



Annual Report of the Board

for

The Verne

Immigration Removal Centre

COVERING THE PERIOD

1 April 2015 to 31 December 2015

1. INTRODUCTION

This report is presented by the Independent Monitoring Board (IMB) for The Verne Immigration Removal Centre and covers the period from 1 April 2015 to 31 December 2015.

The IMB at The Verne acts as a 'watchdog' on behalf of the Home Secretary and the general public by providing independent oversight of the Immigration Removal Centre (IRC). All members are volunteers. The Board monitors the treatment of detainees and the conditions in which they are held in order to ensure that these men are treated with dignity, respect and fairness.

The IMB works closely with the staff of The Verne whilst maintaining independence and impartiality. Concerns are raised with staff or management in the first instance, which may lead to a swift resolution of a problem; if this is not possible, members have at least obtained a better understanding of what the problem involves before escalating it to a higher level, or, if necessary, to the Minister of State.

A detainee can make an application to see a member of the IMB to discuss any problems relating to his stay in The Verne. Our remit however, does not include a detainee's immigration status. The IMB is also available to members of staff, should they wish to discuss any work related problems in confidence.

STATUTORY ROLE OF THE IMB

The Prison Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an Independent Board, appointed by the Secretary of State, from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

- (1) satisfy itself as to the humane and just treatment of those held in IRCs.
- (2) inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.
- (3) report annually to the Secretary of State on how far the IRC has met the standards and requirements placed on it and what impact these have on those held in the centre.

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

DIVERSITY STATEMENT

The Verne IMB will not discriminate directly or indirectly against anyone because of age, disability, gender reassignment, marital and civil partnership status, pregnancy and maternity, race including nationality, ethnic or national origins, religion or belief, sex and sexual orientation, in recruitment, in the treatment of members, and in the way the Board monitors the treatment of people in detention

IMB Chair, IRC The Verne

SECTION 2

CONTENTS

Introduction	2
Statutory Role of the IMB	2
Diversity Statement	2
3.1 Description of The Verne Immigration Removal Centre	4
3.2 Population	4
4. Executive Summary	5
5. Key Reporting Areas	7
5.1 Equality and Diversity...	7
5.2 Education	8
5.3 Health and Mental Healthcare	8
5.4 Work and Purposeful Activity	10
5.5 Resettlement	10
5.6 Safer Detention	11
5.7 Care and Separation Unit	11
5.8 Residential Services	12
5.8.1 Accommodation	12
5.8.2 Detainee Consultation Meetings	13
5.8.3 Welfare Office	13
5.8.4 Social	14
5.8.5 Food and Kitchens	14
5.9 Reception	15
5.10 Visits	15
6. The Work of the Independent Monitoring Board- Annex A and B	16
Appendix 1- Average Daily Activity Involvement	17
Appendix 2 - Gym Availability and Usage: December 2015	18
Appendix 3 - Night Moves	19

SECTION 3

3.1 DESCRIPTION OF THE IRC

IRC The Verne has a remote rural location on the Isle of Portland in Dorset. The Verne Citadel was built using convict labour in the 1840's, to house prisoners building the breakwater for Portland harbour. The Verne operated as a prison from 1949 to October 2013. In March 2014 it re-opened as an IRC/Prison initially receiving only Foreign National Offenders awaiting deportation. It became a fully operational Immigration Removal Centre on 28th September 2014. The maximum operating capacity is 580, all males. The National Offender Management Service (NOMS) operates the Centre.

The Healthcare Centre provides 24-hour healthcare with a comprehensive range of medical and dental services contracted to Dorset Healthcare University Foundation Trust (DHUFT). There is no inpatient provision.

