



Annual Report
of the
Independent Monitoring Board
at
**Heathrow Immigration
Removal Centre**
for reporting Year
January to December 2018

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Monitoring fairness and respect for people in custody

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A: INTRODUCTORY SECTIONS

1. STATUTORY ROLE OF THE IMB

1.1 Every Prison and Immigration Removal Centre (IRC) in England and Wales has an Independent Monitoring Board (IMB) 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 monitored the Heathrow Immigration Removal Centre, which comprises two adjacent sites close to Heathrow Airport known as Harmondsworth and Colnbrook.

1.2 The Board is specifically charged to:

- (1) satisfy itself as to the humane and just treatment of those held in the Centre.
- (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 Heathrow IRC has met the standards and requirements placed on it and what impact these have on those held in the Centre.

This report has been produced to fulfil our obligation under (3) above.

2. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Introduction

2.1 This report presents the findings of the IMB at the Heathrow IRC for 2018. Our evidence comes from observations on visits, and contact with detainees and staff. We have analysed the records of Mitie Care and Custody (the Contractor), and those of the Home Office on length of stay and complaints, and our own records gained through direct contact with detainees of their concerns.

2.2 Our annual report for 2017 was submitted in March 2018, it was published in April 2018. Our recommendations for 2017 are repeated in this report, we indicate whether our recommendations have been accepted, or where there has been partial acceptance, or have been rejected.

Judgements

Are Detainees Treated Fairly?

2.3 Detainees are generally treated fairly, but there are areas where their treatment could be significantly improved. Too many detainees are kept in detention for long

unspecified periods with no end date. Appreciable numbers stay for over six months and some for over two years (See 4.13). Since a review of reasons for detention by the Home Office in the latter part of 2018, as a result of the Windrush scandal, the number of longer-term detainees had been reduced. The Home Office has been more careful with the initial decision to detain by ensuring more senior officials make the decision to detain and by review of detention requests by the Detention Gatekeeper in respect of the Immigration Enforcement Adults at Risk Policy. Whilst both the number involved and the time period held have decreased, there are still too many detainees held for long periods. We repeat our view that the legal power for indefinite detention is a breach of human rights. There should be a 28 days limit on administrative detention, except for those foreign nationals who have served a prison sentence. In our 2017 Report we recommended a limit of six months for all detainees. We now think in line with a cross-party proposal in the House of Commons that a much shorter period is appropriate. The Centre was designed for short term removal; in practice this intention is not always achieved. Analysing detention removal, the rate is just under 50%. This means many are held even for comparatively short periods, let alone for long periods, who are then released into the community. The conclusion must be that many of the original decisions to detain were incorrect, as measured by court or Home Office administrative decisions to allow detainees to stay in the UK, or to be granted bail. Did they need to be detained at all?

2.4 Even when detainees are held for shorter periods their stay could be improved and made more acceptable, if the maintenance provision and standards were enhanced. Showers not working, wash basins not draining, blocked toilets and heating problems all affect daily life. The delay in dealing with maintenance requests is often excessive. There is some evidence that, particularly since a change in senior management in May 2018, conditions have begun to improve, both in using capital spending to upgrade facilities such as boilers and furniture, and in refurbishing rooms. We welcome this improvement.

2.5 The Centre often looks and is grubby. The buildings are intensively used and show the effects of this use. Cleaning more often and redecorating more frequently would improve the buildings and provide a better environment. The marked reduction in the occupancy rate in the latter part of 2018 has allowed the Contractor to fast track the painting of rooms, as there was alternative living accommodation available. This was welcomed by the Board.

2.6 Most staff handle detainees well and some are excellent in their role. However, we found examples of less helpful behaviour and an offhand attitude to detainee requests or queries. Some of this can be explained by work pressures as custody officers often work 13 hour shifts and by language problems. In the 2017 Report we recommended more training on how to handle people and on the psychological effects of indefinite detention, to improve staff-detainee relations. There is recent evidence of relevant training for custody staff by the Contractor and we welcome this.

