



Independent Monitoring Board

**Harmondsworth
Immigration Removal Centre**

Annual Report 2012

Monitoring fairness and respect for people in custody

March 2013

Section 1

THE STATUTORY ROLE OF THE IMB

Every prison and immigration removal centre (IRC) has an independent monitoring board made up of members of the public from the community in which the prison or IRC is situated. IMB members have access to all parts of the establishment they monitor and to all its records, and can speak to any prisoner or detainee. They are unpaid volunteers who are appointed by ministers – in the case of IRCs by the Minister for Immigration. This board monitors the Harmondsworth Immigration Removal Centre, near Heathrow.

The board is specifically charged to:

1. Satisfy itself as to the humane and just treatment of the detainees held in the centre.
2. Inform promptly the Minister of State for borders and immigration, or any official to whom he has delegated authority, any concern it has.
3. Report annually to the Minister on how far Harmondsworth IRC has met the standards and requirements placed on it – and what impact these have on those held in the centre.

Harmondsworth IMB is committed to an inclusive approach to diversity which encompasses formally recognised differences, such as race, religion, gender, disability, sexual orientation etc. and differences that cut across these categories, such as mental health or literacy levels.

Could you be an IMB Member?

Being an IMB member is rewarding, challenging - and frequently frustrating. It offers a way to make a real difference to people held in custody and to observe, challenge and hold the system to account.

The board also values diversity within its own membership, recognising that a group with a range of skills, experiences and backgrounds is better placed to monitor effectively. We will endeavour to recruit board members widely and fairly in a manner that makes us welcoming both to traditional constituencies and to those who have historically been under-represented.

We are currently a team of 12 people and have vacancies for extra members.

If you are interested in joining us, please contact the IMB Secretariat on 020 7035 2264 for further information and an application pack.

Section 2

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Section 3

DETENTION AT HARMONDSWORTH IRC DESCRIBED

Harmondsworth Immigration Removal Centre (IRC) can accommodate up to 615 men and is located near Heathrow airport. It is run, on behalf of the UK Border Agency (UKBA), by GEO, an American-owned company which also runs Dungavel IRC in Scotland.

Harmondsworth has two very distinct styles of accommodation:

Cedar and Dove are the two older hostel-style units housing 250 detainees, mostly in two-bedded rooms. These detainees are restricted at night to their own corridors of about 20 rooms. Showers and toilets are on each corridor. They have access to two courtyards – one suitable for playing games of cricket or football and one planted as a garden.

Ash, Gorse, Beech and Fir (the induction unit) are four newer, prison-style, residential units housing a further 365 men. This accommodation is built to Category B prison standard so the cells have heavy doors containing an observation window. Inside are bunked beds, a washbasin and a toilet, with no seat, behind partial screening. Showers with three-quarter doors (so head and lower legs are visible) are located off corridors. Detainees in these units are locked into their cells from 22.00 hrs to 07.00 hrs. Detainees in Ash and Gorse share a courtyard suitable for outdoor games, those in Beech have their own similar outdoor space. The courtyard for Fir unit is extremely small but men in this unit have timetabled access to the Beech courtyard, for no more than two hours per day.

All detainees have access to multifaith rooms and the internet (some sites are blocked including social networks) on their own units. They also have timetabled access to a central area with gym equipment, shop, barber, library and education classes (art, English and IT).

There is a segregation unit (Elm) with six cells for detainees who are removed from association or temporarily confined (Rules 40 and 42 of The Detention Centre Rules).

The centre has the most extensive healthcare facilities in the immigration estate (see Section 5.3, below) and is the principal centre for male Fast Track cases. Fast Track is a speeded-up asylum process for people whose cases UKBA believes it can determine quickly and who are held in detention to make it easier for UKBA to keep track of them while their cases are processed.

At any one time around 40% of Harmondsworth's population will be asylum seekers on the Fast Track process. About 30% are people with a criminal record who are transferred from prison into detention at the end of their sentences, pending deportation. The remaining 30% or so of detainees are a mixture of people that UKBA considers have no entitlement to stay in the UK, such as visa overstayers, unsuccessful asylum applicants, illegal entrants or people who have violated the terms of their visas, for example by working.

There are two entirely different and separate teams of UKBA staff on site. The larger is a team of case-workers and support staff for the Detained Fast Track process, who deal

exclusively with the asylum cases of Fast Track detainees. The second is a small team which is part of the Removals Directorate within UKBA. It has responsibility to oversee the contracted services provided by GEO and the welfare of all detainees. It has no hand in immigration casework but acts as the main conduit of information between detainees and caseworkers located around the country since direct communication is rare after someone enters detention.

The report on an unannounced inspection carried out by HM Inspectorate of Prisons in November 2011 was published in April 2012.

Section 4

EXECUTIVE SUMMARY

4.1 Overall Judgement

Many detainees cope, calmly and stoically, with the deprivation of their liberty. Others - especially those with mental and physical health issues, those who have been detained for a long time, and the young and old – suffer a great deal of distress. In our experience the problems relate more to the processes of UKBA rather than to the day by day running of the Centre. In general we perceive a good relationship between Custody Officers and detainees and GEO managers and staff regard the welfare of detainees, along with security, as of prime importance. However, we do receive complaints about staff behaviour, as does UKBA through its official complaints procedures (see Section 7).