Facilities include:

- a shop, with a wide range of items including fresh fruit and cultural food. Detainees can suggest items to be stocked;
- a suite of computers with limited internet access;
- a well-equipped gymnasium;
- a Multi Use Games Area (MUGA) and a large playing field;
- exercise equipment in the outdoor areas;
- education and arts departments provided by Weston College;
- library services provided by Dorset County Council;
- the Chaplaincy offering facilities for all faiths;
- Bail in Detention, Verne Visitors Group, the Red Cross, Migrant Help, Music in Detention and Detention Action visit the Centre to give support to detainees;
- the Home Office Immigration Enforcement Department who have an office within the Centre;
- a video link to the courts in Newport and Birmingham for bail hearings.

3.2 POPULATION

The Verne is able to accommodate 580 male detainees. There are approximately 65 nationalities represented at any one time.

Average Stay: 2 months approx.

Length of longest stays: More than 12 months although not all the time has been spent at IRC The Verne.

SECTION 4

4. EXECUTIVE SUMMARY

4.1 The Board considers The Verne to be a well-run centre where detainees are treated with decency and humanity whilst awaiting removal or release on bail.

4.2 The HMIP Inspection (conducted in March 2015) was critical of many areas but management and staff have worked hard to take on board recommendations made in the HMIP report and where possible these have been successfully implemented e.g. extension of Welfare Services; provision of more information leaflets in a variety of languages; introduction of improved induction procedures; identification of vulnerable detainees and accommodating them in supported living units; extensive training made available to all centre staff in ACDT procedures.

4.3 Discussions continue to take place to implement further HMIP recommendations although financial constraints or lengthy procurement processes have hindered their progress, i.e. the provision of a care suite rather than CSU, for detainees with mental health problems or suspected TB; establishment of clinically appropriate times for the dispensing of medication; prompt maintenance of showers, toilets and washing machines.

4.4 The Board are satisfied however, while noting the aforementioned exceptions, detainees are able to access quality medical treatment; nutritious and varied cultural food; an impressive range of work opportunities; certificated education and vocational training opportunities; and plenty of opportunity for leisure, physical and sporting activity.

4.5 The Board note with regret the Death in Detention in August but commend the sensitive way it was managed by the staff and Chaplaincy when a difficult situation arose once the other detainees became aware of, and very upset by, the death (P11; 5.6.6).

4.6 There have been several occasions when detainees have required hospital treatment as a result of ingesting prohibited and dangerous substances and we acknowledge the prompt action of the Healthcare staff in dealing with initial resuscitation and treatment of these men. The Verne staff conduct a continuous and difficult battle against the illegal substances which find their way into the establishment and it is thanks to the dedication of these staff and of the hard work and skill of the 'sniffer' dog and his handler that there have not been more incidents of this nature.

4.7 The Board note the number of cultural events that have taken place throughout the reporting period and are impressed with the efforts of all staff who are involved with making these a success. The enjoyment and appreciation of the detainees is obvious and these events encourage mutual respect between detainees and all staff involved with them.

4.1 The Board's main concerns are:

4.1.1 Moves into and out of The Verne at night continue to be a problem (see table of figures P19; Appendix 3).

4.1.2 Very ill detainees on a Food and Fluid refusal protest have been refused admission to hospital in-patient care as they are deemed to be patients who are refusing treatment of any kind. The Verne however does not have a suitable care suite where these men can be properly looked after (P9; 5.3.2).

4.1.3 There is urgent need for late evening clinically indicated dispensing of medication (P9; 5.3.4)

4.1.4 The Care and Separation Unit is not a fit place to hold detainees with serious mental health issues, those on food and fluid refusal or with suspected Tuberculosis (P9; 5.3.5).

4.1.5 Professional Counselling services should be offered when required (P9; 5.3.7).

4.1.6 The IMB at The Verne are currently not permitted to access Rule 35 reports and is therefore, unable to monitor their quality (P9; 5.3.8).

4.1.7 Part way through the reporting period Tascor became non-compliant with their agreed contract requirement to provide hospital escorts and bed-watches (P9; 5.3.9)

4.1.8 The often considerable delay in obtaining maintenance services provided by Carillion (who have recently taken over from an efficient 'in-house' provision) (P14; 11.1.4).

