- 2.20** The identification of detainees with disabilities was ineffective. Health care staff carried out reception screening and recorded if a detainee had a disability on the computerised detainee management system. Some centre staff were unaware of where to access this information, and there was no definitive list of all detainees with disabilities. In our survey, 19 detainees (12% of respondents) considered themselves to have a disability.
- 2.21** There were some adapted rooms or cells on residential units. The disabled-access toilet on Dove unit was dilapidated and unpleasant. Ten detainees had a personal emergency evacuation plan (PEEP). These were generally available on the unit, but were perfunctory, with insufficient information to help staff assist a detainee in an emergency. The main lift had been out of action for several months and so detainees in wheelchairs relied on staff escorting them via a lift through the main kitchen area to access services. This was unacceptable and not always facilitated due to staff shortages. In one case, a wheelchair user was 'forgotten' in an IT room and only later returned to his room when a member of staff remembered that he had not been collected. There was no buddy system to facilitate practical peer support.
- 2.22** The level of support for LGBT detainees had declined since our last inspection, and liaison officers we spoke with were frustrated at the lack of time they had for this work. Some gay detainees we spoke with were unaware of the services available from the UK Lesbian and Gay Immigration Group.

Recommendations

- 2.23 Professional translation and interpreting services should be used in all cases where confidentiality or accuracy is required.**
- 2.24 Detainees with disabilities should be able to access all relevant services and facilities, with detailed support plans for those who need them.**
- 2.25 Services to support the needs of gay and bisexual detainees should be better resourced and promoted throughout the centre.**

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.

- 2.26** The chaplaincy comprised four full-time staff, supported by sessional and part-time chaplains. All major religions were catered for, with chaplains from some minority faiths called upon when necessary. The team was assisted by volunteers from local faith communities, who conducted worship and provided a befriending service. Detainees valued the chaplaincy but some commented that they were not always available, and in our survey 19% said they could not speak to a religious leader of their faith if they wished to.
- 2.27** The faith corridor was accessible to all detainees, and facilities included a prayer room for Hindus and Sikhs, a mosque, chapel and multi-faith room. There were also small prayer rooms throughout the centre. Friday prayers for Muslim detainees took place in the sports hall to provide sufficient capacity. The times for corporate worship were well advertised. Religious education included Bible classes and Qur'anic Arabic instruction. Religious and cultural festivals were celebrated with engagement by the catering department and use of the cultural kitchen.
- 2.28** The chaplaincy was integrated into centre life and attended appropriate meetings, such as safer community, regime planning and daily management briefings. The team attended ACDT case management reviews when requested, and the manager was also an ACDT case manager. The team visited all residential units daily, including separated detainees and inpatients.

Recommendation

- 2.29 The centre should investigate and, if appropriate, take action on the perception of some detainees that they are unable to see a religious leader of their faith.**

Complaints

Expected outcomes:

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

- 2.30** In the previous six months, Care and Custody had received 116 complaints from detainees and the Home Office's professional standards unit (PSU) seven; there had been no complaints to the Home Office contact management team.
- 2.31** Care and Custody investigations were very good, although a few were not prompt. Replies were polite and dealt constructively with the issues raised. Apologies were offered where appropriate. Twenty-six per cent of Care and Custody complaints were fully or partially substantiated. Complaint forms were freely available around the centre in English and other languages. In the last six months Care and Custody had received 13 complaints in languages other than English, but replies were only ever provided in English. A senior manager quality assured all replies. A monthly report enabled managers to track trends.

- 2.32** The PSU investigations of complaints and reports were extremely thorough and detailed. An alleged assault had initially been referred to the PSU, which had inappropriately passed it to Care and Custody for investigation.
- 2.33** Detainees not satisfied with a response to their complaint could take it to the Prisons and Probation Ombudsman (PPO). In the previous 12 months, the PPO had received nine complaints from Harmondsworth, of which five were eligible for investigation.
- 2.34** Despite good procedures and management of complaints, faith in the complaints system was low. In our detainee interviews, well over half said they were not confident to complain. Many felt that there would be no action as a result of their complaints and/or were concerned that submitting complaints might affect their cases.

Recommendation

- 2.35** **Managers should investigate and address the low level of detainee confidence in the complaints system.**

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.

- 2.36** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹² and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Governance arrangements

- 2.37** Health services were provided by Central and North West London NHS Foundation Trust and GP services by the Langley GP practice. An up-to-date health needs assessment informed service delivery through a conventional NHS model.
- 2.38** There was a partnership board and a local delivery board, and the trust's clinical governance arrangements were well developed, although GPs were not routinely included in these. There was good reporting of clinical incidents, and lessons learned were shared with staff at monthly team meetings. Accountability arrangements were effective with robust audit programmes and good support from senior trust managers.
- 2.39** During the inspection, most detainees were negative about health care. In both our detainee and non-health staff interviews, the attitudes of health care staff were criticised, with many people describing rude or dismissive behaviour. The reasons for these

¹² 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>.

perceptions and the extent to which they reflected reality were not well understood. Health providers had started to address detainee concerns through patient participation groups, which were used to improve service delivery, but these were relatively new. A weekly drop-in surgery offering face-to-face advice and support was also due to commence.

- 2.40** There were several nursing vacancies that placed significant pressure on existing staff. Bank and agency staff were routinely used, which created some inconsistency for detainees. However, a workforce development plan was starting to have a positive impact. Training and supervision arrangements for current staff were reasonable. All medical staff had undertaken specific training on the production of rule 35 reports, but concerns remained (see paragraph 1.69). Treatment rooms in the health care centre were clean, appropriate and complied with infection prevention standards.
- 2.41** Arrangements to respond to emergencies were disjointed. Many detention staff had received first aid training but there were insufficient automated external defibrillators and not all staff knew their location. The continuous health care staff presence on the site offset this concern, but there was only one emergency bag, located in the health care centre, which was heavy and difficult to transport around the site. Detainees could call an ambulance themselves, which could create some confusion, and response times and call outs were not systematically logged.
- 2.42** Staff were aware of how to respond to safeguarding concerns. They could access specialist advice and equipment to support mobility when required. Detainees with social care needs that involved personal care were discharged from the centre.
- 2.43** Detainees could make health care complaints through a secure health care complaints system. Complaints were very well managed. The responses we sampled were timely, respectful and addressed the issues highlighted. There was a patient liaison coordinator who met detainees to discuss their complaints and ensure their concerns had been addressed and understood appropriately. However, the role was new.
- 2.44** There were policies to prevent communicable disease and deal with outbreaks, and arrangements to seek detainees' permission for the appropriate confidential sharing of health information. Disease prevention arrangements and health promotion initiatives were generally adequate given the short times that most detainees were held for, and we saw evidence that detainees were offered access to screening for blood-borne viruses and immunisation programmes. Barrier protection was available and appropriately advertised.

Recommendations

- 2.45** **Health care workforce plans should ensure there are sufficient regular and skilled frontline staff to deliver commissioned services.**
- 2.46** **Health services should engage with detainees to understand their perceptions of health care and respond actively to legitimate concerns.**
- 2.47** **Emergency equipment should be appropriately located, and responses to emergencies should be fully recorded and evaluated to ensure that the protocols are followed.**

Delivery of care (physical health)

- 2.48** Detainees received a thorough reception health screen and were routinely followed up by the GP within 24 hrs. A health services leaflet was available in a range of languages and was being revised with detainees to improve its effectiveness. Use of telephone interpreting services was good, but in reception it was assumed that many detainees could follow English, even if it was not their first language, and more rigour was required to facilitate effective communication. (See main recommendation S36.)
- 2.49** There were daily triage clinics that were effective and met detainee needs appropriately. Where required, appropriately trained nurses offered travel vaccinations and advice. A nurse prescriber was available to enhance this service. Detainees requiring physiotherapy were escorted to hospital.
- 2.50** Despite most detainees' negative perceptions, we found an appropriate range of responsive primary care services. With the exception of the optician, waiting times were short. Detainees requiring urgent 'on the day' GP appointments were facilitated, and routine appointments were made within two days. Out-of-hours GP cover was provided to the same level as in the local community.
- 2.51** Detainees with long-term conditions were well supported through the GP, who liaised with nurses to ensure all their needs were met. Detainees with complex health needs were identified and care plans were reviewed regularly.
- 2.52** The high rate of 'failure to attend' health appointments was monitored and attempts to reduce this were being trialled. Detainees were referred promptly for secondary health services. External hospital appointments were well managed and appointments rarely cancelled due to lack of detention centre escort staff. Detainees received a copy of their clinical records and all necessary medications on their release or removal.
- 2.53** The enhanced care unit was a hospital-type 20-bed inpatient unit - including two en-suite isolation rooms. It was clean and well maintained. Beds were allocated appropriately, using clinical criteria only. There were seven inpatients during our inspection, who all benefited from participating in the IRC regime during the day. Health care staff, who were available 24 hours a day, provided heightened observations for inpatients who required it. There were care plans for all inpatients based on national clinical guidance.

Pharmacy

- 2.54** A full-time clinical pharmacist was supported by two pharmacy technicians. The pharmacist clinically reviewed all prescribed medicines before ordering them. Individual patients could request to see the pharmacist, and the pharmacist invited patients to attend the medicines concordance clinic.
- 2.55** Medicines were administered through a small hatch which a patient had attempted to access in an earlier serious incident, and we were told of imminent action being taken to resolve this risk. Only one detainee custody officer was allocated to supervise medicine queues and monitor the waiting room, which meant that officer supervision was sporadic. Medicines were administered four times a day between 8.30am and 9pm. Staff administering medicines requested identification, which was then checked against the health care record, including photograph. An e-prescribing and medicines administration system had reduced the need for paper records.

- 2.56** Patients were risk assessed for in-possession medicines, and these could be supplied monthly, but use of in-possession medication was low for the population profile. As a result, we observed long waits to collect supervised medications, which resulted in frustration for detainees. The team followed up non-collection of in-possession medication or non-attendance for medicines. Detainees attending court or being released could take their in-possession prescribed medication with them. Arrangements for detainees being deported were reasonable, but preventative malarial medicine was not given.
- 2.57** Appropriately trained nurses and pharmacy technicians could administer individual doses of over-the-counter medicines for short-term conditions. Patient group directions (PGDs) (to enable the administration or supply of prescription-only medicines) were available to nurses for the administration of vaccines.
- 2.58** Although medicines could be stored securely and within their recommended temperature ranges, staff did not always ensure that medicines cupboards were locked when necessary. Medical gas cylinders were store securely and held apart appropriately.