We are pleased to highlight the work that GEO has done to extend the care offered to those who are thought likely to self-harm to a wider group of detainees who require support (see section 5.6.2).

The Prisons and Probation Ombudsman investigates deaths in custody but has declined to investigate one death, where a detainee in hospital intensive care had been released from detention by UKBA only a few hours before he died (see Section 5.6.1) .

Healthcare continues to be an issue of major concern and was highlighted in UKBA's own audit of healthcare. There have been improvements but there is a lot of work to do (see section 5.3).

Again this year we highlight the total lack of appropriate accommodation, and therapeutic day care (though weekly counselling sessions were introduced in September), for those who are mentally ill. The most likely location to find the severely mentally ill is the segregation unit (see Sections 5.3.3 and 5.7). As will be seen in those parts of the report, one detainee with mental health or behavioural problems was in the segregation unit at Harmondsworth or other IRCs for a virtually continuous period of 22 months.

The Minister in his response to our report for 2011 stated that the commissioning of healthcare, currently the responsibility of GEO, would transfer to the Department of Health and that the Department of Health had agreed to review mental health arrangements across the detention estate. We have seen no evidence in 2012 that the review of mental health provision in IRCs is underway. We continue to be shocked by the detention of those who are mentally ill.

The long, indefinite and costly duration of detention of some detainees continues to be of great concern. In May we identified 38 people who had been detained for more than a year, including two men first detained in 2008. These two men were both transferred to hospital, one to a mental health ward, late in 2012 (see Section 6.2)

Detainees who are unfit for detention should, according to Rule 35 of the Statutory Instrument that governs the running of IRCs, be released. In 2012 125 detainees were found

by GPs employed at the Centre to be unfit to be detained but only 12 were released (Section 5.3.1)

The detention of young people who say that they are children (aged under 18) has continued to concern the IMB. UKBA has been unable to provide us with the information necessary to fully monitor the detention of young people at Harmondsworth (Section 6.1).

In 2012 we have been particularly concerned about the poor level of service offered to detainees by UKBA's local staff at Harmondsworth. Many of the conversations we have with detainees relate to their immigration cases (see Section 7), demonstrating how frustrating it is for them when they feel they are lacking appropriate information from the correct source. In October there were over 100 outstanding requests from detainees to see someone from UKBA. The cause is a lack of staff, not the engagement of those currently employed. (Section 5.5.1)

Currently it is very unlikely for a UKBA non-DFT case-owner to meet the detainee who is their responsibility. Along with the IMBs at other IRCs we have suggested that case-owners should actually meet detainees to better understand the issues involved in the case. We await UKBA's response to the suggestion that this should happen at least for all people who have been detained for more than a year.

We are pleased to note a substantial reduction in the use of the segregation unit in 2012 compared to 2011. Another positive indicator of effective security is that in 2012 the Incident Room was only opened in relation to protests outside the Centre rather than to disturbances within (Section 5.6.3).

The retender of the contract to manage Harmondsworth and Colnbrook IRCs has been underway in 2012 and in 2013 a single new contractor is likely to be appointed to run both Centres with the contract starting in 2014. The resulting combined Centre, housing almost 1,000 detainees, will present a challenge to management. We are assured that the contract will be awarded on the basis of the quality as well as the price offered by potential contractors.

4.2 Previous Year's Concerns

In this section of the report we review the progress made on the recommendations in our 2011 Report.

4.2.1 Issues raised with the Minister for Immigration

4.2.1.1 Involving the NHS in healthcare

Issue in 2011: The quality of healthcare continued to be of very serious concern and we hoped that the transfer of responsibility to the NHS would be planned carefully and lead to improvements.

Progress: We were told that the transfer of commissioning to the NHS would commence in 2012/13 and that the Department of Health had agreed to review the provision of service for those with mental health issues as one of the first pieces of work. As at the end of 2012 we were not aware of progress on either issue.

4.2.1.2 Movements between IRCs

Issue in 2011: We hoped for a continuing reduction in the percentage of detainees leaving Harmondsworth IRC who were transferred to another detention centre.

Progress: We are pleased to note that this percentage has decreased from 25% in 2011 to 20% in 2012 and again hope the trend will continue (see Section 5.5.4).

4.2.1.3 Using resources effectively

Issue in 2011: We questioned the long and costly duration of detention for some people who cannot be returned to their home country.

Progress: In the IMB's May 2012 survey of long-stayers we found 38 men at Harmondsworth IRC who had been detained for more than a year. In 2011 there were 39 (see Section 6.2).

4.2.1.4 Total duration in detention

Issue in 2011: UKBA should make available to the IMB information on the total length of detention for those in the centre.

Progress: Completed by UKBA in January 2013 (see Section 6.2).

4.2.1.5 Accommodation for those who are mentally ill

Issue in 2011: Detainees with mental health or behavioural problems had see-sawed between a healthcare ward and being in segregated accommodation, removed from association. If those who are mentally ill are to be detained appropriate accommodation should be provided.

Progress: None (see Section 5.3.3).

4.2.1.6 Unfit for detention

Issue in 2011: We considered that an independent review was required of the application of Rule 35 of The Detention Centre Rules.

Progress: This recommendation was rejected by UKBA who instead proposed an internal audit following planned improvements to Rule 35 processes (see Section 5.3.1).