4.1.9 Little progress has been made in identifying an area for a cultural kitchen. However detainees of various nationalities do assist with the preparation of menus and foods at special festival times celebrated within their culture (P13; 5.8.1.4).

4.1.10 Because of the rural location of The Verne a 'virtual visits' or Skype system should be available (in the visits area) to offset the paucity of actual visits (P15; 5.10.3).

4.2 Items requiring a response

4.2.1 The number of night moves in and out of The Verne should be reduced (P15; 5.9.2)

4.2.2 The poor availability of beds nationally, for mentally ill detainees, where appropriate treatment can be given (P12; 5.7.3)

4.2.3 The lack of provision for detainees to access professional counselling services (P9; 5.3.7).

4.2.4 Continued lack of opportunity for IMB members to monitor Rule 35 reports (P9; 5.3.8).

4.2.5 Tascor's non-compliance with contract on hospital escorts (P10; 5.3.9).

4.2.6 Improvement in the procurement of services provided by Carillion (P13; 5.8.1.4).

4.2.7 Continued delay in contracting a long-term education provider (P8; 5.2.11).

4.2.8 Installation of a 'virtual visiting' system to encourage family ties, whether in the UK or in the detainees' home country (P15; 5.10.3).

SECTION 5

5. KEY REPORTING AREAS

5.1 EQUALITY AND DIVERSITY

5.1.1 The Board finds that Centre staff generally respect the diverse cultures and backgrounds of detainees and endeavour to accommodate their needs, as far as practicable within the setting of an IRC.

5.1.2 Meetings are organised for groups of detainees from particular faiths, countries, or protected characteristics. Numbers attending are often modest but pertinent issues are raised and discussed, and action is taken if required.

5.1.3 Provision for religious observance is good. The Chaplaincy staff are actively engaged in the life of the Centre and are often involved in supporting individuals.

5.1.4 The Muslim detainees form the largest faith group but accommodating all who wish to attend prayers is not always possible within the Mosque. Microphones have been installed in the Multi-Faith Room adjacent to the Mosque to provide additional space for any overflow of devotees and to allow them participation in prayers. The lack of space however is a particular problem during religious festivals such as Ramadan or Eid and consideration continues to be given to possible solutions.

5.1.5 The arrangements for the period of Ramadan and the ensuing celebrations of Eid were generally well received this year. The Imam, together with groups of detainees, was involved with the advance planning arrangements, and there was greater satisfaction as a result. The food for the Eid celebrations was particularly well received.

5.1.6 A nurse is based in the reception and induction area which has assisted in the identification of detainees with disabilities or other health problems and a personal emergency evacuation plan (PEEP) is prepared for them if necessary (P8; 5.3.1)

5.1.7 The organisation RECOOP (which works with older prisoners) has been asked to organise activities specifically for older detainees.

5.1.8 For those detainees whose knowledge of English is limited, language line is available and is effective for use in interviews. It is acknowledged however that it is difficult for non-English speakers to be well informed about their own situation or about the amenities and facilities available to them at The Verne and increasing the provision of written material in other languages is ongoing. Financial constraints limit the amount which can be produced and it is not always possible to check the accuracy of translations. Groups of non-English speakers with the same language support each other and assistance is often given by detainees who are multi-lingual.

5.2 EDUCATION

5.2.1 The learning programme provided by the centre is currently contracted on a monthly basis to Weston College. It provides a varied and interesting range of activities and courses tailored to the needs of the men.

5.2.2 Detainees are consulted on arrival about what would interest them, in both leisure and work activity. A video presentation is given, using both graphics and the detainee's language to facilitate their choice.

5.2.3 The barbering studio has gone from strength to strength with a certificated qualification available. Food handling and cleaning courses have been arranged.

5.2.4 A detainee magazine was launched and has been well received by both detainees and staff.

5.2.5 The detainees have constructed an outside seated area as well as refurbishing a kitchen and a shower area in order to practice newly learned skills.

5.2.6 Music and music scores are being produced by detainees to be published in the near future. A new project to produce works of art that will assist in the publicity of the plight of displaced persons is underway.