2.7 Paid activities are an important part of purposeful activity and are popular with detainees, as they provide some structure to their day. There are two limitations on the amount of paid activities, which affects their adequacy. One is the budget, and as wage rates are low, additional use of detainees is not expensive and we suggest allows flexible decision making. The HMIP inspection of Colnbrook in 2018 also recommends more paid activities. The other limitation is the need for Home Office permission for a detainee to work. This is not given when the Home Office deem a detainee is uncooperative with the immigration process. We think this restriction can be unfair in some circumstances, but our representations have been rejected by the Home Office.

Are Detainees Treated Humanely?

2.8 We note above that some detainees stay in the system for long periods. We appreciate the time delay for legal appeals and the difficulties obtaining travel documentation by the Home Office. We feel that to keep someone in detention for years, often after serving a prison sentence is inhumane.

2.9. The very high proportion of detainees handcuffed (91.6%) for 2018 when they are transported to hospital or for external interviews showed an over cautious risk evaluation which leads to an unnecessary humiliation for the majority, who do not present an escape risk.

2.10 We are critical of the detention of those with mental health problems. Those with serious mental health problems should be held in more suitable custodial institutions or released into the community with appropriate support. There are some positive indications of an appreciation of the need to avoid detention for those unable to handle a custodial environment. We believe that this has resulted in fewer cases as the year has progressed, and we will continue to monitor the situation.

2.11 There is little provision for social care and the contract for healthcare does not include provision for social care. We do not agree with detaining those who are partially sighted, or in a wheelchair, in an environment built to house fit young people. They may appear to be deemed a risk if not detained, perhaps because they have a criminal record, but there should be a proper balance between risk, imminence of removal, and substandard provision for disabled detainees.

2.12 The Rule 35 procedure evaluates medically the submissions of detainees that they have experienced physical and mental torture. This evaluation is central to their asylum claim. The medical operation of the Rule 35 procedure within the Centre has worked somewhat better in 2018, though there are still delays. However, whilst appreciating that several risk factors are considered by the case officers in coming to their decision, it is disturbing that medical judgements can be disregarded by officials without any medical training, resulting in detention continuing against medical advice.

Are Detainees Prepared Well for Their Removal or Release?

2.13 Our general impression is that the briefing prior to release is carried out well by the welfare officers with the assistance of charities such as Hibiscus.

2.14 One aspect of preparation for leaving the Centre is education and training. The Contractor identified that their provision was not as effective and as well used as they would have liked. We agreed with their view and welcomed the introduction of new or reoriented courses such as food hygiene, computer maintenance, and painting and decorating during 2018. An assessment of the changes made shows, there has been some progress in the Colnbrook building, with a favourable external evaluation of information technology training. However, although the provision in the Harmondsworth building has not yet been externally evaluated, there has been recent tutor recruitment for business and vocational skills, and media to improve the offer to detainees.

Response to Recommendations Made in the 2017 Annual Report

To the Home Office

2.15 Detainees with an identified serious mental illness should not be held in an immigration removal centre. **Partially Accepted**

2.16 Detention of people requiring social care should only be in circumstances where their needs for personal assistance can adequately be met. **Partially Accepted**

2.17 To limit the time period of immigration detention to a maximum period of six months, where there is no prospect of immediate removal. A periodic review mechanism should be created fully independent of the immigration authorities for all detainees held for more than six months, with powers to make binding recommendations. **Rejected. Repeated 2017 and 2016**

2.18 The authorisation of night moves of detainees between IRCs should be exceptional. **Partially Accepted**

2.19 There should be a review of the policy of not authorising paid work to some detainees. **Rejected**

2.20 The Home Office should re-evaluate their decision-making in cases where allegations of torture are upheld by the Rule 35 medical procedure. **Rejected**

To Mitie (Care and Custody) The Contractor

2.21 Handcuffing of detainees while being transported outside the Centre should be reconsidered balancing risk against detainee dignity. **Accepted**

2.22 Improvements should be made to standards of cleaning and maintenance to improve the living environment for detainees. **Accepted**

2.23 Consideration should be given to whether further staff training is required to better prepare staff for their relationship with detainees. **Accepted**

Main Areas for Development

The Home Office

2.24 To limit the time period of immigration detention for those detained solely on immigration grounds to a maximum period of 28 days.