4.2.1.7 Serious Incidents

Issue in 2011: The police and UKBA should always have a representative in Silver Command during serious incidents.

Progress: Accepted by UKBA

4.2.1.8 Charter flights

Issue in 2011: During 2011 there had been some independent monitoring of charter flights. We hope that this monitoring will become routine.

Progress: Monitoring of charter flights on an ad hoc basis continues, as do discussions between the IMB National Council and the Home Office.

4.2.1.9 Children in detention

Issue in 2011: We expressed continued concern about the slow response of Hillingdon Social Services to requests for age assessments.

Progress: A new Detention Services Order has been issued and age assessments should now be taking place in the community rather than in detention. The new challenge is to

achieve the rapid transfer of age disputed detainees from detention to the care of the local authority (see Section 6.1).

4.2.3.10 Loss of property

Issue in 2011: Property being lost between detention establishments remains a problem and needs to be addressed.

Progress: Ongoing (see Section 7).

4.2.1.11 Information for detainees

Issue in 2011: We continue to ask, as we did in 2009 and 2010, for the face to face information service available to detainees on the Detained Fast Track system to be extended to all detainees.

Progress: UKBA's delivery of this responsibility has generally deteriorated in 2012, but in the last quarter of the year monthly surgeries were offered on the residential units (see Section 5.5.1).

4.2.2 Issues for the contractor

4.2.2.1 Improved facilities

Issue in 2011: The decision towards the end of the year to share the best of the centre's facilities – shop, barbers, gym, library, education – between all the units will need to be reviewed once it has had time to settle in.

Progress: Review was completed and a new timetable successfully introduced at the end of May 2012 (see Section 5.2).

4.2.2.2 Information for detainees

Issue in 2011: We remain concerned about whether detainees can take on board all the information available on arrival.

Progress: Ongoing

4.2.2.3 Education

Issue in 2011: We are concerned about the reduction in the number of detainees making use of the available education provision in the centre.

Progress: The use of the education facilities has increased during 2012 but is not fully utilised by detainees (see Section 5.2).

4.2.2.4 Care for the vulnerable

Issue in 2011: The introduction of the personal officer scheme and liaison officers for gay, bisexual, elderly and disabled detainees was welcomed. However, care plans need to be prepared for all vulnerable detainees, including those who are young, and acting on them should be woven into the fabric of an officer's work.

Progress: This issue has been addressed by GEO in 2012 with the introduction of "Detainee Individual Support Plans" (DISPS) (see Section 5.6.2).

4.2.2.5 Improvements to healthcare.

Issue in 2011: We continue to be concerned about the healthcare service.

Progress: see section 5.3 of this report.

4.2.2.6 The number of people removed from association or temporarily confined

Issue in 2011: The rise in the number of detainees placed on Detention Centre Rules 40 and 42 in 2011.

Progress: There has been a substantial reduction in the use of Rule 40 and Rule 42 in 2012 compared to 2011 (see section 5.7).

4.2.2.7 Welfare

Issue in 2011: Demise of the Welfare team.

Progress: Welfare team reinstated

4.2.2.8 Maintenance and cleaning

Ongoing (see Section 5.8).

4.2.2.9 Communication between management and staff

Ongoing

4.2.2.10 Unit allocation

Issue in 2011: Fir Unit has an inappropriate mixture of detainees and is unsuitable for long stays.

Progress: Detainees in Fir Unit now have limited, but still inadequate, access to a larger courtyard (see Section 5.8)

4.3 Issues for the Minister

1. Appropriate accommodation should be provided for those who have mental health or behavioural problems (Section 5.3.3)
2. Case-owners should meet detainees – as a start this should happen after detention of a year (Section 6.2)
3. We remain convinced that an independent review of the application of Rule 35 of The Detention Centre Rules is required (Section 5.3.1)
4. A Memorandum of Understanding is needed between UKBA and Hillingdon Children's Services, in relation to the detention of young people claiming to be under 18 (Section 6.1)
5. UKBA should review its policy of blocking social networking internet sites (Section 5.5.3)
6. Deaths of detainees recently released from immigration detention should always be investigated by the PPO (Section 5.6.1)
7. An analysis of complaints received by UKBA should be undertaken and made public comparing one IRC with another and one year with another (Section 7)

4.4 Issues for the Contractor

1. During 2012 there have been many recommendations relating to healthcare, which need to be followed through (Section 5.3)
2. Action should be taken to ensure better use of the sport and education facilities. (Section 5.2)

3. More frequent consultation meetings between staff and detainees might reduce the number of complaints, especially those relating to staff behaviour (Section 7)
4. Detainee Individual Support Plans (DISPs) are to be encouraged, with staff fully trained and aware of how to put the care plans into practice (Section 5.6.2)
5. We would like GEO to make sure that its proposed programme of maintenance and enhancement continues up until the new contract starts in 2014. UKBA needs to ensure that if GEO does not retain the contract there is no let-up in the maintenance programme (Section 5.8)
6. Fir Unit courtyard is still inadequate (Section 5.8)

Section 5

KEY REPORTING AREAS

5.1 Equality and Inclusion

Our perception is that the staff of the Centre are generally sensitive and aware of issues related to diversity. GEO has restated its equality, diversity and inclusion (EDI) policy and is alive to the need for its EDI committee to record the instances of race related complaints, use of activities, use of Rule, 40, 41 and 42, and ACDT by nationality and ethnicity.