Recommendation

- 2.59 Medicines should be held and administered securely and safely, with sufficient detention staff to ensure consistent supervision of medicine queues, and better arrangements to reduce the possible theft of medicines.**

Dentistry

- 2.60** Kent Community NHS Trust provided a full range of NHS-equivalent dental services. The average wait for routine appointments was under two weeks, which was good. Most treatment was to manage acute pain, but ongoing treatment was provided for detainees likely to stay in the centre for more than a few weeks. The primary care team dealt with any urgent dental concerns between sessions, and arranged community dental care if required. The importance of oral health was promoted during sessions.
- 2.61** Governance processes helped ensure the provision of safe dental services. Comprehensive clinical records were completed on the SystemOne clinical IT system. Dental equipment was well maintained and serviced regularly. The large dental suite and separate decontamination room complied with national infection control standards.

Delivery of care (mental health)

- 2.62** Central and North West London NHS Foundation Trust also provided the mental health services. One nurse was allocated for initial assessments and most ongoing care management. There was no professional support at the weekend, which affected care for detainees in acute distress. There were sessions from a psychiatrist and psychologist, with plans to enhance the staffing profile to meet need.
- 2.63** The service offered a psychologically-led approach to address mild to moderate problems, which included guided self-help, groupwork and individual therapy. Staff from Phoenix Futures recovery services provided a receptive and accessible service from the welfare hub. An external 'Hearing Voices' group offered support to detainees who had concerns about their health, and there was effective liaison and escalation to specialist support when indicated.

- 2.64** When a reception screening identified a detainee with mental health need this triggered a formal mental health assessment. GPs made most referrals, although detainees and detention staff could refer directly. Routine referrals were seen within three days and urgent cases within one working day, although we found some slippage in responses to routine referrals.
- 2.65** Although only one detainee currently required specialist support using the care programme approach (CPA), there was significant demand for mental health support. From our observations and interviews with health staff and detainees, it was clear that many detainees experienced anxiety and altered mood due to their ongoing situation. The current staffing profile was insufficient to meet this particular demand, but plans to address this were being progressed.
- 2.66** Clinical records were good and there were appropriate professional development and supervision arrangements. Support for detainees under ACDT case management was not always consistent (see paragraph 1.22). There was some mental health awareness training for detention staff, but in our interviews many staff complained that they did not feel adequately trained in self-harm prevention or mental health.
- 2.67** Two beds were commissioned at the local psychiatric intensive care unit, which meant that detainees requiring hospital treatment could access care promptly. Five detainees had been transferred under the Mental Health Act in the last 12 months within agreed timescales. Where appropriate, detainees with ongoing needs were supported before they left the centre, including provision of medication and liaison with community networks.

Recommendation

- 2.68** **The mental health service model, staffing profile, skills mix and therapeutic approaches should ensure there is the capacity and capability to meet the mental health needs of detainees.**

Substance misuse

Expected outcomes:

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

- 2.69** Detainees with substance misuse problems were referred promptly on reception for a detailed assessment. Detainees requiring detoxification were seen by the GP and could stay in the enhanced care unit (see paragraph 2.53) if increased levels of observations were required. There was no PGD to support detainees experiencing alcohol withdrawal, but such people would not be accepted into the centre or be transferred to the local hospital if there was identified clinical risk.
- 2.70** One nurse, who also covered Colnbrook IRC, provided clinical substance misuse support to detainees in liaison with the GPs through agreed protocols. Demand was low; only three detainees currently required opiate substitute treatment. Treatment was flexible and geared towards individual need, which was good. All detainees were placed on a reducing regime and would not be considered for relocation until the programme had been completed.
- 2.71** Phoenix Futures had recently started to support detainees with a range of accessible low-level support, including individual and group psychosocial interventions. The service was generally well promoted although the team was not part of the induction programme,

which was a gap. Detainees could self-refer and Phoenix could be approached directly from the welfare hub for advice and guidance. Detainees could also be referred by other professionals, but there was little evidence that security intelligence highlighted detainees who needed support.

Recommendation

- 2.72 The substance misuse team should routinely see detainees on their induction to promote the services provided.**

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.

- 2.73** A four-week rolling menu offered a wide variety of healthy meals, with fruit and vegetables available daily. The quantity and quality of the food we tasted was adequate and hot food was at the correct temperature. The lunch meal had less variety. Under a third of detainees in our survey said the food was good, similar to the comparator. The ‘cultural kitchen’ was a popular facility that allowed detainees to cook food to their own tastes and spend time in a purposeful and relaxed social environment. However, it was very busy and could not meet the high demand.
- 2.74** Detainees in Cedar and Dove units ate in a communal dining room. The area was clean but sometimes congested. We observed staff eating with detainees, which helped to create a more relaxed atmosphere. Some detainees on the other units ate on the communal tables outside their cells, but there was not enough space for everyone to eat there. We observed most taking meals in their cells.
- 2.75** The main kitchen was properly maintained, clean and well equipped. All staff and detainees employed in the preparation and serving of food had received basic hygiene and food handling training. The catering manager regularly attended detainee forums and took views on the catering and shop services provided, which informed developments.
- 2.76** The shop opening hours had reduced since our last inspection. Although the shop appeared to have a reasonable range of goods, in our survey fewer detainees than the comparator (29% against 45%) said the range was sufficient to meet their needs. Detainees could order newspapers and magazines, including some publications in a range of languages. Detainees could also order goods from a catalogue and from approved internet sites. Some prices in the shop were more expensive than the high street, although most were similar and sometimes cheaper.

Recommendation

- 2.77 Detainees should have significantly more access to an expanded cultural kitchen.**

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** In our survey, only 29% of detainees, against the comparator of 54%, said that there was enough to do to fill their time at the centre. In our interviews, many detainees described a sense of purposelessness and boredom. (See main recommendation S41.) Detainees in Cedar and Dove units were unlocked all day and night. Those on the remaining units were locked in at night, and slightly longer at the weekend; they were now also locked up for one hour at lunchtime, which we were told was an opportunity for staff to catch up on paperwork (see paragraphs 1.6 and 1.40, and recommendation 1.45). Detainees could now attend the activities area for at least one session a day, and for two sessions every other day.
- 3.2** Detainees had access to recreational facilities, such as the cultural kitchen where they could cook together (see paragraph 2.73), an events room designed for large group gatherings, a music room and a games room with a communal television. Festivals, such as carnivals, were celebrated in the courtyard with a variety of activities. The 'music in detention' initiative had continued but its promotion and planning were poor and we observed very few detainees participating.
- 3.3** Detainees could use internet facilities in a computer room on their units as well as the main computer suite in the activities area, which was the most popular facility. In our interviews, detainees mentioned internet access as one of the main positive aspects of the centre (see paragraph 4.11). They mostly used the computers to communicate with friends, family and legal services, and to watch videos in different languages.
- 3.4** Activities were not well advertised and promoted in the centre, and facilities continued to be underused. The induction to activities was too brief - detainees with poor English did not understand the information given by staff, and were asked to sign documents in English that they could not fully understand; and new arrivals were not given any written information on activities that they could refer to later. There was still no assessment of detainees' levels of English during induction. (See main recommendation S41.)
- 3.5** Managers did not analyse data sufficiently and, therefore, did not know the number of hours that each detainee attended activities. Similarly, they had not identified any patterns in the participation of different groups of detainees in order to eradicate any inequalities of participation. It was difficult to know whether facilities such as the gym and the library were used well other than through our observations.

Recommendations

- 3.6** **Data on activities should be analysed fully to identify trends in the use of all facilities and participation by different groups of detainees, and this information should be used to improve participation in activities, including better planning and promotion to attract higher interest and attendance.**
- 3.7** **New arrivals should receive activities information and documents in a language they can understand, and have their English language needs assessed during induction.**

Learning and skills

- 3.8** In our survey, few detainees said they attended education. Leaders and managers had not addressed the weaknesses we identified at the previous inspection, and managers and staff acknowledged that activities were not a priority in the centre.
- 3.9** There had been a review of the activities offered, mostly in education, to address detainees' lack of interest in attending English for speakers of other languages (ESOL) sessions. However, the resulting strategy had been poorly planned, with ineffective arrangements to support the communication needs of non-English speaking detainees. (See main recommendation S41.) Managers had restructured the staff to support the vision of vocational and employability provision, but had not planned sufficiently how to implement this. Some tutors were not appropriately qualified. The activities manager was not appropriately qualified or experienced to manage the provision, and leaders did not have a development plan to overcome this lack of experience.
- 3.10** The lack of effective planning of activities by tutors led to poor standards of learning. For example, detainees did not follow correct food hygiene procedures in the cultural kitchen as they were not given the necessary equipment, such as personal protective equipment (PPE) or appropriate paper towels. The classroom where the cleaning sessions were taught was dirty and did not provide tables where detainees could write notes.
- 3.11** The proportion of detainees attending education classes was very small compared to the centre's overall population. The number attending was particularly low during our inspection, although in line with the classroom capacity. Education now comprised information and communications technologies (ICT) classes. The centre had recently introduced a short basic cleaning course, which approximately 10 paid cleaners attended during our inspection.
- 3.12** The quality of teaching and learning was still insufficiently good. Quality assurance by managers had not led to improved provision. Detainees continued to rely on mediocre quality worksheets, and in ICT, they mostly copied and replicated these at their computers. At times, detainees were unaware of the significance of what they were copying, and so not maximising their new knowledge.
- 3.13** Detainees did not improve their English language skills during lessons. Tutors did not correct spelling errors and mistakes, and detainees did not have access to dictionaries in their lessons. Some tutors carried out a brief initial assessment of detainees' English and also relied on detainees' own evaluation of these. However, these assessments were often too generous and did not support detainees English speaking, writing and comprehension needs.
- 3.14** During the inspection, the few detainees who we saw in the art room engaged well with creative activities and enjoyed entering their work in competitions. The art room continued to provide a calm and therapeutic environment.

Recommendations

- 3.15** Managers should ensure that the needs of English for speakers of other languages (ESOL) learners can be met through activities.
- 3.16** There should be a training and development plan that enables tutors who are not sufficiently well qualified to deliver good quality and effectively planned activities, and to support effective management by the activities manager. There should be quality assurance checks to ensure that teaching is high quality.