5.2.7 Two new awarding bodies have been engaged, ASCENTIS and AptEd, to provide greater flexibility for courses available to detainees.

5.2.8 There is a successful social engagement programme where detainees who do not want to complete a full course can be included as and when they want to participate in any one-off projects such as painting and graphics.

5.2.9 'English for Speakers of other Languages' (ESOL) is a well-supported basic education course with a good deal of interaction between students and teacher.

5.2.10 The education team is constantly looking for short-term courses that have the potential of generating transferable skills for use in the detainee's home country.

5.2.11 Despite these successes, the Board is concerned that there has been a considerable delay in agreeing a long-term contract with a provider. The current month by month arrangement with Weston College is expensive and does not encourage stability within the workforce (P6; 4.2.7).

5.3. HEALTH AND MENTAL HEALTHCARE

5.3.1 Healthcare services offering 24 hour, 7 day week, medical and nurse care cover are contracted to Dorset Healthcare University NHS Foundation Trust (DHUFT). In addition they provide excellent Drug and Alcohol and Mental Health Services, as well as a dental and hygienist service, although there have been some contractual difficulties with the latter during the reporting period. Most detainees can be offered an appointment within 48 hours, which compares favourably to services offered in the local community. A nurse triage

system is in operation and a nurse is based in reception to assist in the processing of newly arriving detainees (P7; 5.1.6).

5.3.2 Emergency care is available on site and if necessary detainees can be taken by ambulance to Dorset County Hospital. Recently the Board has been concerned that there has been a reluctance to accept those deemed to be suffering as a result of a self-inflicted incident (e.g. food and fluid refusal) as there is nowhere suitable at The Verne to care for them properly should they become very ill (P5; 4.1.2).

5.3.3 During the reporting period, healthcare staff have encountered many difficulties as, for a large part of the time, they have been functioning with many agency or locum staff. Recruitment, always difficult on Portland, once again became problematic and it was not until almost the end of the year that vacant posts could be filled.

5.3.4 Dispensing of medication at times convenient to healthcare staff, IRC Officers and detainees, is an ongoing problem. As much medication as possible (including antibiotics) is given to the detainees 'in possession (IP)' but medication prescribed twice daily i.e. anti-depressants, and other medications used in the treatment of mental health problems, are administered at the 4pm medication round and must be taken as they are dispensed. This is a constant source of complaint from detainees and of concern to the Board. It is essential that a solution to this problem is found and a later evening medication round is established as soon as possible (P6; 4.1.3).

5.3.5 There are no in-patient facilities on site and detainees with acute mental health problems, and those with suspected Tuberculosis are looked after in the Care and Separation Unit (CSU). There are plans to create a small 'care' unit as it is recognised that CSU is not an appropriate place in which to look after such patients. The Board are concerned that although this was an issue raised in the last Annual Report the situation has not changed (P6; 4.1.4).

5.3.6 The Board continue to be concerned at the high numbers of vulnerable men who it is necessary to place on Assessment, Care in Detention Teamwork (ACDT) and acknowledge the good work done by the mental health team in identifying and offering treatment as necessary. (p11; 5.6.4)

5.3.7 The Board notes however, there is often a request from detainees for counselling at times of particular stress ie. following the death in detention (in August); the issue of removal directions; when professional counselling would be of considerable assistance. Much of the counselling required falls upon the Chaplaincy team and the wing officers as the Board understand Counselling services are not included in the commissioned contract with NHS England (P6; 4.2.3).

5.3.8 The Board has requested access to Rule 35 reports in order to commence a monitoring process on their quality but so far this has not been granted as, it is deemed, they come under the auspices of 'medical in confidence'. The Board would like to see a Memorandum of Understanding agreed between Healthcare, the Home Office and the IMB allowing members access to a selection of these reports enabling monitoring of their quality, content and legibility and also to know that the General Practitioner undertaking the writing of the report has received some specialist training (P6; 4.1.6 & 4.2.4).