Religious observance plays an important part in the life of the Centre. Each month there have been about 7,500 attendances at religious services and events organised by the world faith team. The team provides cohesion rather than division.

A notable feature of 2012 has been the recognition of sexual orientation as an integral part of the need for respect of difference. The work done by GEO's LGBT Liaison Officer has been significant in both raising the profile of LGBT issues and in providing support to individuals. This was recognised by UKBA in its annual awards to staff of its contractors.

On arrival at Harmondsworth, and during their stay, detainees are risk-assessed to determine where to place them. Detainees are classified as restricted, part-restricted or unrestricted. Those who are restricted or part-restricted can only live in the prison-designed accommodation and are locked into their cells at night. Detainees who are unrestricted have more freedom of movement in the hostel-style accommodation. Whilst we are not aware of this being a significant problem detainees do sometimes question their designation which, in our experience, is then reviewed.

The mechanisms exist for formal consultation with detainees but it has proved difficult to translate policy into effective action.

Ethnic minorities are not well represented amongst GEO's managers.

5.2 Education, Learning and Skills

We continue to be concerned about the low level of use of the education facilities - art, English, computer studies and the library. On average there were 1,514 visits made by detainees to the education facilities in a month in 2012. With an average population of 581 each detainee made on average only 2.6 visits to education in a month. Use of the facilities has also been variable over the year with use in some months being twice that in others.

The above figures are collected by GEO. Our own detailed monitoring in May and June 2012 showed that on average, at any one time, with the room open and a teacher present, there were only 2 detainees in each of the art room, library, and computer training. The English language training room was even less used. There have been times of greater activity such as work in the art room for the Jubilee 'street party'.

The lengthening of the timetabled slots, at the end of May, has helped to a limited degree but this is not the vibrant humming area that we would hope to find given the level of resources provided.

5.3 Healthcare and Mental Health

The costs of healthcare (pharmacy, nursing, GP's, dentist, psychiatrist) are paid for through UKBA's contract with GEO and healthcare is subcontracted by GEO to a specialist provider, Primecare. The NHS provides secondary care mainly through Hillingdon Hospital where use is made of the A&E department, referrals to specialists including mental health, the sexual health outpatients clinic and TB services.

Harmondsworth is the only IRC that has healthcare wards and one of only two to provide a methadone reduction programme. Healthcare issues are, therefore, likely to be more prominent at Harmondsworth than in other IRCs.

We continue to be concerned about healthcare. Our concerns often relate more to the difficulty of providing healthcare in detention, where the duration and outcome of detention are unknown, rather than to the quality of the actual service provided which has improved through 2012. Detainees lose the power to manage their own health, and rely on others to make judgements for them. If you are living in the community and feel unwell you have various routes for action if unwell – you can visit the retail pharmacy, go to see the GP or visit A&E. If you are detained there is only one route for assistance which is to see a nurse, generally by appointment.

In this regard the charity Medical Justice, where it has the resources, delivers a valued service of providing detainees with a second opinion.

There was no healthcare manager in post from February to July 2012 with the position being covered by other Primecare staff. The Manager who left in February 2012 had only been in post since September 2011. At the end of February 2013 there was once again a vacancy for a healthcare manager. There have now been four different healthcare managers since 2009. In addition to recruitment of a manager it is a continuing challenge to recruit healthcare staff.

Given the difficulty of recruiting a healthcare manager, we met with senior UKBA staff early in 2012 and were surprised to find that there was no clarity as to who was responsible for overseeing healthcare.

This year there have been continued criticisms of healthcare by HMCIP (report published in April 2012 of an inspection in November 2011) and UKBA's own audits.

In June 2012 Dr Stuart Morgan, Managing Medical Officer at IRC Haslar, undertook a Health Care Audit on behalf of UKBA. In his executive summary he notes that "harm minimisation, health promotion and chronic disease management were severely deficient". He comments that "many of the staff lack key competencies, are deskilled, out of date, and lacking training" but that work was in hand to address these shortcomings and there had been a marked

improvement in the delivery of healthcare under the new provider. He made a total of 45 recommendations.

Detainees have made a large number of complaints on healthcare issues (see Section 7)

We evidence below significant issues about healthcare during 2012.

5.3.1 Rule 35

In our week by week reports to UKBA we often ask the question: “Is Mr X fit to be detained?” Statutory Rule 35 requires the healthcare manager, on the advice of a doctor, to report to UKBA “any detainee whose health is likely to be injuriously affected by continued detention or any condition of detention” and “any detainee who he is concerned may have been the victim of torture”. In 2012 there were 125 (109 in 2011) “unfit for detention” reports made to UKBA relating to Harmondsworth detainees, of which only 12 (5 in 2011) resulted in the detainee being released from detention.

We are amazed that a doctor’s judgement is overruled by case owners in 9 cases out of 10.

These words and numbers do not in themselves tell the story of the real suffering endured. In the first three months of the year the IMB, healthcare and GEO staff at Harmondsworth, together with an external charity, were particularly engaged with the case of a Sri Lankan Tamil in his seventies who, because he was in pain and found it difficult to move around, was living in a healthcare ward at Harmondsworth with occasional transfers to hospital. He was given Removal Directions by UKBA in February and was taken to Stansted by car with a medic for a charter flight. He was returned to Harmondsworth however and ultimately found a place in a residential care home. If UKBA is not going to require case-owners to meet and engage with such detainees it must rely on the reports that it receives from those employed to care for them.