Paid work

- 3.17** The number of paid work placements had reduced since the last inspection, but a reduction in the population meant that the proportion of detainees able to work (18%) was similar to the last inspection; this remained insufficient to meet need. Waiting lists for jobs were long with 61 detainees waiting for a job. The process for detainees to apply and obtain employment had not improved and continued to rely on custody officers handling verbal applications, which also meant that the central records were not always accurate. Managers did not oversee the process effectively to ensure that recruitment was fair and transparent. Pay rates were equitable.
- 3.18** Detainees could work up to 30 hours a week and many we spoke with were doing a considerable number of hours a week. All detainees could apply for permission to work and this was considered by the Home Office, which had improved its response time. However, the Home Office continued to prevent detainees from accessing paid work if they were considered to be non-compliant with Home Office. In the previous five months, 96 detainees had been refused a paid job for this reason.

Recommendation

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

Library

- 3.20** Although there was a qualified librarian, he spent much of his time in neighbouring Colnbrook IRC and not enough time managing the Harmondsworth library, which was usually staffed by detainee custody officers (DCOs). As a consequence, there was not enough understanding of the catalogued items and stock loss as there had been no continuity in audits since the previous inspection. There was no analysis of data on the extent of library use and participation by which groups of detainees. The library facilities were underused and not used to hold events such as book clubs.
- 3.21** In our survey, only 49% of detainees, against the comparator of 83%, said it was easy to go to the library. The library contained a wide selection of reading materials and reference books, including dictionaries, as well as daily English and foreign newspapers in eight languages. Detainees used the library photocopying facilities well in preparing their legal case defences, with helpful support from an orderly. The library offered a selection of console games and films that detainees could borrow and watch together, as well as a selection of board games. Catalogue shopping was also available at the library.

Recommendation

- 3.22** The library should be overseen by qualified and experienced staff who can ensure that appropriate reading materials are offered to detainees, and the library area should be better used for the information and recreational needs of different groups of detainees.

Sport and physical activity

- 3.23** In our survey, under half of detainees said they found it easy to go to the gym and about a fifth said it was difficult for them to go. The area was small and much of the equipment was in a poor state of repair. Managers had not paid sufficient attention to health and safety in the gym, and detainees used unsafe equipment. There were five qualified instructors in the gym, although they were sometimes asked to cover officer duties leaving unqualified staff to manage the area. The indoor sports hall, which was closed at the previous inspection, was now used by detainees to play team sports, in particular volleyball and handball. Football was played, weather permitting, in the courtyards. Detainees could shower in their residential units after having exercised.
- 3.24** There continued to be poor links between the health care department and the gym. Health care staff did not alert gym instructors to the fitness levels of detainees. The gym did not hold smoking cessation or weight management activities, or encourage detainees not attending the gym to do so. There was no information on the use of the gym to identify long-term trends or improvement since the previous inspection.

Recommendations

- 3.25** The gym should be supervised by appropriately qualified staff, and gym equipment should be kept safe.
- 3.26** There should be stronger links between the gym and health care to ensure that gym instructors receive the relevant information about detainees' levels of fitness and suitability for physical exercise. The gym should offer activities to help detainees improve their health, such as smoking cessation.

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 The welfare team operated in a large open-plan area, which was busy but orderly. Detainee 'buddies' worked well with staff to support their peers and point them in the right direction. The welfare team had been reduced slightly so that two officers were generally available, but this was sufficient to meet need, as other help was readily available in the same area. Although the officers had not received training for the role, they were knowledgeable and experienced. A Home Office Immigration Enforcement staff member now also came for a daily surgery, and the detained asylum casework team attended on some days each week; this was an improvement since the previous inspection and went some way to reduce detainee frustration about contact with immigration staff.
- 4.2 Other advice agencies that attended the centre regularly included Hibiscus, a charity working with foreign national prisoners and their families, the Jesuit Refugee Service, Detention Action and Bail for Immigration Detainees (BID). Telephone numbers for support from these and other groups, such as the Red Cross for family tracing, were well advertised around the centre.
- 4.3 Welfare staff carried out the induction and so met most detainees soon after their arrival, although not all new arrivals had their welfare needs assessed. Not all detainees were seen before departure: the new system for removals made this difficult, since only a 'removal window' was given, which could be over a month.

Visits

Expected outcomes:

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

- 4.4 The visitors' centre, although small for the numbers visiting both Harmondsworth and Colnbrook, was a pleasant environment with a reasonable amount of information displayed. Telephone interpreting was used to deal with non-English speakers, and staff spoke some languages other than English. Volunteer visitors from Detention Action and the Jesuit Refugee Service, several of whom were very experienced, gave support to individual detainees. There was no clear process for visitors to report any concerns about the well-being of a detainee.
- 4.5 The three staff normally on duty in visits were occupied with functional tasks and had little scope to engage with detainees and their visitors or to monitor the area effectively. Low staffing levels meant there were some waits of 30 minutes or more before a visit started. In our survey, fewer than two-thirds of detainees said that staff treated them well in visits. However, all the visitors we spoke to on weekdays, when visitor numbers were relatively low, said that staff treated them well

- 4.6** The visits hall was well maintained, with suitable furniture and a reasonably informal environment. There was new and softer seating, and old toys in the children's play area had been replaced. There was little provision for children over five. There were vending machines for snacks and drinks, and fresh fruit was freely available, but there were no meals available for those who had come long distances.

Recommendation

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

Communications

Expected outcomes:

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

- 4.8** Detainees could communicate with the outside world reasonably well. New arrivals were lent mobile phones without cameras or internet access, in which they could put their own SIM cards. The centre shop sold cards at reasonable prices. One or two parts of the centre had poor mobile reception.
- 4.9** Faxing facilities had improved greatly since the last inspection. Detainees could now scan and email documents on three machines from the welfare office, and were assisted by detainee orderlies there. The service was fast, efficient and reliable. When the welfare office was closed, detainees could fax from the library and wing offices. Incoming faxes were treated in a similar fashion to mail.
- 4.10** There were adequate arrangements for sending mail. New post boxes were prominently positioned around the centre and were emptied five days a week. However, incoming mail was more problematic. Royal Mail did not deliver mail until 12 noon, and detainees had to collect recorded and signed-for mail from reception, which they could only access if accompanied by a member of staff. In our survey, 33% of detainees said that they had had problems sending or receiving mail, against the comparator of 20%.
- 4.11** Detainees had good access to the internet. The number of terminals around the centre had increased since the last inspection and there were no queues for access. Detainees could access web-based email accounts and browse the internet but could not make video calls or use social networks. This was an unnecessary restriction, especially in light of their access to other means of communication.
- 4.12** Detainees wanting to print documents emailed them to a central email account, and library staff then printed them out. There were no restrictions on the number of documents that could be printed. However, this arrangement could not guarantee confidentiality, which was inappropriate as many detainees used the service for legal documents.

Recommendations

- 4.13 Detainees should be able to make video calls and access social networking sites, subject to individual risk assessment.**
- 4.14 Detainees should be able to print documents confidentially.**

Good practice

- 4.15** *Detainees had good access to faxing facilities in the welfare office, and were helped by detainee orderlies. The service was fast, efficient and reliable.*

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.

- 4.16** The welfare team now emphasised preparation for removal or release as an aspect of their work from the day a detainee arrived. They recorded over 300 interventions a month to support individuals in preparing for departure. There was considerable printed information for detainees in English and a variety of other languages. This included material from Hibiscus about the practicalities of returning to eight of the most common destination countries, and information about other IRCs. Hibiscus gave effective help in preparing people for arrival in the destination country, including onward travel to their home area and resettlement.
- 4.17** There was evidence of careful preparation for removal of detainees where there was a likelihood of risk or complications at the time of removal. Multidisciplinary meetings were held, with representation from relevant departments, including health care.
- 4.18** We had previously recommended that the practice of identifying 'reserves' for charter flight removals should cease. These were detainees not scheduled for definite removal but taken to the airport in case anyone else's removal was cancelled at the last minute. Previously, such detainees had been routinely informed that they were reserves. At this inspection, we were told that reserves were still taken to the airport, but were not informed that they were reserves, except where there was a particular risk of harm if they were returned to an IRC from the airport.
- 4.19** Clothes and suitable bags, including suitcases (contributed by the Mothers' Union) were available for detainees being released or removed who might need them.

Recommendation

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

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations 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 recommendation **To the Home Office and Immigration Minister**

- 5.1** There should be a time limit on the length of detention. (S38, repeated recommendation 1.71)

Main recommendation **To the Home Office and centre manager**

- 5.2** Rule 35 reports should provide full objective professional assessments and consent from the detainee to the release of their medical records. Templates should not refer to a prison number. All reports should be passed promptly from health care to the Home Office. When a doctor declares a detainee unfit for detention, the detainee should be released unless there are exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor. (S39)

Main recommendations **To the centre manager**

- 5.3** Thorough reception interviews should take place in private, with professional interpreting when required. All identified detainee needs and risks should be communicated to first night staff so that they can provide relevant additional support and information on the first night unit to allay detainee apprehensions. (S36)
- 5.4** The centre should investigate and address the main reasons that detainees feel unsafe, and also address deficiencies in the practice, management and governance of its violence reduction and suicide and self-harm prevention work. There should be appropriate staffing levels, training and capability to ensure detainees feel safe and are well supported in all aspects of their life in Harmondsworth. (S37)
- 5.5** The centre should take immediate action to raise and maintain standards of repair, cleanliness and hygiene to an acceptable level across the centre. All bedrooms, showers and toilets should be well ventilated. Bedrooms should be properly furnished. Detainees should be given adequate clothing, footwear and bedding. Managers should take all necessary measures to eradicate bed bugs and other pests promptly and permanently. (S40)
- 5.6** Detainees should be able to access a wide range of appropriate activities and education that meet their needs and help keep them positively occupied and active during the day, promoting their mental and physical well-being. (S41)

Recommendations

To the Home Office

Safeguarding (protection of adults at risk)

- 5.7** Detainees who are at particular risk of harm should only be maintained in detention in exceptional circumstances. The reasons for maintaining detention should be clearly documented and explained to the detainee. (1.33)

Casework

- 5.8** Casework decisions should be made quickly and with due care. (1.71, repeated recommendation 1.72)

Recommendation

To the Home Office and escort contractor

Escort vehicles and transfers

- 5.9** Detainees should not be subject to long delays before transfer to Harmondsworth, and transfers should not occur overnight unless there are urgent operational reasons. (1.4)

Recommendations

To the Home Office and centre manager

Safeguarding (protection of adults at risk)

- 5.10** There should be a single comprehensive list identifying detainees considered at risk of harm. (1.32)

The use of force and single separation

- 5.11** Detainees should only be separated on the basis of risk and harm, and only as long as that risk continues. Managers should ensure that it is not used punitively. (1.56)