5.3.9 There have been increasing problems throughout the year with Tascor fulfilling their contracted obligation to provide escorts for hospital attendance and for bed watches for in-patients. At best their provision is erratic and, at worst, non-existent. As many of these duties now have to be covered by NOMS officers it is putting a considerable strain onto already overstretched staffing rosters and there is also a financial implication if an officer needs to work an additional duty (P6; 4.1.7).

5.4. WORK AND PURPOSEFUL ACTIVITY

5.4.1 The Centre continues to offer a wide range of opportunities for work, education and sport. Although work is not compulsory for detainees, they can avail themselves of these opportunities to acquire skills and earn a small income. The table in Appendix 1 shows the take-up of various (non-PE) activities for a typical week. A participation rate in excess of 60% is higher than that achieved in other IRCs and higher than that reported previously (52%) (P17; Appendix 1).

5.4.2 The high (12%) involvement in cleaning has contributed to the generally acceptable standard of cleanliness in the wings. Although the various activities were not designed primarily for rehabilitation, there are opportunities - especially in vocational education (e.g. the barber) and industries (e.g., bricklaying) – for detainees to acquire skills which could prove useful after repatriation.

5.4.3 The table in Appendix 2 refers to the availability and take-up of opportunities in the gymnasium. The all-weather multi-use games area (MUGA) continues to enjoy frequent use. There is currently a low use of the extensive playing field due to perceived security issues. The Board hope that more use can be made of these impressive facilities in the future (P18; Appendix 2)

5.4.4 The IT suite is popular and well used.

5.5. RESETTLEMENT

5.5.1 In the context of an IRC, resettlement refers to all provisions for detainees aimed at ensuring that they have the best chance of integration when they are released.

5.5.2 The provisions at The Verne are numerous, and are dealt with under their respective headings throughout this report.

5.5.3 However, it is clear to the Board that the provision for resettlement is good, with the services on offer including:

- Skills for work
- Education including certificated qualifications
- Detailed information about assisted returns packages
- Help from the Red Cross in establishing family ties and links with home communities

5.6 SAFER DETENTION

5.6.1 The atmosphere at The Verne has become calmer during the reporting period and the number of incidents of anti-social behaviour has reduced. Incidents of self-harm also reduced during the reporting period, with only one occurring in December. Incidents involving New Psychoactive Substances (NPS's) however, still remain problematic.

5.6.2 The peer support detainees, who attend the monthly Safer Detention meetings to represent the views of all detainees, report that the majority say that they feel safe at The Verne. This is echoed in the findings of the Safety and Violence Survey.

5.6.3 Detainees with an open ACDT are treated with sensitivity and professionalism and the regular reviews of their care plans are well organised and focused. In July a new system of allocating an ACDT to a specific Case Manager was implemented, to ensure the continuity of Case Managers having responsibility for specific ACDT documents. An extensive programme of ACDT Foundation training took place during the reporting period, both of operational and administrative staff, and of those from the voluntary sector who come into contact with detainees (P9; 5.3.6)

5.6.4 The weekly multi-disciplinary Complex Detainee Case meetings, set up just before the beginning of the reporting period, continue to assess and monitor the welfare of detainees with physical health, mental health and social issues (P9; 5.3.6).

5.6.5 Staff are able to maintain good relationships with detainees and have good de-escalating skills when needed.

Death in Detention

5.6.6 Sadly however, despite all measures taken to help detainees feel safe there was one detainee death during the reporting period. Mr. K was found dead in his room on the morning of August 6th. Although he had been identified as a vulnerable person and housed on the Supportive Living Wing (A1) he had not been placed on an ACDT prior to his death.

5.6.7 All protocols following such an incident were carried out by the staff and peer supporters in an efficient and professional manner and the atmosphere on the wings following the death, although subdued, remained calm and, as far as possible, the normal regime of the IRC continued throughout the day.