In their joint review of immigration casework¹ HM Inspector of Prisons and the Independent Chief Inspector of Borders and Immigration write: “there was little evidence of the effectiveness of Detention Centre Rule 35 procedures”

5.3.2 Food and fluid refusers

During the year some patients in the healthcare wards have been detainees who were ill as a result of refusing food and / or fluids in protest against UKBA. This peaked twice in the year reaching seven patients in June and five patients in September. Temporary admission to hospital has followed when detainees have become very weak. Whilst the desperation that leads detainees to take this action still shocks us the situation has been well handled by GEO and Primecare.

¹ “The effectiveness and impact of immigration detention casework”, December 2012, page 6.

5.3.3 Mental ill health

Recommendation 1 of HMCIP's latest report states: "only in exceptional circumstances should mentally ill people be detained and their needs should be fully assessed and met during any such detention". UKBA's instructions to its staff state that detainees' with "serious mental illnesses which can not be satisfactorily managed within detention" should not be detained. The result is that where men who are, or who become, mentally ill are detained there is no appropriate accommodation, nor any therapeutic environment. The recommendations in the IMB's report for 2011 were responded to by the Minister saying that the Department of Health had agreed to review the arrangements for those who were mentally ill, and by UKBA stating the problem is the lack of bed capacity in NHS inpatient mental health units.

A lack of bed capacity in mental health units does not make it right for detainees to be held in a segregation unit awaiting a hospital place. The cases of two detainees who were accommodated in 2012 in the segregation unit (one for 2 months, one for 5 months) and who were eventually transferred to hospital should be of great concern to the Minister. They were held under the power contained in Rule 40 which provides "in the interests of security or safety that detainees should not associate with other detainees [...] the Secretary of State or the manager may arrange removal from association".

In our Report for 2011 (page 15) we referred to a detainee, Mr A, who appeared to have physical or mental health issues causing him to have severe tantrums, who was placed on Rule 40. The full picture has now emerged following our letters to the Minister and a report by UKBA's Professional Standards Unit. This detainee was in fact in segregated accommodation, in Harmondsworth and other IRC's, for 22 months and was moved between IRCs 8 times. His was a difficult case because he refused all the help that was offered. However, this help was offered in the context of living in the segregation unit rather than in anything approaching a therapeutic environment. This European detainee was eventually returned to his home country with the removal being monitored by an IMB member up to the foot of the steps of the aircraft.

The Professional Standards Unit's report on the case of Mr A echoed those of HMCIP and the IMB, stating that there is a "lack of a suitable alternative to R40 for someone in Mr A's circumstances. It is recommended that the agency gives serious thought to the introduction of a specialist wing or Unit, in an IRC, where people such as Mr A can be accommodated and treated more in line with their conditions and behaviour". The Minister's response, by letter to the IMB, was that UKBA "will consider this recommendation carefully and ensure that this is included in future plans for enhancement of the detention estate".

5.3.4 Inhuman and degrading treatment

In our 2011 Report we referred to two cases where the High Court had found that the continued detention of mentally ill detainees at Harmondsworth had subjected them to "inhuman and degrading treatment" in breach of Article 3 of the European Convention on Human Rights. We note that in April 2012 there was a third similar judgement against the Secretary of State, relating to a man who had been detained in Harmondsworth in 2010.

5.4 Work for Detainees

Detainees are the main catering staff, working in the kitchen and on the food counters (49 positions). The detainees working in catering clearly enjoy, and take seriously, their responsibilities. Detainees are also the cleaners of the detainees' communal areas (56 positions). It has been difficult for GEO to maintain a continuing good standard of cleanliness throughout 2012. In addition to these catering and cleaning jobs there are opportunities for barbers, painters, regimes and World Faith orderlies and buddies, who act in a befriending and advisory role. This adds up to a total of 133 job opportunities.

Training given includes Health and Safety, Manual Handling and Food Safety Level 1.

In May we were told that 124 detainees were employed, with 49 detainees on a waiting list for employment. Not all detainees are security cleared for certain posts.

5.5 Resettlement

Of the detainees who left Harmondsworth in 2012, 3,496 (59%) were removed from the UK and 1,225 (21%) returned to the UK community. The remaining 20% were transferred to other IRCs, to prison or to hospital.

It is unknown to the detainee, GEO and UKBA whether a detainee will be in Doncaster or Delhi next week, next month, or next year. The following elements contribute towards knowledge of likely outcomes and preparing detainees for release or removal.

5.5.1 Progress of the detainee's case

The local UKBA team is responsible for relaying information from case-owners to detainees who are not on the Detained Fast Track (DFT) procedure. There have been staff shortages throughout 2012 in the UKBA office, which caused delays in staff responding to detainees' requests to see them. In late October 2012 we found that there were more than 100 outstanding requests from detainees to see UKBA. This had been reduced to 39 by December.

In 2012 UKBA local office interviews were held in the legal visits area rather than on the residential units. This contrasts with the availability of information for DFT detainees who can visit an office within the Centre. Towards the end of the year, however, some surgeries were held on the units, one per month from October to December.