Recommendations

To the centre manager

Early days in detention

- 5.12** Staff should be aware of the location of all new detainees so that there can be regular enhanced checks of their welfare on their first night. (1.13)
- 5.13** All new arrivals should receive a thorough and multidisciplinary induction to the centre that involves detainee peer mentors. (1.14)

Self-harm and suicide prevention

- 5.14** Detainees on constant watch should be placed at the highest level of the Home Office adults at risk policy, and the decision to detain them should be reviewed promptly. (1.26)

- 5.15** There should be local investigations into all serious acts of self-harm and near-misses, and resulting learning points should inform the suicide and self-harm strategy. (1.27)
- 5.16** Assessment, care in detention and teamwork (ACDT) assessment interviews should be completed rigorously, case reviews should be multidisciplinary with use of professional interpreting where necessary, and staff should record meaningful observational entries. (1.28)

Safeguarding (protection of adults at risk)

- 5.17** Centre staff should understand and be confident in using the national referral mechanism and whistleblowing procedures. (1.34)

Safeguarding children

- 5.18** All detainees who say they are children should undergo a Merton-compliant age assessment by social services. (1.38, repeated recommendation 1.37)
- 5.19** All staff should have up-to-date safeguarding children training. (1.39, repeated recommendation 1.36)

Security

- 5.20** Detainees should be able to live in a more open environment, and security restrictions should be proportionate to the risks posed. Detainees should not be locked into cells at night. (1.45)
- 5.21** Security meetings should be attended by representatives from a range of departments, and should analyse security information thoroughly to inform strategy and give direction to staff. (1.46)
- 5.22** The application of handcuffs without individual and properly evidenced risks to justify it should cease. (1.47)
- 5.23** There should be a coordinated centre-wide approach to substance supply and reduction, including detailed and regularly monitored action plans. (1.48, repeated recommendation 1.47)

The use of force and single separation

- 5.24** Detainees should only be separated on the basis of risk and harm, and only as long as that risk continues. Managers should ensure that it is not used punitively. (1.56)
- 5.25** Detainees should not be routinely strip searched on relocation to the separation unit. This should only be done on the basis of an individual risk assessment. (1.57)

Equality and diversity

- 5.26** The equality, diversity and inclusion strategy should be delivered systematically, with particular attention to staff training, consultation with detainees from protected groups and effective equality monitoring that is followed by action to address disparities. (2.16)

- 5.27** Professional translation and interpreting services should be used in all cases where confidentiality or accuracy is required. (2.23)
- 5.28** Detainees with disabilities should be able to access all relevant services and facilities, with detailed support plans for those who need them. (2.24)
- 5.29** Services to support the needs of gay and bisexual detainees should be better resourced and promoted throughout the centre. (2.25)

Faith and religious activity

- 5.30** The centre should investigate and, if appropriate, take action on the perception of some detainees that they are unable to see a religious leader of their faith. (2.29)

Complaints

- 5.31** Managers should investigate and address the low level of detainee confidence in the complaints system. (2.35)

Health services

- 5.32** Health care workforce plans should ensure there are sufficient regular and skilled frontline staff to deliver commissioned services. (2.45)
- 5.33** Health services should engage with detainees to understand their perceptions of health care and respond actively to legitimate concerns. (2.46)
- 5.34** Emergency equipment should be appropriately located, and responses to emergencies should be fully recorded and evaluated to ensure that the protocols are followed. (2.47)
- 5.35** Medicines should be held and administered securely and safely, with sufficient detention staff to ensure consistent supervision of medicine queues, and better arrangements to reduce the possible theft of medicines. (2.59)
- 5.36** The mental health service model, staffing profile, skills mix and therapeutic approaches should ensure there is the capacity and capability to meet the mental health needs of detainees. (2.68)

Substance misuse

- 5.37** The substance misuse team should routinely see detainees on their induction to promote the services provided. (2.72)

Services

- 5.38** Detainees should have significantly more access to an expanded cultural kitchen. (2.77)

Activities

- 5.39** Data on activities should be analysed fully to identify trends in the use of all facilities and participation by different groups of detainees, and this information should be used to improve participation in activities, including better planning and promotion to attract higher interest and attendance. (3.6)

- 5.40** New arrivals should receive activities information and documents in a language they can understand, and have their English language needs assessed during induction. (3.7)
- 5.41** Managers should ensure that the needs of English for speakers of other languages (ESOL) learners can be met through activities. (3.15)
- 5.42** There should be a training and development plan that enables tutors who are not sufficiently well qualified to deliver good quality and effectively planned activities, and to support effective management by the activities manager. There should be quality assurance checks to ensure that teaching is high quality. (3.16)
- 5.43** Access to work should be through a fair recruitment process, and detainees should not be prevented from working by the Home Office. (3.19, repeated recommendation 3.17)
- 5.44** The library should be overseen by qualified and experienced staff who can ensure that appropriate reading materials are offered to detainees, and the library area should be better used for the information and recreational needs of different groups of detainees. (3.22)
- 5.45** The gym should be supervised by appropriately qualified staff, and gym equipment should be kept safe. (3.25)
- 5.46** There should be stronger links between the gym and health care to ensure that gym instructors receive the relevant information about detainees' levels of fitness and suitability for physical exercise. The gym should offer activities to help detainees improve their health, such as smoking cessation. (3.26)

Visits

- 5.47** A range of refreshments, including healthy options, should always be available to visitors. (4.7, repeated recommendation 4.14)

Communications

- 5.48** Detainees should be able to make video calls and access social networking sites, subject to individual risk assessment. (4.13)
- 5.49** Detainees should be able to print documents confidentially. (4.14)

Removal and release

- 5.50** The practice of taking reserve detainees for overseas escort charter flights should cease. (4.20, repeated recommendation 4.29)

Examples of good practice

- 5.51** The Home Office contact management team ran drop-in surgeries five days a week to answer detainees' queries, and could access the casework information database to give detainees prompt updates on developments in their cases. (1.64)
- 5.52** Detainees had good access to faxing facilities in the welfare office, and were helped by detainee orderlies. The service was fast, efficient and reliable. (4.15)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Jeanette Hall	Inspector
Deri Hughes-Roberts	Inspector
Maureen Jamieson	Inspector
Martin Kettle	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Fiona Shearlaw	Inspector
Steve Eley	Health and social care inspector
Paul Tarbuck	Health and social care inspector
Gary Turney	Care Quality Commission inspector
Malcolm Irons	Pharmacy inspector
Maria Navarro	Ofsted inspector
Jean-Sébastien Blanc	Observer, Association for the Prevention of Torture
Anna Fenton	Researcher
Helen Ranns	Researcher
Catherine Shaw	Researcher
Patricia Taflan	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 2015, 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.

Main 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. (S38)

Not achieved

Recommendations

Detainees should not be transferred between centres overnight unless there are urgent operational reasons. (I.5)

Not achieved

All detainees should receive a thorough induction programme. (I.12)

Not achieved

A safety survey should be conducted, the results of which should be analysed and the findings used to inform policy and practice. (I.18, repeated recommendation I.24)

Partially achieved

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. (I.19)

Not achieved

The frequency of monitoring of detainees refusing food and fluid should be determined solely by their care needs. (1.25, repeated recommendation 1.35)

Not achieved

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)

Not achieved

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)

Partially achieved

All staff should have up-to-date safeguarding children training. (1.36)

Not achieved (recommendation repeated 1.39)

All detainees who say they are children should undergo a Merton-compliant age assessment by social services. (1.37)

Not achieved (recommendation repeated 1.38)

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. (1.38)

Achieved

The living environment for all detainees should be more open and security restrictions should be proportionate to the risks presented. (1.45)

Not achieved

Security information should be analysed thoroughly, and inform strategic direction through security meetings attended by representatives from a broad range of departments. (1.46)

Partially achieved

There should be a coordinated centre-wide approach to substance supply and reduction, including detailed and regularly monitored action plans. (1.47)

Not achieved (recommendation repeated, 1.48)

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

Partially achieved

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

Partially achieved

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)

Not achieved

Detainees should have timely access to high-quality legal advice and representation through the Legal Aid Agency-funded advice surgeries. (1.62)

Partially achieved

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)

Partially achieved

There should be a time limit on the length of detention. (1.71)

Not achieved (repeated as main recommendation S38)

Casework decisions should be made quickly and with due care. (1.72)

Not achieved (recommendation repeated, 1.71)

There should be sufficient on-site immigration staff to induct detainees and respond to their queries within 24 hours. (1.73)

Not achieved

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)

Not achieved

Respect

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

At the last inspection, in 2015, 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.

Main 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. (S39)

Not achieved

Recommendations

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

Not achieved

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)

Not achieved

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)

Not achieved

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)

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. (2.26, repeated recommendation 2.35)

Not achieved

The specific needs of older and young adult detainees should be identified and addressed. (2.27, repeated recommendation 2.36)

Not achieved

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)

Partially achieved

There should be enough permanent health services staff to ensure continuity and consistency of care. (2.50)

Not achieved

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)

Not achieved

The health care environment should fully comply with primary care infection control regulations (2.52, repeated recommendation 2.65)

Achieved

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

No longer relevant

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)

Achieved

Care plans should be used consistently for detainees with more complex needs, to ensure that care reflects needs. (2.61)

Not achieved

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)

Achieved

The pharmacist should provide systematic medicine use reviews and regular pharmacy clinics. (2.71)

Achieved

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)

Achieved

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)

Achieved

Preventative malarial medicine should be available for detainees being deported to areas of malarial risk. (2.74)

Not achieved

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)

Achieved

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)

Partially achieved

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

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 2015, 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.

Main 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. (S40)

Not achieved

Recommendations

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)

Not achieved

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)

Not achieved

More paid work opportunities should be created for detainees who want to engage in purposeful activity. (3.16)

Not achieved

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

Not achieved (recommendation repeated, 3.19)

The library should be managed by suitably trained staff. (3.21)

Not achieved

A balanced range of sports and fitness activities should be available, with appropriate information and support. (3.25)

Not achieved

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

Not achieved

Preparation for removal and release

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 2015, 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.