5.6.8 During the debrief the Centre Manager commented on how well the staff had worked together and how supportive they had been of each other. It was noted however that certain areas could be improved eg. computer updating in the command suite; better communication with the ambulance service; support for the control room officer and in due course these will be acted upon accordingly.

5.7. CARE AND SEPARATION UNIT (CSU)

5.7.1 The CSU unit consists of 8 rooms of which 2 were out of operation for several months having been damaged by a severely mentally ill detainee. Two cells are used for constant

observation when a detainee has an open ACDT. They have been specially adapted to accommodate self-harming and vulnerable detainees.

5.7.2 The CSU is the only available area where detainees who are assessed as having mental health problems can be kept. The holding of detainees for long periods, in isolation, in the CSU is unacceptable (P9; 5.3.5).

5.7.3 The Board would once again wish to highlight the difficulties there have been during the year in obtaining mental health inpatient beds and, while we recognise that the lack of (secure) mental health in-patient beds is a national problem, we would like to see a much speedier response to any request for inpatient mental health care. One of The Verne detainees, Mr Z, was held in the CSU for over 70 days following a diagnosis of a mental health condition and his detention in such a confined area almost certainly exacerbated his condition. While it is acknowledged that the care he received from the CSU staff was exemplary this was not a suitable holding area for a person suffering from a mental illness. (P6; 4.2.2)

5.7.4 An improved care facility for men who require any physical, mental or social care must be identified and refurbished, separate from CSU, as a matter of urgency especially in view of the recent reluctance of our local hospital to accept those persons deemed to be suffering from a self-inflicted condition (P9;5.3.2 and 5.3.5).

5.7.5 During the year some redecoration and refurbishment of CSU has taken place.

5.7.6 A small room is used as a comfortable sitting room for those detainees who have not committed any offences, but need to be isolated e.g. suspected TB cases. However, there are still bars at the window which is not satisfactory.

5.7.7 Men who are detained, removed from association, or under Detention Centre rules, are usually held in CSU for less than 24 hours before being returned to normal residential locations. All detainees held in CSU are seen daily by the Duty Governor, a member of the Chaplaincy team, a doctor or nurse from Healthcare and an IMB member if available. A member of the on-site Immigration Enforcement team also visits CSU daily to see detainees.

5.8. RESIDENTIAL SERVICES

5.8.1 Accommodation

5.8.1.1 Detainees are accommodated in six blocks, plus a casemate (vaulted chamber in the fortress walls). The blocks, each house about 90 detainees predominantly in single rooms. The casemate, has 9 dormitories, each with eight cubicles and an association area; this is the Induction Wing to which detainees are transferred at the beginning of their stay.

5.8.1.2 Throughout the period under review there have been problems with detainee room door closures, relating to the fire standard requirements for self-closing doors which has reduced the original capacity to below 580. A replacement programme for door closures is in progress.

5.8.1.3 One of the wings is a Supportive Living Unit which accommodates detainees who are judged to require more than the usual level of support. The selection is made during the induction process using a questionnaire seeking information concerning previous incidents of being bullied, self-harming, drug/alcohol or health/hygiene issues, learning difficulties or special needs. The Chaplaincy also has an office in this Wing so that a member of the Team is readily at hand during the day.

5.8.1.4 The change in the provision of maintenance services, from in-house to Carillion, has led to numerous problems with delays in carrying out even the most basic repairs to the fabric of the buildings. This is causing a great deal of concern and the Board are aware that this is impacting directly on the welfare of detainees (P6; 4.1.8).

5.8.2 Detainee Consultation Meetings

5.8.2.1 Regular detainee consultation and food meetings are held and provide Peer Supporters with an opportunity to air their views. Staff attendees usually include a senior Home Office manager, Custodial Managers, representatives from Equalities, Safer Detention, Activities, the Chaplaincy, the Welfare Office, the IMB and, for the Food meetings, also staff from the kitchens.

5.8.2.2 The topics most regularly discussed are food, the shop, mobile phone signals, and problems of cleanliness and equipment failures on the Wings.