Whilst there have been problems with the service provided to detainees we are pleased that senior UKBA managers have been willing to discuss the issues with the IMB. We have been informed that staff numbers should increase in 2013 through external recruitment.

5.5.2 Access to legal advice

It is important first of all for detainees to understand whether or not they are on DFT as the channels for legal advice are different. DFT detainees are allocated a lawyer but tell us that

they sometimes do not have time to talk properly with him / her before the Substantive Interview. They also continue to be surprised that the lawyer does not present their case.

For those not on DFT a number of changes have been made in 2012 that make access to legal advice easier. The number of sessions provided under the Detention Duty Advice Scheme has been increased from 2 to 3 per week, the advice sessions are provided in the Centre rather than in the Legal Visits area, and the re-established Welfare Office actively manages the booking process.

We have a concern about detainees who, because they are too ill or disturbed, are unwilling or unable to access legal advice. Initially they are dependent on action by GEO detention or nursing staff, or the IMB, and then on lawyers being prepared to see the individual, or charities taking up their cases.

5.5.3 Access to the internet, phones and faxes

Detainees have access to the internet on their Residential units. There are a total of 51 PCs available but these are not evenly distributed between the units. Shared use of computers is inevitably problematic and the IMB has kept an eye, month by month, on the number of machines in working order.

UKBA blocks some sites including social networking sites such as Facebook. Detainees find this particularly irritating and through the IMB have asked for explanations of what is blocked, why it is blocked and what can be done to request the unblocking of a particular site. GEO have provided information in each computer room.

Detainees are allowed to have a mobile phone which does not have a camera or internet access. When they do not have their own these are supplied to detainees (detainees paying the call charges) and are of great help not only to the detainee but also to the authorities making it easier to make contact. Twelve months ago we were concerned that not all detainees had access to a mobile phone. This problem has been resolved by GEO.

Fax is still very much in use by lawyers and courts. There are fax machines for detainees to use for outgoing messages. Incoming messages go to one central machine and are distributed by GEO. Distribution has been a problem upon occasion, given the short timescales sometimes operated by UKBA and the Courts for serving removal directions and the time available for appeals.

5.5.4 Visits from family and friends

In January we received complaints of visitors having long waits in the visits hall for detainees to arrive. On one day we observed that 8 visitors waited for more than an hour. GEO has addressed this with a number of measures including encouraging visitors to tell detainees, by mobile phone, that they are on their way to the Centre and that the detainee should go to the meeting point from which custody officers will accompany them to the visits hall.

A large proportion of detainees leaving Harmondsworth (20% in 2012) are transferred into detention elsewhere. We are concerned that this frequently leads to unnecessary disruption in their lives, moving them away from easy reach of visits from family or local solicitor.

5.5.5 Charities who help

Detention Action, Medical Justice, and the Refugee Council provide support to detainees and were joined by Hibiscus at the end of the year. They provide a vital avenue of help for detainees.

5.6 Safer Custody

5.6.1 Deaths in custody

We extend our condolences to the families and all who have been affected by the deaths that we report below.

In July 2011 there were two separate deaths at Colnbrook IRC of detainees who had been transferred there from Harmondsworth a few days earlier. The Prisons and Probation Ombudsman (PPO) has investigated both deaths and has made a total of ten recommendations in relation to Healthcare at Harmondsworth.

On 6th December 2011 a detainee died in hospital. The death was investigated by the PPO whose draft report makes seven recommendations, five of which relate to the procedures that should be followed by UKBA and GEO after a death in custody.

On 30th October 2012 a detainee died in the segregation unit at Harmondsworth. He had been visited by an IMB member the day before he died and we have provided information to the Coroner and the PPO's investigating officer. The Inquest and the outcome of the PPO's investigation are awaited.

There was a further death on 17th November 2012. The detainee died in hospital in the early hours of that day, having been in hospital for several days. He was placed in intensive care during the evening of 16th November and was only at that point released from detention. The Prisons and Probation Ombudsman, whilst having power to investigate the death of a recently released detainee, has decided not to investigate this death because he has insufficient staff resources. We wrote to the PPO setting out our reasons for considering why there should be an investigation and are aware that UKBA also made a request. After hearing from the PPO that this would not be possible UKBA has now asked its Professional Standards Unit to undertake an investigation.

5.6.2 Support for those who may self-harm and other vulnerable detainees

GEO has a formal system for supporting detainees who may self-harm. The decision this year, by GEO, to place fewer detainees on a constant watch in a healthcare ward is welcomed. The wards are now more clearly the responsibility of healthcare staff and

detainees who may potentially self-harm are in the main supported by staff and other detainees on the Units rather than being separated and stigmatised.

During the year GEO has introduced “Detainee Individual Support Plans (DISPs)” for detainees who need special attention. There are a range of reasons why a detainee might need such a plan: a disabled detainee needing an evacuation plan in the event of fire, a person with special needs because they are young or old, detainees who need reintegration after time in the segregation unit, those who are being bullied, those refusing food, or vulnerable for any other reason.

There may be between 10 and 20 DISPs open at any one time. The system addresses a range of vulnerabilities and will require continuing development and management by GEO. Staff should have no difficulty knowing that there is a DISP in place and recording how the person is feeling. What is more difficult is defining and acting on a care plan.