Recommendations

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

Not achieved

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

Partially achieved (recommendation repeated, 4.7)

Detainees should have access to social networking and Skype, subject to individual risk assessment. (4.22, repeated recommendation 4.25)

Not achieved

There should be adequate, reliable facilities for detainees to send and receive faxed communications. (4.23)

Achieved

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

Not achieved (recommendation repeated, 4.20)

Appendix III: Detainee population profile

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

Population breakdown by:

(i) Age	No. of men	%
18 years to 21 years	35	5.0%
22 years to 29 years	154	28.0%
30 years to 39 years	212	40.0%
40 years to 49 years	100	18.0%
50 years to 59 years	27	7.0%
60 years to 69 years	9	2.0%
Total	537	100%

(ii) Nationality	No. of men	%
Afghanistan	9	1.7%
Albania	38	7.1%
Algeria	7	1.3%
Angola	1	0.2%
Bangladesh	100	18.6%
Bolivia	1	0.2%
Burkina Faso	2	0.4%
Bulgaria	2	0.4%
Brazil	3	0.6%
Cameroon	3	0.6%
China	14	2.6%
Colombia	1	0.2%
Congo (Brazzaville)	1	0.2%
Congo Democratic Republic (Zaire)	3	0.6%
Eritrea	1	0.2%
Egypt	5	0.9%
Fiji	1	0.2%
Georgia	1	0.2%
Gambia	2	0.4%
Guinea	2	0.4%
Ghana	9	1.7%
Grenada	1	0.2%
Hong Kong	1	0.2%
India	80	14.9%
Iran	1	0.2%
Italy	2	0.4%
Ivory Coast	1	0.2%
Jamaica	7	1.3%
Kenya	2	0.4%
Latvia	2	0.4%
Lithuania	2	0.4%
Malaysia	6	1.1%
Morocco	2	0.4%

Moldova	1	0.2%
Mali	1	0.2%
Namibia	1	0.2%
Nigeria	30	5.6%
Nepal	11	2.0%
Pakistan	96	17.9%
Portugal	3	0.6%
Poland	15	2.8%
Philippines	1	0.2%
Panama	1	0.2%
Romania	3	0.6%
Rwanda	1	0.2%
Sudan	1	0.2%
Somalia	14	2.6%
South Africa	8	1.5%
Sri Lanka	9	1.7%
Tunisia	2	0.4%
Turkey	4	0.7%
Ukraine	2	0.4%
Uganda	1	0.2%
USA	1	0.2%
Venezuela	1	0.2%
Vietnam	14	2.6%
Zimbabwe	0	0.0%
Nationality doubtful	3	0.6%
Total	537	100%

(iii) Religion/belief	No. of men	%
Buddhist	21	3.9%
Roman Catholic	30	5.6%
Orthodox	4	0.7%
Other Christian religion	84	15.6%
Hindu	37	6.9%
Muslim	290	54.0%
Sikh	46	8.6%
Agnostic/atheist	3	0.6%
Unknown	6	1.1%
No religion	12	2.2%
Spiritualist	1	0.2%
Sabbatarian	1	0.2%
Rastafarian	1	0.2%
Tao	1	0.2%
Total	537	100%

(iv) Length of time in detention in this centre	No. of men	%
Less than 1 week	59	11.0%
1 to 2 weeks	62	11.5%
2 to 4 weeks	91	16.9%
1 to 2 months	131	24.4%
2 to 4 months	130	24.3%
4 to 6 months	33	6.1%
6 to 8 months	13	2.4%
8 to 10 months	9	1.7%
More than 10 months (please note the longest time)	9 (633 days)	1.7%
Total	537	100%

(v) Detainees' last location before detention in this centre	No. of men	%
Community	3 (arrived from hospitals)	0.6%
Another IRC	312	58.0%
A short-term holding facility (e.g. at a port or reporting centre)	173	32.2%
Police station	26	4.8%
Prison	23	4.4%
Total	537	100%

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 centre¹³. 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 2 October 2017, the detainee population at Harmondsworth IRC was 554. Using the method described above, questionnaires were distributed to a sample of 231 detainees.

We received a total of 163 completed questionnaires, a response rate of 71%. This included three questionnaires completed via interview. Twelve respondents refused to complete a questionnaire and 56 questionnaires were not returned.

¹³ 95% confidence interval with a sampling error of 7%. The formula assumes a 65% response rate and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Returned language	Number of completed survey returns
English	113 (69%)
Bengali	12 (7%)
Chinese	6 (4%)
Vietnamese	6 (4%)
Punjabi	5 (3%)
Albanian	4 (3%)
Polish	4 (3%)
Arabic	3 (2%)
Russian	3 (2%)
Hindi	2 (1%)
Somali	2 (1%)
Urdu	2 (1%)
Kurdish	1 (1%)
Total	163 (100%)

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 significant¹⁴ 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 2017 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in eight detention centres since April 2014.
- The current survey responses from Harmondsworth IRC in 2017 compared with the responses of detainees surveyed at Harmondsworth IRC in 2015.

¹⁴ 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2017 survey between the responses of non-English speaking detainees and English speaking detainees.
- A comparison within the 2017 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 2017 survey between the responses of detainees on C and D units and the responses from detainees on all other units.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	158 (99%)
	Female	2 (1%)
Q2	What is your age?	
	Under 18	0 (0%)
	18-21	11 (7%)
	22-29	47 (30%)
	30-39	67 (42%)
	40-49	21 (13%)
	50-59	8 (5%)
	60-69	5 (3%)
	70 or over	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa	27 (17%)
	North America	0 (0%)
	South America	0 (0%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	88 (57%)
	China	6 (4%)
	Other Asia	10 (6%)
	Caribbean	3 (2%)
	Europe	17 (11%)
	Middle East	4 (3%)
Q4	Do you understand spoken English?	
	Yes	126 (78%)
	No	35 (22%)
Q5	Do you understand written English?	
	Yes	116 (73%)
	No	42 (27%)
Q6	What would you classify, if any, as your religious group?	
	None	5 (3%)
	Church of England	5 (3%)
	Catholic	14 (9%)
	Protestant	2 (1%)
	Other Christian denomination	11 (7%)
	Buddhist	10 (6%)
	Hindu	6 (4%)
	Jewish	2 (1%)
	Muslim	88 (57%)
	Sikh	12 (8%)
Q7	Do you have a disability?	
	Yes	19 (12%)
	No	138 (88%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	111 (72%)
	No	44 (28%)
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	74 (47%)
	Three to five	72 (46%)
	Six or more	10 (6%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	12 (7%)
	More than 1 week less than 1 month	29 (18%)
	More than 1 month less than 3 months	51 (32%)
	More than 3 months less than 6 months	48 (30%)
	More than 6 months less than 9 months	14 (9%)
	More than 9 months less than 12 months	5 (3%)
	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 (36%)
	No	87 (54%)
	Do not remember	17 (10%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	9 (6%)
	One to two hours	33 (21%)
	Two to four hours	54 (34%)
	More than four hours	60 (38%)
	Do not remember	4 (3%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	24 (15%)
	Well	60 (37%)
	Neither	33 (20%)
	Badly	18 (11%)
	Very badly	21 (13%)
	Do not remember	5 (3%)

Section 4: Reception and first night

Q14	Were you seen by a member of healthcare staff in reception?	
	Yes	136 (84%)
	No	21 (13%)
	Do not remember	5 (3%)

Q15	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	90 (56%)
	No	44 (27%)
	Do not remember/ Not applicable	27 (17%)
Q16	Overall, how well did you feel you were treated by staff in reception?	
	Very well	22 (14%)
	Well	56 (35%)
	Neither	45 (28%)
	Badly	17 (11%)
	Very badly	16 (10%)
	Do not remember	3 (2%)
Q17	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	44 (28%)
	No	103 (65%)
	Do not remember	11 (7%)
Q18	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	54 (34%)
	No	93 (58%)
	Do not remember	12 (8%)
Q19	Was any of this information given to you in a translated form?	
	Do not need translated material	50 (32%)
	Yes	24 (15%)
	No	81 (52%)
Q20	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	71 (44%)
	No	80 (50%)
	Do not remember	9 (6%)
Q21	Did you feel safe on your first night here?	
	Yes	52 (32%)
	No	104 (65%)
	Do not remember	5 (3%)
Q22	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	23 (15%)
	Loss of property	25 (17%)
	Contacting family	32 (21%)
	Access to legal advice	35 (23%)
	Feeling depressed or suicidal	82 (55%)
	Health problems	73 (49%)
Q23	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	23 (15%)
	Yes	31 (21%)
	No	97 (64%)

Section 5: Legal rights and immigration

Q24	Do you have a lawyer?	
	<i>Do not need one</i>	6 (4%)
	Yes	130 (81%)
	No	25 (16%)
Q25	Do you get free legal advice?	
	<i>Do not need legal advice</i>	19 (12%)
	Yes	82 (52%)
	No	58 (36%)
Q26	Can you contact your lawyer easily?	
	Yes	91 (60%)
	No	29 (19%)
	<i>Do not know/ Not applicable</i>	31 (21%)
Q27	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	31 (19%)
	Yes	76 (48%)
	No	52 (33%)
Q28	Can you get legal books in the library?	
	Yes	65 (42%)
	No	42 (27%)
	<i>Do not know/ Not applicable</i>	49 (31%)
Q29	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	8 (5%)
	<i>Easy</i>	28 (18%)
	<i>Neither</i>	26 (17%)
	<i>Difficult</i>	44 (29%)
	<i>Very difficult</i>	36 (24%)
	<i>Not applicable</i>	11 (7%)
Q30	Can you get access to official information reports on your country?	
	Yes	32 (21%)
	No	88 (56%)
	<i>Do not know/ Not applicable</i>	36 (23%)
Q31	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/ have not tried</i>	29 (18%)
	<i>Very easy</i>	13 (8%)
	<i>Easy</i>	27 (17%)
	<i>Neither</i>	14 (9%)
	<i>Difficult</i>	43 (27%)
	<i>Very difficult</i>	32 (20%)

Section 6: Respectful detention

Q32	Can you clean your clothes easily?	
	Yes	120 (77%)
	No	36 (23%)

Q33	Are you normally able to have a shower every day?	
	Yes	133 (84%)
	No	25 (16%)
Q34	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	66 (43%)
	No	88 (57%)
Q35	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	69 (44%)
	No	54 (35%)
	Do not know	33 (21%)
Q36	What is the food like here?	
	Very good	4 (3%)
	Good	45 (28%)
	Neither	43 (27%)
	Bad	27 (17%)
	Very bad	39 (25%)
Q37	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	10 (6%)
	Yes	46 (29%)
	No	102 (65%)
Q38	Do you feel that your religious beliefs are respected?	
	Yes	117 (75%)
	No	25 (16%)
	Not applicable	14 (9%)
Q39	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	85 (54%)
	No	29 (19%)
	Do not know/ Not applicable	42 (27%)
Q40	How easy or difficult is it to get a complaint form?	
	Very easy	23 (15%)
	Easy	46 (29%)
	Neither	22 (14%)
	Difficult	18 (12%)
	Very difficult	13 (8%)
	Do not know	34 (22%)
Q41	Have you made a complaint since you have been at this centre?	
	Yes	48 (31%)
	No	92 (60%)
	Do not know how to	14 (9%)
Q42	If yes, do you feel complaints are sorted out fairly?	
	Yes	9 (6%)
	No	37 (24%)
	Not made a complaint	106 (70%)