5.8.2.3 Peer Supporters have raised a number of issues relating to the shop. Many are suggestions for new items to be stocked and some relate to the large queues which often occur when the shop is open. Although a second till is now operational the shop has a small floor area and only ten detainees are allowed inside at any one time. Detainees in the queue outside are not protected from the rain when the weather is inclement.

5.8.3 Welfare Office

5.8.3.1 Detainees are taken to the Welfare Office, which operates as a drop-in centre, as part of their induction tour. Welfare Office opening times are displayed on each Wing.

5.8.3.2 Lost property, legal and immigration issues are the topics most discussed with Welfare staff. Many detainees arrive at The Verne unaccompanied by their personal property and Welfare Office staff can assist in its location and recovery.

5.8.3.3 The service offered to detainees by the Welfare Office has greatly expanded during the reporting period. Monthly welfare interviews with detainees and monthly meetings with Peer Supporters are held. Also, a number of projects have been undertaken to expand the scope of the Department's activities. As a result working relationships with the Red Cross, BID, Migrant Help and Detention Action have been created and developed eg, working alongside the Red Cross, provision of suitable clothing packs to destitute detainees are provided on discharge from detention to meet the environmental needs of their countries.

5.8.3.4 The Welfare Office can refer cases to the Red Cross for International Family Tracing and Trace the Face to assist in re-establishing contact with a detainee's family and friends. They support the Home Office in identifying potential barriers to removal once this course of action is decided.

5.8.3.5 The Welfare Office has been successful in securing further resources as part of an EU funding bid. This will be used to promote and advise detainees on voluntary return schemes.

5.8.3.6 Detainees who are leaving The Verne to be repatriated can obtain information, available in several languages, concerning resettlement in their home country.

5.8.4 Social

A number of social and cultural events have been held during the reporting period. The Board was delighted to see the harmonious atmosphere engendered by "The Verne's Got Talent" and barbeque event in the summer.

5.8.5 Food and Kitchens

5.8.5.1 During the reporting period the kitchens changed from providing a cold lunch, plus soup, to providing two hot meals a day. This has proved to be very popular with the detainees, and has also demonstrated some cost savings.

5.8.5.2 The lack of a cultural kitchen continues to be a problem especially for the Sikh community who have the offering and preparation of food as part of their religious tradition (P6; 4.1.9).

5.8.5.3 The kitchens and catering arrangements received the full five star grading by the environmental health officer following a thorough and detailed assessment.

5.8.5.4 Staffing levels improved to virtually a full complement, although the reliability of detainees providing consistent attendance remains a problem. All detainees working in the kitchens now take a food hygiene course Level One and receive a certificate on successful completion.

5.8.5.5 The HMIP report earlier in the year expressed the view that there was too little ethnic diversity in the food provided. The Board's view is that the kitchens are providing food for a total of 65 nationalities with a wide variety of dietary requirements. All the major religious and cultural festivals are celebrated, with positive feedback from detainees. Board members regularly taste the food and are impressed with the standard achieved.

5.8.5.6 A recent problem is delay in getting repairs to ovens and other catering equipment, due to issues with the new maintenance contract (Carillion) recently brought in. This will need close monitoring (P6; 4.1.8).

5.9 RECEPTION

5.9.1 This area can soon become overcrowded when large numbers of detainees arrive at the same time, as it is small, and there is only one toilet.

5.9.2 Night moves have been a constant problem throughout the year as far greater numbers of detainees arrive during the night (between the hours of 8pm and 8am) than had originally been anticipated (see table at Appendix 3). They are often exhausted, hungry and frequently extremely anxious as many have been travelling for several hours and they are particularly vulnerable at a point when numbers of trained reception staff have been insufficient to process them expeditiously. As the numbers of night moves in have remained numerous and consistent throughout the reporting period a rota reprofiling exercise has been necessary to address this problem to allow more staff to work at night.