5.6.3 Serious incidents

This year there were no disturbances in the Centre which required the use of Tornado Units, the specially equipped anti-riot squads. The Serious Incident room was only opened in response to protests outside the Centre which are the responsibility of the police.

5.7 Segregation Unit

The cells used for Rule 40 (detainees removed from association) and 42 (temporary confinement) are interchangeable, all being in Elm unit. When Elm unit is full an area in Dove unit or Fir unit is used to segregate detainees.

The table below shows, from GEO’s records, the use of Rules 40, 42 and 41 (use of Control and Restraint) for 2011 and 2012, the years during which IRC Harmondsworth has been at its present size.

Table showing incidence of use of Rules 40, 41 and 42 in 2012 and 2011

	2012	2011
Rule 40 (removal from association)	246	338
Rule 42 (temporary confinement)	93	143
Rule 41 (use of control and restraint)	89	87

There has been a welcome and substantial reduction in the use of segregation.

In Section 5.3.3 above we have drawn attention to the unacceptable use of the segregation unit to house detainees who are mentally ill or have behavioural issues that require a therapeutic environment.

We refer in, particular, to the case of Mr A who was detained under Rule 40 for a year and 10 months. The Minister interprets the statement in the Detention Centre Rules (Statutory Instrument) that “an authority ... shall be for a period not exceeding 14 days” to mean that a piece of paper has to be signed every 14 days. Was that the intention of Parliament? Rather

than taking steps to provide appropriate accommodation for detainees who are ill / have behavioural problems UKBA has introduced a procedure for the sign-off of long term use of Rule 40 to higher and higher levels in the Agency. The procedure should ensure that after a detainee has been in Rule 40 for 28 days the Deputy Director of Detention Services is made aware of the situation. It is a change of procedure not of action.

We find that staff working in the segregation unit generally do what they can to assist detainees who are ill but they are not trained in the provision of a therapeutic environment and can only be expected to provide practical help and common sense advice.

5.8 Residential Services (includes accommodation and food)

In response to recommendations from HMCIP and the IMB detainees on Fir unit, which has a tiny outdoor space used mainly by smokers, now have access to a larger courtyard for two separate hours per day. This is an improvement but is still inadequate.

We are pleased that the water damaged floors in Cedar and Dove units have now been repaired. We report regularly to GEO on how we find the toilets, showers, communal areas, and equipment available to detainees. We would like to see GEO's proposed programme of maintenance / refurbishment, especially given the current retendering of the contract and the period of up to a year from the awarding of the new contract until its start. If the contract is awarded to a different contractor GEO will need to be kept to their contract.

Detainees regularly comment to us about the quality of food. Maintaining the highest standard every day, and providing food that meets everyone's taste – and there is a very wide range of tastes in the Centre – will always be difficult. Our overall judgement is that GEO does a reasonable job and that the further engagement of detainees in setting menus, cooking and serving food, and responding to comment would constantly re-engage those responsible for the catering.

Section 6

ISSUES

6.1 Children

Our concern is with young people who are in the Centre and especially those who may be under 18 years old. We should be able to provide, in this report, a clear statement of what has happened to these young people. However, we can only use anecdotal “evidence” – putting together what we observe, information from GEO and from the Refugee Council (who are notified by UKBA of detainees claiming to be under 18 and with whom we have established a good working relationship) because UKBA is unable to provide the information they agreed, in October 2011, that we should have. Without longitudinal information on these children’s cases neither we nor UKBA can understand what’s happening so it is difficult for us to monitor the situation and, in our view, for UKBA to manage it.

The information we have from GEO is that 28 young people claimed to be under 18 in 2012 and two were removed by Social Services. This information should come from UKBA not from GEO and does not tie-up with our observation: we have recorded three further young detainees released. Of one young person the IMB monitor said “he looks very young and is clearly quite frightened” and two others asked a monitor why they had been detained for 40 days.

Our main concern has been the length of time it has taken for Hillingdon Children’s Services to come to the Centre and undertake an age assessment. In September 2012 UKBA issued a new Detention Services Order (DSO 14/2012) that provided that no young person making a credible claim to be under 18 should be detained and that the age assessment should happen in the community. However, UKBA took no steps to liaise with Hillingdon Social Services and so there is no Memorandum of Understanding which provides for the transfer of a detainee to Local Authority care. Finally GEO agreed to open a discussion with Hillingdon Council.

6.2 Lengthy detention

Home Office published statistics show that at 30th September 2012 149 people had been detained in IRC’s for more than a year. It was not until the start of 2013 that UKBA has been prepared to provide IMB’s with a breakdown of these figures so that we would know the long-stayers in Harmondsworth.

In the absence of UKBA information we carried out our own survey looking through the records of 578 detainees in Harmondsworth in May 2012 and identified 38 who had been detained for more than a year. One of our members then interviewed the 14 who had been detained the longest. 3 had been detained since 2008 (one declined to be interviewed), 4 since 2009, and 8 since 2010.

We were saddened by what eventually happened to the two detainees who had been detained the longest. One man was first detained in April 2008 and left Harmondsworth on

admission to hospital in September 2012. The other, who was detained in August 2008 was admitted to a hospital mental health ward in December 2012.