Section 7: Staff

Q43	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	86 (57%)
	No	66 (43%)
Q44	Do most staff at the centre treat you with respect?	
	Yes	76 (50%)
	No	76 (50%)
Q45	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	11 (7%)
	No	141 (93%)
Q46	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	12 (8%)
	No	137 (92%)

Section 8: Safety

Q47	Do you feel unsafe in this centre?	
	Yes	73 (47%)
	No	81 (53%)
Q48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	49 (32%)
	No	106 (68%)
Q49	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>	11 (7%)
	<i>Because of your nationality</i>	12 (8%)
	<i>Having your property taken</i>	7 (5%)
	<i>Drugs</i>	8 (5%)
	<i>Because you have a disability</i>	3 (2%)
	<i>Because of your religion/religious beliefs</i>	8 (5%)
Q50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	45 (30%)
	No	107 (70%)
Q51	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>	17 (11%)
	<i>Drugs</i>	5 (3%)
	<i>Because you have a disability</i>	3 (2%)
	<i>Because of your religion/religious beliefs</i>	7 (4%)
Q52	If you have been victimised by detainees or staff, did you report it?	
	Yes	24 (17%)
	No	31 (22%)
	<i>Not been victimised</i>	89 (62%)

Q53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	34 (23%)
	No	117 (77%)
Q54	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	29 (19%)
	No	123 (81%)

Section 9: Health care

Q56	Is health information available in your own language?	
	Yes	50 (32%)
	No	57 (37%)
	Do not know	49 (31%)
Q57	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know	75 (49%)
	Yes	32 (21%)
	No	46 (30%)
Q58	Are you currently taking medication?	
	Yes	85 (56%)
	No	67 (44%)
Q59	What do you think of the overall quality of the health care here?	
	Have not been to health care	11 (7%)
	Very good	11 (7%)
	Good	27 (18%)
	Neither	32 (21%)
	Bad	28 (18%)
	Very bad	44 (29%)

Section 10: Activities

Q60	Are you doing any education here?	
	Yes	15 (10%)
	No	140 (90%)
Q61	Is the education helpful?	
	Not doing any education	140 (92%)
	Yes	12 (8%)
	No	1 (1%)
Q62	Can you work here if you want to?	
	Do not want to work	45 (30%)
	Yes	75 (49%)
	No	32 (21%)
Q63	Is there enough to do here to fill your time?	
	Yes	44 (29%)
	No	109 (71%)

Q64	How easy or difficult is it to go to the library?	
	<i>Do not know/ Do not want to go</i>	7 (4%)
	<i>Very easy</i>	29 (19%)
	<i>Easy</i>	47 (30%)
	<i>Neither</i>	36 (23%)
	<i>Difficult</i>	18 (12%)
	<i>Very difficult</i>	19 (12%)
Q65	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	17 (11%)
	<i>Very easy</i>	21 (14%)
	<i>Easy</i>	51 (33%)
	<i>Neither</i>	32 (21%)
	<i>Difficult</i>	20 (13%)
	<i>Very difficult</i>	14 (9%)

Section 11: Keeping in touch with family and friends

Q66	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	17 (11%)
	<i>Very easy</i>	51 (33%)
	<i>Easy</i>	51 (33%)
	<i>Neither</i>	18 (12%)
	<i>Difficult</i>	12 (8%)
	<i>Very difficult</i>	6 (4%)
Q67	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	50 (33%)
	<i>No</i>	75 (49%)
	<i>Do not know</i>	27 (18%)
Q68	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	73 (49%)
	<i>No</i>	76 (51%)
Q69	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	59 (39%)
	<i>Very well</i>	20 (13%)
	<i>Well</i>	36 (24%)
	<i>Neither</i>	25 (17%)
	<i>Badly</i>	6 (4%)
	<i>Very badly</i>	4 (3%)

Section 12: Resettlement

Q70	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	10 (7%)
	<i>No</i>	140 (93%)

Appendix V: Summary of detainee interviews

Every detainee in Harmondsworth was offered a confidential individual interview with an inspector, and a total of 120 detainees asked to be interviewed. We also issued an invitation to recent ex-detainees to speak to us through various support groups, but no one took up this offer. The interviews were semi-structured and held from 2–18 October. What follows is a brief summary of the key messages that emerged. The opinions of interviewers are not included, and this represents only the views of interviewees. These interviews were used as one source of evidence to inform the rounded judgements made by inspectors in the body of this report. The men we spoke to were self-selecting, and the percentages here do not supplant those of our randomised survey (Appendix IV). We followed up all serious allegations and have reported on outcomes in the main body of the report where we were able to corroborate.

Key themes from 120 detained men

Safety

Two-thirds of detainees felt unsafe themselves and about half said that safety was not good enough or poor overall in the centre.

A major concern was feelings of insecurity as a result of uncertainty over immigration cases. However, in addition, many detainees ascribed feeling unsafe to the following issues:

- A lack of staff. This reinforced the overwhelming theme of the staff interviews (Appendix VI).
- Being locked behind doors at night. Several said this made them feel unsafe and had an impact on their mental well-being. As their environment looked and felt like a prison, they felt they were treated like criminals.
- The stress and frustration of other detainees who were shouting and angry. Detainees often said they understood why their colleagues behaved like this.
- The prevalence of drugs. The vast majority of detainees said that drugs were easy to obtain, especially Spice,¹⁵ and that they did not think staff did enough to address it. Several detainees suspected that drugs came in through staff and/or visits.
- A recent suicide. Some men said that this event had shaken them.

24% of detainees said that staff had behaved inappropriately towards them.

This was usually about dismissive or discriminatory attitudes, with some reports of staff shouting at detainees or referring to them by a number rather than their name. There were some allegations of physical assault.

29% said staff did not or rarely responded appropriately to arguments, fights and assaults in the centre.

Again, some concerns were raised about staffing numbers and the risks this created for the safety of detainees. Detainees often thought there were insufficient staff or that they were not well enough trained to deal with situations. Some said that as staff did not intervene promptly, other detainees intervened to stop fighting. Some said that staff stood back and others said it was understandable because staff were often on their own.

¹⁵ A synthetic drug that mimics the effects of cannabis but is much stronger, with no discernible odour.

Treatment on arrival

60% said they were treated well or reasonably well on arrival; 38% said not well enough or badly.

All detainees said they had seen health staff on arrival, but usually waited two to three days to see Home Office staff. Reception staff were described as respectful by most detainees, but they referred to long waits in reception and long journeys to the centre, without breaks. As a result, they often arrived in their first night accommodation late at night.

Access to basic provisions in reception and on the first night unit was said to be a problem. Many felt unsafe on first night, often because it was their first time in custody or because they did not know what was going to happen. Several detainees reported that they had mental health needs that were ignored on arrival.

Respectful treatment

Behaviour of other detainees

78% said that other detainees were always or usually respectful and appropriate towards them.

Some tensions were reported between some nationalities. Some of those who had not been in custody were worried about being co-located with ex-prisoners. However, they usually spoke of them making them feel insecure and gave no specific examples of bullying or intimidation by ex-prisoners.

Behaviour by staff

53% said they were treated well or reasonably well by staff (44% said poorly or not well enough).

Detainees were generally more positive about the way they were treated by Mitie staff than others, but many described lazy staff, or not enough staff, especially at night time. Examples given included staff ignoring detainees when they went into their offices, and not understanding the frustration of detainees who had to wait at closed doors while waiting for staff to open them, or could not get to areas like the chapel when they wanted to. Health care staff were more likely than others to be described as rude.

Environment

We asked no direct question on the living conditions, but poor environment was mentioned frequently.

The biggest concerns were poor ventilation and air conditioning units not working or leaking, dirty toilets or showers that they were unable to clean with materials they were given, no kettles, the prevalence of bed bugs and associated health problems, and a lack of room keys. All these factors contributed to a general unhappiness with the environment.

Complaints

57% of detainees said they felt not confident to make complaints.

Many thought there was no point or that complaining might affect their cases. Many said that they did not think anything would happen as a result of their complaints, and some said they did not receive responses. Some did not know how to complain.

Health care

57% said health care needs were not met.

Although there were some positive reports about health care most detainees were negative. A number said health care staff were rude or dismissive. Others said that they had long waits for

appointments and clinics/medication times were not adhered to, which impeded access to services and added to frustrations.

There were negative perceptions and reports about access to mental health services in particular. Stress and its impact on mental health was frequently mentioned. Some detainees with serious mental health problems reported that they were unable to obtain treatment in detention, and that staff lacked care and understanding of their mental health problems. Some men reported that they had a Rule 35 letter completed as a result of mental health concerns but were still waiting for the outcome, in one case up to a month later.

A number said they did not have enough to do, especially if they had been in detention for a long time. They described a sense of purposelessness and said the stress of indefinite detention contributed to low mood and depression. Many spoke of frequent self-harm in the centre and a lack of mental health care.

A lack of control, certainty and understanding, the stress of being locked up and indefinite detention were all frequently mentioned.

Main negative and positive areas identified by detainees

Main negatives and priority areas for improvement

- Poor physical environment.
- Prison-like conditions and being locked up at night.
- Poor health care.
- A lack of things to do, especially if in detention for long periods.
- The stress of indefinite detention.

Main positives

- Internet access.
- A variety of TV channels.
- Good faith provision.
- Some decent and helpful staff.

Appendix VI: Staff interviews and survey

This is a brief summary of 118 interviews held with staff at Harmondsworth from 2-18 October 2017, and results from an electronic staff survey held over the same period, which elicited 31 responses. All responses were anonymous and some of the survey respondents and interviewees might have been the same people. There were no significant differences between the staff survey responses and the interview responses and the findings are therefore reported together. However, quoted percentages refer only to the staff interviews. The interviews and survey were used as sources of evidence to inform the rounded judgements made by inspectors in the body of this report.

Staff in detainee contact roles were selected randomly by inspectors for interview. The sample included Mitie staff, on-site Home Office staff and health services staff. The survey was sent to all staff in contact roles. The main objective of both was to provide staff with an opportunity to tell inspectors confidentially about concerns over safety and the treatment of detainees, and about any specific instances of concern that inspectors could follow up. The main themes are listed below.