2.25 A periodic review mechanism should be created fully independent of the immigration authorities for detainees held for more than six months, with powers to make binding recommendations.

2.26 Detainees with identified serious mental health illness should not be held in an immigration removal centre.

2.27 Detention of people requiring social care should only be in circumstances where their needs for personal assistance can adequately be met.

2.28 The Home Office Complaints Unit should recommence the provision of monthly statistics showing the subjects of detainees' complaints.

To Mitie (Care and Custody)

2.29 Handcuffing of detainees while being transported outside the Centre should be further reduced significantly balancing risk against detainee dignity.

2.30 Further improvements should be made to standards of cleaning and maintenance to improve the living environment for detainees.

2.31 Induction information and advice provided to detainees on arrival at the Centre should be reevaluated to ensure that detainees fully understand the guidance provided.

2.32 The extension of the buddy system should be considered to both induction units and where feasible to all detainee units.

2.33 Complaints investigations should be undertaken by staff from a unit other than the one in which the complaint was raised, or by an independent complaints officer.

3. Heathrow Immigration Removal Centre

3.1 Heathrow Immigration Removal Centre (HIRC) is situated about two miles away from Heathrow Airport, and comprises two separate buildings formerly known as Harmondsworth IRC and Colnbrook IRC. The Harmondsworth site provides accommodation for up to 726 males. Colnbrook provides accommodation for up to 312 males and 18 females. HIRC is situated off the Colnbrook-bypass section of the

A4. HIRC is operated by Mitie Care & Custody (C&C), with healthcare provided by Central & North West London NHS Foundation Trust (CNWL). The turnover of detainees is high and the number passing through was around 2,000 a month at the end of 2018.

3.2 There is a single management team across both sites. However, only limited rationalisation across the two sites has been achieved due to the physical separation of the buildings. Security and Facilities Management have each been combined. There is a single visitors' reception, administering the booking process, covering both sites. The visitors' reception area has been reorganised and redecorated in 2018 and is now more suitable for purpose. Segregation facilities are still maintained on both sites. Facilities related to healthcare, religion, kitchens, shops, gyms and activities are replicated on both sites. Also, on both sites, detainees have access to outdoor spaces suitable for team games, such as football and cricket. They can use a Centre-provided, basic mobile phone, with no internet or camera function. Bedrooms on both sites include a television with national and overseas channels. Detainees can only smoke outside the buildings.

3.3 Detainees on both sites are locked in their rooms from 9pm to 8am (8.30am at weekends), except for the hostel type accommodation in the Harmondsworth building. During the day, detainees can move around the activities' corridors and between the units, except at meal times when detainees return to their own unit. There is also a one-hour lockdown between 1pm and 2pm each day, except for the hostel units.

3.4 The Harmondsworth site has two distinct styles of accommodation. Cedar and Dove are the two older hostel-style units housing 359 detainees, in two-bedded rooms. These detainees are restricted at nights to their own corridors of about 20 rooms. Showers and toilets are shared and provided off each corridor. Ash, Beech, Gorse and Fir, are four newer residential units housing a further 367 detainees. This accommodation was built to Category B Prison standard. The rooms contain bunk beds, a washbasin, and a toilet with no seat, behind partial screening. Showers with three quarter doors are located off corridors.

3.5 Harmondsworth has a Care and Separation Unit with six rooms for detainees who are removed from association or temporarily confined under Rules 40 and 42 of the Detention Centre Rules.