5.9.3 Although the Board are aware that because of our geographic location, some night transfers will be inevitable, we are disturbed to learn of the very long journeys of many of the detained men. It seems that many travel in the Tascor vans to several pick up locations and make frequent transport changes before even starting on the road to Dorset. More forethought and strategic planning of such journeys should be considered by DEPMU and Tascor as it is felt that such lengthy transit periods are both unacceptable and unnecessary.

5.9.4 A video link to Bail Hearings Courts in Newport and Birmingham has reduced some of the early morning removals out of The Verne and has been welcomed by the reception staff. The Board however, have concerns that if a detainee is released on bail his release is immediate no matter what the time of the day or to where he has to travel. Many will, of course, be able to make arrangements to be collected but for those who cannot the Board would like to see the planning of a practical release time that is accommodating to train or coach times from the rural area in which The Verne is situated.

5.9.5 Televisions installed in the unit have not functioned for most of the reporting period but were eventually connected in December.

5.10 VISITS

5.10.1 The visits area is spacious and comfortable, with a play area for children, video games, and cubicles for legal visits. Visiting hours are substantial. There are vending machines for hot and cold drinks and confectionery although the prices are high for the goods on offer. Visitors may order a filled baguette from the kitchen if required.

5.10.2 We hear anecdotally that detainees have few visits from friends and family because of The Verne's isolated rural location and the distance from the station. It is an hour's journey from Weymouth Station to the IRC by bus and a serious uphill walk of over a mile; there is no courtesy bus and no financial help with fares.

5.10.3 The Board would like to see detainees being given access to 'virtual visits' including Skype as a way of partly ameliorating the paucity of visits and the inevitable isolation that detainees feel (P6; 4.1.10)

5.10.4 Detainees are however visited by local support groups such as 'AVID'.

SECTION 6

WORK OF THE IMB

Annex A - Applications received by the IMB

Home Office/ immigration case	19
Healthcare	19
Members of staff	4
Transport	2
Food	5
Work/pay	2
Lost property (other establishments)	5
Shop	1
Internet	2
Transfer request	1
Accommodation	1

Annex B – Board Statistics

Recommended complement of Board Members	14
Number of members at start of reporting period	10**
Number of members at the end of reporting period	10
Number of new members joining	1
Number of members leaving	1
Total number of Board meetings	12
Total number of visits to the IRC including all meetings	270
Total number of applications received	61
Date of Annual Team Performance Review	Not during the reporting period

**One member was inactive due to an administrative issue. She officially left the Board in September 2015. Another member took a 6 month sabbatical from January to June 2015 to complete a degree.

Appendix 1.

Average Daily Activity Involvement 14-18 December 2015

ACTIVITY	AM	%	PM	%
Not engaged	161	39	160	38
Orderly	21.6	5	21	5
Cleaner	51	12	51	12
Servery	33	8	32.8	8
Wing Rep	14.6	4	15	4
Education	31.6	8	41.8	10
Education Vocational	12	3	15	4
Education Work	10.2	2	11	3
Industries	18	4	17.3	4
Contract Services	33.6	8	32.8	8
Waste Management	3.8	1	4	1
Kitchen	15	4	15.5	4
Gardens	9.6	2	10	2
Total	414.6		426	

Appendix 2.

Gym Availability and Usage: December 2015

Total Availability (Hours)	357.50	
Weekday Daytime Gym Availability (Hours)	212.25	
Weekday Daytime Detainee PE Hours	1203.75	
Average Weekday Daytime Usage (detainees per hour)		6
Evening Gym Availability (Hours)	58.00	
Evening Detainee PE Hours	1146.50	
Average Weekday Evening Usage (detainees per hour)		20
Average Centre Roll	415	
Weekend Gym Availability (Hours)	63.50	
Weekend Delivery Detainee PE Hours	714.75	
Average Weekend Usage (detainees per hour)		11

Appendix 3.

Night Moves during Four Months of 2015

Month	Day-Out	Day-In	Night-Out	Night-In
April	450	230	26	208
September	251	281	65	190
October	436	279	66	260
November	397	184	82	223
December	305	90	72	125

NB: Night moves in are between 8pm and 8am