Key themes from 118 staff interviews and 31 staff survey responses

Support and training

A third of staff said they were not supported by managers to do their jobs.

Many did not feel prepared or supported in their roles. There was a sense of declining support and increasing alienation from the more senior staff. A large number talked of staffing shortages, although Home Office staff were more content than others.

Three-quarters of staff said they felt stressed at work.

Mitie staff generally found the organisation to be the main problem, while Home Office and health care staff were more likely to talk about detainees being abusive and difficult. Some of the latter two groups also spoke of a lack of Mitie staff to help them or Mitie staff not intervening when detainees were abusive towards them.

A third of staff said they did not have enough training for their role.

Only 8% of staff knew what the national referral mechanism (NRM)¹⁶ was. While Home Office staff were most likely to be aware, even one of them did not know what the NRM was. Three Home Office staff felt under-skilled to conduct interviews with potential trafficking victims. Some said they were serving legal documents that they did not understand well enough to explain to detainees. Home Office staff also thought that training in managing difficult behaviour would be helpful for them.

Staff knowledge of whistleblowing policies or procedures was weak or non-existent for many. Some said that they had only recently become aware of whistleblowing publicity. Home Office staff were generally more confident about raising concerns and thought they would be taken seriously.

A large number of staff from all backgrounds spoke of problems with newer staff who were less able and willing to manage difficult situations. Many said they needed training in mental health and management of self-harm. Few staff were trained in first aid, and many complained about the online-only training as impractical, ineffective and insufficient.

¹⁶ The body set up to identify, protect and support victims of trafficking.

Safety

A third of staff thought the centre was not safe enough.

Most staff mentioned staff shortages as affecting safety on the units, and the problem with units being staffed by only one member of staff was repeatedly raised. The lack of a fixed work location was also considered a problem by some staff, because it affected their ability to form relationships with detainees and understand their needs and risks. They also mentioned a lack of full CCTV coverage at the centre as contributing to feelings of being unsafe.

Staff agreed with detainees about the easy availability of drugs.

Most staff said that drugs were a serious problem, especially Spice, and thought drugs came in through visits or in some cases through other staff. Some thought more should be done to prevent drugs getting in, such as more staff searching.

All health care staff said that Spice was a major problem in the centre, with frequent calls on them to attend incidents. Health staff reported that detainees told them Spice relieved the boredom and made life more bearable given the stress they experienced in detention. Cannabis and heroin were also available, along with some prescription drugs. A few staff mentioned that the presence of ex-prisoners could result in bullying and ‘testing’ of new batches of drugs on more vulnerable detainees.

Many staff thought that detainees’ first night experiences were not good enough.

Some staff said that detainees were often not housed in the induction unit and instead diverted directly to the wings, where there was a potential for them to be ‘lost’ and not receive an induction the following day.

Many thought that detainees’ first night experiences were not good, often as a result of late night transfers. These meant that staff did not have time to settle them in, and they also thought detainees were not always provided with basic items such as fans, televisions, flasks for water overnight, room furniture or bedding.

Respectful treatment

Most thought that detainees were treated appropriately by staff.

Nearly all interviewees said that staff from all backgrounds treated detainees appropriately, although 7% said they had seen detainees treated inappropriately. Two staff said they had seen or suspected excessive use of force, but neither could provide sufficient detail for us to follow up the incidents. One said the incident was over three years old and pre-dated the Mitie contract, and therefore no records would be available. The other stated he had seen excessive force during a control and restraint incident but was vague about details. He said that he had reported it to managers but nothing had been done. We reported this to managers but they could not identify the incident on the information available. None of those responding to the survey made specific allegations of abuse or had concerns about individual staff.

There was a gap between staff and detainee perceptions of relationships: 93% of staff said that relationships between staff and detainees were good or reasonably good compared with 54% of detainees. Only eight staff (6%) thought that relationships were poor or not good enough, compared with 41% of detainees.

Most staff responded that they were keen to help detainees where they could, but felt over-stretched and unable to do much that would make a difference. The majority of respondents said that staff in everyday contact with detainees behaved professionally and tried their best, given staff shortages and the lack of resources.

However, many non-health staff said that health staff were rude, abrupt or unhelpful. They based this either on what they had personally seen, or on reports from detainees. Many felt that the service was not comprehensive enough and health staff merely handed out medication. There were some

positive comments about health staff trying to do their best in an under-resourced and understaffed service.

Non-custodial staff were usually positive about Mitie staff, although a few custody staff were said to display an argumentative or non-responsive attitude to detainees. Some said attitudes seemed discriminatory or at least inconsistent; for example, because Mitie staff continually told some detainees to come back later when they made requests, but dealt with issues for others. The other staff groups perceived the on-site Home Office staff to be good at their jobs and responsive to need.

Environment

We asked no direct question on the living conditions, but the poor environment was mentioned frequently by staff.

A number of staff spoke of the poor state of accommodation, particularly in the older units (Cedar and Dove). Poor maintenance of the centre and long delays in repairs were mentioned by several staff. Many staff were frustrated and/or embarrassed by the persistence of the problem with bed bugs. They said the bed bug issue affected detainees' morale and needed to be managed more effectively.

Main comparator and comparator to last time



Detainee survey responses: Harmondsworth IRC 2017

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

		Harmondsworth 2017	All other IRCs	Harmondsworth 2017	Harmondsworth 2015
	Any percentage highlighted in green is significantly better				
	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		163	1,056	163	171
SECTION 1: General information					
1	Are you male?	99%	80%	99%	100%
2	Are you aged 21 years or under?	7%	7%	7%	7%
4	Do you understand spoken English?	78%	81%	78%	77%
5	Do you understand written English?	73%	75%	73%	71%
6	Are you Muslim?	57%	38%	57%	47%
7	Do you have a disability?	12%	13%	12%	15%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	72%	77%	72%	83%
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?	75%	56%	75%	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?	36%	43%	36%	35%
12	Did you spend more than four hours in the escort van to get to this centre?	38%	28%	38%	28%
13	Were you treated well/very well by the escort staff?	52%	67%	52%	64%
SECTION 4: Reception and first night					
14	Were you seen by a member of health care staff in reception?	84%	90%	84%	88%
15	When you were searched in reception was this carried out in a sensitive way?	56%	65%	56%	62%
16	Were you treated well/very well by staff in reception?	49%	68%	49%	57%
17	Did you receive information about what was going to happen to you on your day of arrival?	28%	42%	28%	27%
18	Did you receive information about what support was available to you in this centre on your day of arrival?	34%	50%	34%	29%
For those who required information in a translated form:					
19	Was any of this information provided in a translated form?	23%	28%	23%	22%
20	Did you get the opportunity to change into clean clothing on your day of arrival?	44%	71%	44%	46%
21	Did you feel safe on your first night here?	32%	55%	32%	33%
22a	Did you have any problems when you first arrived?	85%	67%	85%	80%
22b	Did you have any problems with loss of transferred property when you first arrived?	17%	11%	17%	10%
22c	Did you have any problems contacting family when you first arrived?	22%	14%	22%	17%

Main comparator and comparator to last time

Key to tables

		Harmondsworth 2017	All other IRCs	Harmondsworth 2017	Harmondsworth 2015
	Any percentage highlighted in green is significantly better				
	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					
22d	Did you have any problems accessing legal advice when you first arrived?	24%	15%	24%	20%
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	55%	36%	55%	47%
22f	Did you have any health problems when you first arrived?	49%	31%	49%	44%
For those who had problems on arrival:					
23	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	24%	37%	24%	21%
SECTION 5: Legal rights and immigration					
24	Do you have a lawyer?	81%	72%	81%	66%
For those who have a lawyer:					
26	Can you contact your lawyer easily?	76%	77%	76%	73%
27	Have you had a visit from your lawyer?	59%	40%	59%	46%
25	Do you get free legal advice?	52%	43%	52%	43%
28	Can you get legal books in the library?	42%	50%	42%	29%
29	Is it easy/very easy for you to obtain bail information?	24%	34%	24%	25%
30	Can you get access to official information reports on your country?	21%	20%	21%	20%
31	Is it easy/very easy to see this centre's immigration staff when you want?	25%	30%	25%	21%
SECTION 6: Respectful detention					
32	Can you clean your clothes easily?	77%	82%	77%	60%
33	Are you normally able to have a shower every day?	84%	95%	84%	84%
34	Is it normally quiet enough for you to be able to sleep in your room at night?	43%	61%	43%	56%
35	Can you normally get access to your property held by staff at the centre, if you need to?	44%	48%	44%	43%
36	Is the food good/very good?	31%	31%	31%	22%
37	Does the shop sell a wide enough range of goods to meet your needs?	29%	45%	29%	40%
38	Do you feel that your religious beliefs are respected?	75%	78%	75%	78%
39	Are you able to speak to a religious leader of your own faith if you want to?	55%	53%	55%	59%
40	Is it easy/very easy to get a complaint form?	44%	52%	44%	55%
41	Have you made a complaint since you have been at this centre?	31%	22%	31%	25%
For those who have made a complaint:					
42	Do you feel complaints are sorted out fairly?	20%	30%	20%	5%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Harmondsworth 2017	All other IRCs	Harmondsworth 2017	Harmondsworth 2015
	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 7: Staff					
43	Do you have a member of staff you can turn to for help if you have a problem?	57%	68%	57%	56%
44	Do most staff treat you with respect?	50%	79%	50%	64%
45	Have any members of staff physically restrained you in the last six months?	7%	10%	7%	10%
46	Have you spent a night in the segregation unit in the last six months?	8%	13%	8%	12%
SECTION 8: Safety					
47	Do you feel unsafe in this centre?	47%	36%	47%	42%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	32%	19%	32%	28%
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	7%	5%	7%	5%
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	8%	5%	8%	8%
49c	Have you ever had your property taken since you have been here? (By detainees)	5%	3%	5%	5%
49d	Have you been victimised because of drugs since you have been here? (By detainees)	5%	3%	5%	2%
49e	Have you ever been victimised here because you have a disability? (By detainees)	2%	1%	2%	1%
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	5%	2%	5%	4%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	30%	15%	30%	21%
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	5%	3%	5%	5%
51b	Have you been victimised because of your nationality since you have been here? (By staff)	11%	4%	11%	9%
51c	Have you been victimised because of drugs since you have been here? (By staff)	3%	1%	3%	3%
51d	Have you ever been victimised here because you have a disability? (By staff)	2%	1%	2%	2%
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	5%	1%	5%	5%
For those who have been victimised by detainees or staff:					
52	Did you report it?	44%	35%	44%	37%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	23%	15%	23%	14%
54	Have you ever felt threatened or intimidated by a member of staff in here?	19%	10%	19%	16%