3.6 It has the most extensive healthcare facilities in the Immigration Detention Estate (IDE) provided by CNWL.

3.7 The Colnbrook building accommodation in the four main residential units is arranged in twin rooms, eleven on each of the three floors. All rooms have toilets and washbasins in a partially screened off area and each block has ten shower cubicles. Laundry facilities are provided on two of the units, which are shared across all four units.

3.8 Colnbrook also contains a separate unit which was originally designed as a Short-Term Holding Facility. This unit contains 49 single rooms, and an access route through an exercise yard, which means that detainees can have access throughout the day to all the activity areas in the Centre.

3.9 During the year a small Care Suite has been created which comprises six bedrooms in a quiet and calm environment. The aim of this unit is to care for individuals for short periods of time where they are struggling to cope in the wider centre. It is not designed to be a permanent residence, but to provide short term respite whilst a longer-term solution is arranged.

3.10 There is a Care and Separation Unit with sixteen single rooms, six each on the ground and first floors, and four on the second floor. These rooms have basic facilities a bed, toilet and washbasin. These rooms are only designed for very short stays, in line with Detention Centre Rules 40 and 42.

3.11 There is a female unit, Sahara Unit, with 18 beds in nine twin-bedded rooms, situated on the top floor of the separate reception and visitors' block. It has a more relaxed regime than the men's units, with a lounge area equipped with sofas and a large screen TV, and direct access to IT facilities. There is no direct access from this unit to fresh air, exercise yards and shop; detainees are escorted for these activities at times when these facilities are not being used by the men.

3.12 During the year part of the Colnbrook car park, the unused visitors' centre at the Colnbrook site and part of the administrative offices at the Harmondsworth site were reallocated to the Mitie Care and Custody Escorting team following their successful tender to operate the escorting contract for Immigration Enforcement. These areas are no longer considered part of Heathrow IRC and instead are a base for the escorting team.

B: EVIDENCE SECTIONS

4. SAFETY

Reception and Discharge

4.1 The reception process is carried out effectively and thoroughly within a reasonable time of arrival in the Centre. The waiting time for detainees is affected by bunching of arrivals by van. There is also at times a problem with vans gaining access to the buildings, because of the lack of secure parking for vehicles, particularly for the Harmondsworth building, which can mean a delay before acceptance by the Centre. As far as we can tell, detainees are properly assessed on arrival, including the required medical checks and their risk to other detainees. Food is available if needed on arrival.

We have not had complaints about treatment in reception, or about individual discharge from the Centre

Induction

4.2 Induction takes place daily. This is done partly in English, by a DCO and by using a multi-language video presentation. This electronic assistance can be accessed again later. However, the content does not appear to be regularly updated. The IMB is concerned about how much new detainees, particularly those with no prior knowledge of being detained, or with limited English, understand the processes. Reinforcement of the provision by written information would assist. There does still seem to be a problem with the subsequent use of local rules about unit behaviour which are only supplied in English. We advised in our 2017 Report that it would assist if these are published in the main detainee languages, that they are expressed in simple language and do not change too often. This advice has not been followed.

4.3 There was no established buddy system throughout the establishment. There is a buddy system in the welfare offices, and this was extended to cover induction in one of the buildings at the end of the year. It may be extended to the other building's induction unit after evaluation. No training for buddies was provided in 2018 but is planned for 2019. It is regrettable that there is no separation initially of new entrants to the Centre for those new to detention from those who arrive from prisons. In our opinion, the needs of those who have never been subject to a custodial environment are very different from those who have just completed a prison sentence.

Assessment Care in Detention and Teamwork (ACDT) Procedures

4.4 The ACDT process was carried out effectively, particularly in relation to food and fluid refusal. However, co-ordination between the Home Office, CNWL and the Contractor in evaluating the progress of ACDTs was criticised in the HMIP inspection in 2018. Because of an improved ability to monitor other intakes of food and fluid from the shop, as well as the provision of meals, towards the end of 2018 there was a reduction in the number of ACDTs overall as some detainees were found not to need formal monitoring. This should enable staff to monitor more effectively those detainees who pose a greater risk. There is close monitoring of those who are judged to be at risk of self-harm, including constant watch. Despite this there have been on average three incidents a month of serious self-harm by detainees requiring external medical treatment. Regrettably in 2018 there was one death, of a man not previously identified as being at risk. The circumstances of his death are being independently investigated. There was towards the end of 2017 and early 2018 a programme of removal of possible ligature points by the Contractor. Despite this, there have been instances of near miss attempts, when thankfully detainees have been prevented from serious self-harm in time, but this is more by swift reaction than a proactive plan. There are detainees with serious mental health problems as well as those seeking to delay removal by self-harm, which may go further than they had intended. We have