The interviewer concluded his report:

“I observed that all the detainees had been adversely affected by their continued long detention both physically and mentally. Lack of contact with their families, having no evidence (documents) to prove their case, and limited contact with UKBA are added factors affecting their health and well-being. Almost all are depressed, confused, and angry resulting in loss of faith in the whole system. Some say they have lost appetite and spirit to fight their cases “we have no more faith in the system” seeing their case as fait accompli. Two said they were determined to stay as “our life has already been wasted”.”

Figures finally provided by UKBA in January 2013 show that at 29th December 2012 there were 34 detainees in Harmondsworth who had been in immigration detention for over 12 months, including 6 detained for over 24 months.

There is a need for UKBA to reconnect the case owner with the detainee. To this end we, together with other IMBs at all other IRCs, asked UKBA in July 2012 to arrange for case-owners to meet the people they are responsible for after they have been detained for a year.

Section 7

THE WORK OF THE INDEPENDENT MONITORING BOARD

We typically make 4 visits a week to the Centre, collecting applications to see us from our post boxes on each Residential unit, talking to detainees and monitoring what is happening. We have a procedure in place for ensuring that we visit all parts of the Centre and that special attention is paid to the segregation unit, the healthcare wards, and first and last night accommodation.

During the year we have, as a team, examined particular issues: domestic visits, internet access for detainees, use being made of education facilities, long-staying detainees, duration from collection at Harmondsworth to flight departure, detainee induction, cleanliness of communal areas and Detainee Individual Support Plans.

As is mentioned in Section 5.3.3 above we had a substantial exchange of letters during the year with the Minister about the case of Mr A. We held monthly formal board meetings with the centre manager and the UKBA local manager.

We made 188 visits to the Centre in 2012 and recorded a total of 966 conversations with detainees. Many of these were in response to the 360 written requests to see us, others were through detainees coming up to us as we walked round. Some people wished to raise more than one topic. An analysis of our conversations is shown in the table below:

Table showing contacts and conversations between IMB members and detainees

Health issues (includes conversations with inpatients and those at risk of self-harm)	299
Immigration and legal issues	259
Conversations with detainees held in segregation	206
Conversations with young men whose age was disputed	52
Property issues	86
Food issues	18
Other issues, not categorised separately	152

In a further table, below, we set out the issues that have been raised through detainees' written applications to speak to the IMB. For comparison, we include the issues raised by official complaints to UKBA.

It is noticeable from both tables that healthcare issues feature strongly, as do issues relating to detainees' immigration cases (not properly the concern of the IMB and therefore referred on by us to UKBA). Property issues remain an important concern.

Of the 94 complaints coded as 'misconduct' by UKBA, 16 were ranked as serious and investigated by the UKBA Professional Standards Unit. Of these, the 12 where the outcome is already known were all found 'not substantiated'.

It is good to note that, although the IMB has received a number of complaints about staff behaviour it has also received some written compliments on Centre staff.

Table showing analysis of applications to see IMB and official complaints to UKBA

Code	Subject	IMB Applications	Official Complaints to UKBA
A	Accommodation (inc. Showers, clothing, bed bugs)	30	20
C	Equality & Diversity (inc. religion)	6	2
D	Education (inc. library, gym) / employment	5	14
E 1	Visits, mail, phone, internet, fax	16	26
F	Food / kitchen related	8	20
G	Health related (UKBA includes 86 clinical in confidence)	96	96
H 1	Property (within current establishment)	14	43
H 2	Property (during transfer/in another establishment)	19	16
H 3	Shop and barber	2	2
I	Immigration related, including legal representation (UKBA includes 47 case-working complaints)	88	54
J	Staff-detainee interaction, detainee concerns inc. bullying, poor communication, Rules 40, 41 & 42 (UKBA includes 94 misconduct complaints)	43	125
K	Transfers, removals, reception and departures	8	6
	Complaint handling	4	4
	Age dispute cases	11	
	Compliments to Centre staff	5	
	Miscellaneous	5	
	Total number of applications / official complaints	360	428

The fact that immigration issues feature strongly in the applications and complaints is perhaps underlined by the following:

One day in February one of our members had a lengthy discussion in Punjabi and Urdu with a group of Pakistanis waiting to be taken for their charter flight to Pakistan. He reported: "Some were happy to go and join their families after prolonged detention. Some were sad on being separated from very near and dear ones in this country, including wives and children. Others were angry as "our cases were not taken seriously and humanely". Whilst they were essentially happy with their stay in the Centre and the way they were looked after by GEO staff, they expressed grave concerns about the methods / criteria used by UKBA to return them home. They said they never understood how their status for Detained Fast Track or Case Work was determined".

During the year we have actively engaged with the charities who work at Harmondsworth, with the Equality and Human Rights Commission in the production of their report "Human Rights Review 2012" and with the PPO and HMCIP.

Our training plan is directed at both new and current members. In March we were pleased to welcome to a training day staff of the Refugee Council to talk about Children in detention and also a representative from the Office of the Independent Chief Inspector of UKBA to talk about their report on Detained Fast Track.

Two new members joined the board in 2012 and one resigned, leaving a team of 13 people at the year end. The recommended complement for the board, however, is 18, so we continue to recruit new members.

Eleanor Griffiths – Chair 2013

Michael Moor – Chair 2012

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Note: All statistics in this report, except where stated otherwise, have been obtained at Harmondsworth IRC and are not audited.