Main comparator and comparator to last time

Key to tables

		Harmondsworth 2017	All other IRCs	Harmondsworth 2017	Harmondsworth 2015
	Any percentage highlighted in green is significantly better				
	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 9: Health services					
56	Is health information available in your own language?	32%	35%	32%	28%
57	Is a qualified interpreter available if you need one during health care assessments?	21%	21%	21%	15%
58	Are you currently taking medication?	56%	43%	56%	45%
For those who have been to health care:					
59	Do you think the overall quality of health care in this centre is good/very good?	27%	41%	27%	27%
SECTION 10: Activities					
60	Are you doing any education here?	10%	20%	10%	6%
For those doing education here:					
61	Is the education helpful?	92%	96%	92%	86%
62	Can you work here if you want to?	49%	59%	49%	42%
63	Is there enough to do here to fill your time?	29%	54%	29%	37%
64	Is it easy/very easy to go to the library?	49%	83%	49%	54%
65	Is it easy/very easy to go to the gym?	47%	73%	47%	53%
SECTION 11: Keeping in touch with family and friends					
66	Is it easy/very easy to use the phone?	66%	65%	66%	70%
67	Have you had any problems with sending or receiving mail?	33%	20%	33%	33%
68	Have you had a visit since you have been in here from your family or friends?	49%	43%	49%	50%
For those who have had visits:					
69	Do you feel you are treated well/very well by staff in the visits area?	62%	75%	62%	71%
SECTION 12: Resettlement					
70	Has any member of staff helped you to prepare for your release?	7%	15%	7%	12%



Key questions (non-English speakers) Harmondsworth IRC 2017

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

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	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		50	113
8	When being detained, were you told the reasons why in a language you could understand?	53%	77%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	7%	7%
10	Have you been in this centre for more than one month?	73%	75%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	27%	39%
13	Were you treated well/very well by the escort staff?	56%	52%
16	Were you treated well/very well by staff in reception?	55%	48%
17	Did you receive information about what was going to happen to you on your day of arrival?	27%	28%
18	Did you receive information about what support was available to you on your day of arrival?	36%	34%
21	Did you feel safe on your first night here?	36%	31%
22	Did you have any problems when you first arrived?	79%	86%
24	Do you have a lawyer?	79%	81%
31	Is it easy/very easy to see the centre's immigration staff when you want?	24%	26%
32	Can you clean your clothes easily?	90%	73%
33	Are you normally able to have a shower every day?	91%	82%
40	Is it easy/very easy to get a complaint form?	45%	45%
41	Have you made a complaint since you have been at this centre?	16%	34%
43	Do you have a member of staff you can turn to for help if you have a problem?	58%	56%
44	Do most staff treat you with respect?	67%	46%
47	Do you feel unsafe in this centre?	31%	53%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	31%	31%

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		
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	23%	30%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	13%	25%
54	Have you ever felt threatened or intimidated by a member of staff in here?	3%	24%
56	Is health information available in your own language?	31%	33%
57	Is a qualified interpreter available if you need one during health care assessments?	41%	16%
60	Are you doing any education here?	3%	12%
62	Can you work here if you want to?	45%	50%
63	Is there enough to do here to fill your time?	34%	28%
64	Is it easy/very easy to go to the library?	59%	46%
65	Is it easy/very easy to go to the gym?	47%	46%
66	Is it easy/very easy to use the phone?	77%	63%
67	Have you had any problems with sending or receiving mail?	16%	37%
68	Have you had a visit since you have been in here from your family or friends?	40%	52%
70	Has any member of staff helped you to prepare for your release?	0%	9%



Diversity analysis - Disability

Key question responses (disability) Harmondsworth IRC 2017

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		19	138
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?	5%	6%
10	Have you been in this centre for more than one month?	79%	75%
13	Were you treated well/very well by the escort staff?	47%	52%
14	Were you seen by a member of health care staff in reception?	74%	85%
15	When you were searched in reception was this carried out in a sensitive way?	47%	57%
16	Were you treated well/very well by staff in reception?	39%	50%
21	Did you feel safe on your first night here?	33%	31%
22a	Did you have any problems when you first arrived?	100%	83%
22f	Did you have any health problems when you first arrived?	69%	48%
24	Do you have a lawyer?	67%	83%
31	Is it easy/very easy to see this centre's immigration staff when you want?	17%	27%
32	Can you clean your clothes easily?	82%	76%
33	Are you normally able to have a shower every day?	89%	83%
40	Is it easy/very easy to get a complaint form?	35%	45%
41	Have you made a complaint since you have been at this centre?	31%	31%
43	Do you have a member of staff you can turn to for help if you have a problem?	44%	57%
44	Do most staff treat you with respect?	50%	49%
45	Have any members of staff physically restrained you in the last six months?	18%	6%
46	Have you spent a night in the segregation unit in the last six months?	18%	7%

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		
47	Do you feel unsafe in this centre?	50%	47%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	40%	30%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	21%	31%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	19%	24%
54	Have you ever felt threatened or intimidated by a member of staff in here?	13%	20%
57	Is a qualified interpreter available if you need one during health care assessments?	31%	19%
58	Are you currently taking medication?	75%	55%
60	Are you doing any education here?	0%	11%
63	Is there enough to do here to fill your time?	33%	28%
64	Is it easy/very easy to go to the library?	50%	49%
65	Is it easy/very easy to go to the gym?	40%	47%
66	Is it easy/very easy to use the phone?	67%	66%
67	Have you had any problems with sending or receiving mail?	33%	33%
68	Have you had a visit since you have been in here from your family or friends?	40%	51%
70	Has any member of staff helped you to prepare for your release?	7%	7%

Residential Unit Comparator



Residential unit analysis: Harmondsworth IRC 2017

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

		C and D units	A, B, F and G Units
	Any percentage highlighted in green is significantly better		
	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		75	86
SECTION 1: General information			
1	Are you male?	100%	98%
2	Are you aged under 21 years?	6%	8%
4	Do you understand spoken English?	77%	81%
5	Do you understand written English?	75%	73%
6	Are you Muslim?	66%	48%
7	Do you have a disability?	11%	14%
SECTION 2: Immigration detention			
8	When being detained, were you told the reasons why in a language you could understand?	69%	75%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	7%
10	Have you been detained in this centre for more than one month?	80%	69%
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?	31%	41%
12	Did you spend more than four hours in the escort van to get to this centre?	37%	38%
13	Were you treated well/very well by the escort staff?	53%	51%
SECTION 4: Reception and first night			
14	Were you seen by a member of health care staff in reception?	91%	79%
15	When you were searched in reception was this carried out in a sensitive way?	50%	60%
16	Were you treated well/very well by staff in reception?	49%	50%
17	Did you receive information about what was going to happen to you on your day of arrival?	23%	33%
18	Did you receive information about what support was available to you in this centre on your day of arrival?	37%	31%
20	Did you get the opportunity to change into clean clothing on your day of arrival?	41%	48%
21	Did you feel safe on your first night here?	22%	41%
22a	Did you have any problems when you first arrived?	90%	79%
22b	Did you have any problems with loss of transferred property when you first arrived?	8%	24%
22c	Did you have any problems contacting family when you first arrived?	21%	21%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	C and D units	A, B, F and G Units
	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			
22d	Did you have any problems accessing legal advice when you first arrived?	22%	24%
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	58%	53%
22f	Did you have any health problems when you first arrived?	60%	40%
SECTION 5: Legal rights and immigration			
24	Do you have a lawyer?	84%	79%
For those who have a lawyer:			
25	Do you get free legal advice?	59%	45%
28	Can you get legal books in the library?	34%	48%
29	Is it easy/very easy for you to obtain bail information?	25%	23%
30	Can you get access to official information reports on your country?	18%	22%
31	Is it easy/very easy to see this centre's immigration staff when you want?	24%	27%
SECTION 6: Respectful detention			
32	Can you clean your clothes easily?	78%	77%
33	Are you normally able to have a shower every day?	81%	87%
34	Is it normally quiet enough for you to be able to sleep in your room at night?	43%	43%
35	Can you normally get access to your property held by staff at the centre, if you need to?	38%	50%
36	Is the food good/very good?	28%	35%
37	Does the shop sell a wide enough range of goods to meet your needs?	26%	32%
38	Do you feel that your religious beliefs are respected?	81%	69%
39	Are you able to speak to a religious leader of your own faith if you want to?	61%	48%
40	Is it easy/very easy to get a complaint form?	47%	42%
41	Have you made a complaint since you have been at this centre?	37%	27%

Residential Unit Comparator

Key to tables

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SECTION 7: Staff			
43	Do you have a member of staff you can turn to for help if you have a problem?	59%	54%
44	Do most staff treat you with respect?	43%	57%
45	Have any members of staff physically restrained you in the last six months?	3%	11%
46	Have you spent a night in the segregation unit in the last six months?	9%	8%
SECTION 8: Safety			
47	Do you feel unsafe in this centre?	49%	48%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	27%	35%
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	4%	9%
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	7%	9%
49c	Have you ever had your property taken since you have been here? (By detainees)	1%	7%
49d	Have you been victimised because of drugs since you have been here? (By detainees)	3%	7%
49e	Have you ever been victimised here because you have a disability? (By detainees)	1%	2%
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	6%	5%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	26%	33%
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	6%
51b	Have you been victimised because of your nationality since you have been here? (By staff)	7%	15%
51c	Have you been victimised because of drugs since you have been here? (By staff)	3%	4%
51d	Have you ever been victimised here because you have a disability? (By staff)	1%	3%
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	3%	6%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	18%	27%
54	Have you ever felt threatened or intimidated by a member of staff in here?	15%	23%

Residential Unit Comparator

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SECTION 9: Health services			
56	Is health information available in your own language?	26%	38%
57	Is a qualified interpreter available if you need one during health care assessments?	22%	20%
58	Are you currently taking medication?	63%	49%
SECTION 10: Activities			
60	Are you doing any education here?	6%	14%
62	Can you work here if you want to?	54%	44%
63	Is there enough to do here to fill your time?	30%	28%
64	Is it easy/very easy to go to the library?	41%	57%
65	Is it easy/very easy to go to the gym?	44%	49%
SECTION 11: Keeping in touch with family and friends			
66	Is it easy/very easy to use the phone?	67%	65%
67	Have you had any problems with sending or receiving mail?	34%	31%
68	Have you had a visit since you have been in here from your family or friends?	50%	48%
SECTION 12: Resettlement			
70	Has any member of staff helped you to prepare for your release?	3%	11%