observed some excellent examples of a caring and supportive attitude of officers, who are on duty for constant watch, having a positive impact on the wellbeing of detainees.

Fire Safety

4.5 Fire drills were held for all areas and there were no problems registered.

Security

4.6 Heathrow IRC is by far the largest IRC in the immigration detention estate and holds about one third of all IRCs' detainees. Foreign national offenders awaiting deportation constituted around 35% of detainees. We were critical in our 2016 and 2017 Reports of this high proportion, which we believe affects the atmosphere within the Centre and may be a reason for gangs and drug use. The IMB believe it is not desirable to mix those with serious criminal records with immigration offenders and applicants for asylum. However, there is a policy of neither separating detainees nor limiting access to areas of the buildings unless it is deemed necessary. Whilst this more liberal access is in many ways desirable, it does allow more opportunity for drug dealing and the activity of criminal gangs. The gangs are largely based on nationality. This has led at times to violent incidents. The staff dealt with these effectively, but ideally these incidents should have been anticipated, if there was better intelligence on possible trouble. The policy may have made it more difficult for staff to protect victims of bullying, extortion and violence. The option left for staff is to transfer a detainee to the other building or arrange a transfer to another IRC. HMIP inspectors were critical of the level of security when they inspected in 2018 based on their survey of detainees' concerns.

Detainee A. His family overseas was contacted to pay for his drug debt. They were able to transfer the money to his account in the Centre where it could be used to pay in goods for his debt.

4.7 Movement of detainees was limited for one hour between 1pm and 2pm by a lockdown in their rooms, except in the hostel type accommodation, where only the corridors are locked. This restriction was criticised by the HMIP inspectors in 2017 and 2018. We have reservations about its necessity rather than for staff convenience. It does allow for more effective cleaning during the period. However, we have not had pressure from detainees to change this policy.

Drug Use

4.8 There is a significant drug problem, especially the use of psychoactive substances. The Home Office and the Contractor say that there has been a reduction in drug use. Staff handle the results of drug abuse well and we appreciate their efforts. Substances like spice can be dissolved from paper and are not easily identified, compared to traditional drugs, we appreciate the difficulty of control. An experiment was held to evaluate a new machine, an "itemiser" that can identify drugs and as this has proved

effective, a machine is to be purchased. The Centre does take this problem seriously and undertakes regular searches for drugs using trained sniffer dogs. A greater staffing presence generally, and in the visits' hall, would assist in reducing drug use.

Handcuffing During Transport

4.9 As a result of the escape of a detainee from a wheelchair on a hospital visit in 2015 the evaluation of risk in terms of handcuffing detainees when transported outside the Centre has been interpreted far more strictly. We are concerned that, despite the acceptance of our 2017 recommendation, figures on the use of restraints show that in 2018, 91.6% of escorts undertaken by the Contractor used handcuffs. At the time of the escape in 2015 only 10% of detainees were handcuffed. This seems a disproportionate response to one failure. The HMIP Inspection Reports on Harmondsworth in 2017 and Colnbrook in 2018 were critical of the reversal of a less restrictive policy before that escape. Whilst understanding the concern of the Contractor about control of detainees, we think that risk evaluation has become too cautious and is unnecessarily demeaning to many detainees who do not constitute a credible risk of an attempt to escape. We criticised the over-cautious practice of handcuffing in our 2016 and 2017 Reports and there has been limited change. The Home Office has accepted that there should be a move towards a limitation of the use of handcuffs and have provided training to the Contractor. In December 2018 the proportion of detainees handcuffed fell to 59%. It is up to the Home Office to ensure this improvement continues in 2019 and is extended further.

Vulnerable Detainees

4.10 There is limited provision for those with mental health problems, including specialist mental health nurses and psychiatric evaluation. However, there are significant problems in recruiting general and specialist nursing staff. Those with acute mental health problems are not helped by detention in a custodial environment. During 2018, 13 detainees were sectioned. In our view, the Home Office should not detain unless there is a real prospect of imminent removal to their home countries. The Home Office have partially accepted our view, but further progress needs to be made.

4.11 We repeat the criticism in our 2017 Report of the detention of vulnerable detainees who require social care which is not available in terms of facilities or staffing budgets. Social care is not covered by the NHS medical care contract. These detainees are wheelchair bound, partially sighted or have learning difficulties. The Home Office have partially accepted that this is a problem and there was some evidence that the numbers have reduced. We hope that detention of vulnerable detainees is further reduced.

Detainee B was not immediately provided with a wheelchair. Detainee C could not immediately be provided with a walking stick. Detainee D housed in the third-floor healthcare unit could not for some time use the exercise yard as the lift was out of order.

Staff do their best to assist these detainees, but the premises and its facilities, including an unreliable main lift in the Harmondsworth building, make life difficult and at times undignified for these detainees. There seems to be no strong reason in terms of risk to detain these detainees, if their removal date is some time in the future and yet to be fixed. This would greatly reduce the effect on the detainees concerned, on other detainees and the burden on staff.

Detainee Removal

4.12 The overall removal rate for detainees nationally is just under 50%. For Heathrow the figures show that one third are released after significant stays in detention of over two months, one third are removed and one third remain for much longer periods in detention. The average stay at the Centre was around 55 days with some detainees kept for much longer periods. The Home Office should consider whether with a national removal rate of around 50%, that their initial decision to detain and to do so well before removal can be justified as it is inefficient, costly and unfair to detainees. In the case of former foreign national offenders their date of release from prison is known. Their removal directly from prison should be organised in advance, allowing time for immigration appeals.

Long Term Detention

4.13 The Centre is designed to be for stays of up to three months for those awaiting imminent removal. The average occupancy figure masks the fact that many detainees stay in the Centre for under 48 hours, and there are others who stay for considerably longer. In November 2018, there were 107 detainees who had been detained for six months (149 in 2017) of whom 21 had been in detention for more than 12 months (28 in 2017). The longest stay was two years at the end of 2018, though during the year one detainee was held for 4 years and six months before release on bail. Overall this was an improvement on the position in 2017, when the longest stay in detention approached five years. If the Home Office is unable to remove a detainee, because they cannot be sent back to their home country and repeated attempts have been made to do so, their stay in detention should not be prolonged. The review mechanism implemented within the Home Office of Case Progression Panels independent of the case workers may have improved the situation, but still does not ensure that individuals are not stuck within the immigration system for unacceptably long periods. The IMB continues to believe that a truly independent review mechanism with the power to make binding decisions would ensure that detention does not become unacceptably extended.

Detainee E was held for four years and six months, Detainee F for two years and eight months, Detainee G for two years and five months and Detainee H for two years and two months. All these detainees were released on bail.

5. EQUALITY AND FAIRNESS

Religious Needs

5.1 The Centre generally provides good facilities for religious observance for all major faiths represented in the Centre. Friday prayers for Muslim detainees, who are by far the largest religious group, are held in both sports halls. The arrangements for Ramadan went well and were smoothly handled by the Contractor. The Christmas service and arrangements were well attended and were appreciated by detainees. The multi-faith religious team is active in the Centre and organise a range of multi-cultural events throughout the year, catering for different religious and cultural needs. Significant improvements were made to the foot washing facilities for the Harmondsworth mosque. The same cannot be said of the washing facilities at the Colnbrook mosque, which are inadequate for the numbers wishing to use them and due to heavy usage are in a poor condition. There are plans to improve these facilities. In addition, we did have a petition from Sikh detainees who were critical of the provision made for their religious requirements related to special food not covered by the catering provision. This provision was then made

Legal Advice and Rights

5.2 The welfare provision for advice on legal and other matters is well used and was complimented by the HMIP Colnbrook 2018 inspection report, we agree with this conclusion. Detainees have access to welfare staff, immigration surgeries and advice from charities such as Hibiscus. The arrangement for transmitting material to detainees' lawyers has been improved with the use of computer scanning, as well as fax. Detainees operate the system and the bottleneck has been removed, reducing frustration from detainees and pressure on the staff. However, we heard complaints towards the end of 2018, that fax machines had broken down and no fax facility was available for some time. Swift repair is important for detainees corresponding with their lawyers.

Complaints Systems

5.3 Detainees have access to the IMB via forms left in our boxes throughout the Centre or by approaching us when we make a rota visit. Blank forms were not always available and there was a lack of notices by the boxes about the IMB. The Contractor has attended to this. We try to respond as soon as possible and make use of the detainees' phones to arrange to meet them or reply to a request. Detainees are encouraged to use the official complaints system which ensures they receive a written reply. We monitor both the complaint and the response, as they are sent to us by secure email by the Home Office. Most official complaints allocated to the Contractor were about staff behaviour (134) loss of property (57), the physical environment (67) and the availability of services (64). This last category covered a wide range from food to the library. These complaints do not cover Healthcare complaints which are channelled through a separate NHS complaints process, or complaints about the Home Office, which are channelled to relevant departments to be answered. We regret that the

Home Office Complaints Unit does not provide a more comprehensive statistical analysis covering all these complaints.

5.4 Our own record of detainees' contacts with us differs and shows that healthcare and immigration at 57.7% comprised the largest categories in 2018. (Section D gives the breakdown of applications to the IMB and the official complaints handled by the Contractor). Official complaints appear to be investigated properly, though most are found to be unsubstantiated. The official complaints include many on alleged loss of property. On investigation some of these are found not proven, others show that thefts from detainees' rooms are a problem, despite the ability to lock their own room. It would be preferable if complaints were investigated by a manager from a separate or specialist unit. This would both be fairer and be seen to be fairer by the complainant. The time lag in answering a complaint by the Contractor has a limit of 20 days. If the complaint about staff behaviour appears serious, it is referred to the Home Office Professional Standards Unit (PSU) who report within their time limit of three months. There are very few complaints referred to the PSU.

5.5 NHS formal complaints are limited (10) and concern staff conduct, medication prescribing and clinical care in that order. Compliments received by Healthcare were 10 during the year. Figures are also kept on concerns raised and 142 were raised. These related mainly to clinical and medication issues. To put complaints and concerns into perspective, these are small numbers compared to the numbers of detainees in the Centre. There is a target of 25 days for response to NHS complaints and concerns and this target was usually met.

Discrimination

5.6 We have not identified significant indications of discrimination by staff against detainees. There were nine official complaints of racism, only one was deemed to be partially substantiated. We do not receive complaints from detainees which explicitly state that they are the subject of racism. However, we do need to remain vigilant.

5.7 There are problems in relationships between detainees, many of whom come from countries where prejudice against minority groups is common. Prejudice against homosexuals does lead to difficulties for them if others are aware of their orientation and we advise them to seek advice from staff trained to assist. The staff response is helpful and positive. Staff have handled the few cases of transgender detainees well.

6: REMOVAL FROM ASSOCIATION

6.1 Rules 40 and 42 of the Detention Centre Rules allow removal from association for detainees if their behaviour is considered to make this necessary. Rule 40 numbers have shown some improvement in 2018, with a fall in the average usage each month to 44 compared to 55 in 2017. Rule 42 numbers are also down from an average

monthly use of 3.5 in 2017 to 3 in 2018. We are notified when detainees are put in the Care and Separation Units (CSU), and we always see detainees when we visit, speak to them, and check and sign the paperwork. In general, we have no significant concerns about the reasons for the use of Rule 40 and 42. Detainees seem to be correctly treated and normally return to their unit quite quickly once the reason for removal is no longer valid. There still have been cases where a detainee has spent longer than anyone thinks desirable in a CSU, because of the lack of an alternative secure place due to mental health issues, although these are fewer than last year. We have been impressed with the professional, patient attitude of CSU staff. We noted that an officer patiently dealt via a language line with a Polish detainee and advised him fully about the need to change his behaviour. Another officer spent over an hour with a young detainee threatening self-harm to calm him down.

Detainee I was removed to the CSU. The detainee maintained this was a mistake as he said he was not present in the area concerned during an incident. An IMB member requested that the CCTV be checked. The detainee was found to be correct and had been unfairly treated and the staff who had removed him to the CSU should have checked his explanation.

6.2 The Home Office do authorise extended stays in Rule 40 for detainees who are deemed to be not suitable for the normal regime in an IRC. The IMB appreciate that the protection of other detainees is important but do have reservations about this practice. If there is a mental health problem, then detention in an IRC may not be appropriate.

Detainee J could not be housed on a unit because his behaviour was so extreme, including a dirty protest that it would have been unreasonable for other detainees not to confine him to the CSU. The alternative location in the new Care Suite in Colnbrook was not deemed appropriate as a unit for him.

7: RESIDENTIAL SERVICES

Accommodation

7.1 The problems during the year relate to the need for refurbishment of toilets and showers and bedrooms. The progress has been slow, though improvements have been made and these are appreciated. As the Centre occupancy numbers fell it was easier to make changes. There have been delays in repairing the main lift in Harmondsworth which has often caused significant problems. There are problems with ventilation and temperature when there are winter and summer extremes. The air conditioning system cannot always cope with the temperature. The way the buildings are used is different from the assumptions used in the design of the buildings, as a much more confined operation where doors are kept shut. However, the system coped

with the unusually prolonged hot weather quite well last year, which resulted from a much more intensive effort to ensure the system worked more effectively.

7.2 Bedbugs continued to be a problem, particularly in the older hostel type accommodation in Harmondsworth. The incidence was lower by the latter part of the year and the control measures appear to be more effective. One solution was to replace some of the beds and furniture with solid bunk beds which have no crevices for the bedbugs. This is helpful, but the fabric of the building still allows for the insects to live. The solution does not cover all the affected rooms, only the hostel accommodation. This is a recurrent problem, which Colnbrook which was built differently does not have.

7.3 There was also a problem with mice, which are likely to be present in large residential buildings with access to food waste. The Contractor has made significant efforts to remove vermin.

Cleanliness

7.4 The Centre varies in its cleanliness. This contributes to problems with mice. The units are very intensively used and particularly on the ground floor look drab and need refurbishment. More frequent redecoration has helped. Some progress has been made because of the lower occupancy rate in latter part of the year. Flooring, because of intensive wear, needs replacement or repair, particularly at doorways to the yards, where there is a trip hazard. These are not always promptly repaired. The lockup in the middle of the day does reduce movement and allows for a clean up after lunch, particularly where residential areas had to be used for meals. The courtyards need more attention with rubbish in the open rain drains.

Smoking

7.5 Smoking is only permitted in the courtyards. We noticed that some detainees may have been smoking inside the buildings. Staff should be more vigilant as smoking is unfair to other detainees, particularly in buildings where air is re-circulated and air quality becomes poor. There was an intention to ban smoking of tobacco completely and only allow vaping outside in the courtyards from September 2018. This change, which had required significant preparation, was not permitted at short notice by the Home Secretary.

Maintenance

7.6 The lag in attending to items of maintenance such as sink drains, lightbulbs and blocked toilets caused irritation and upset to detainees. Detainees caused some of these problems through anti-social behaviour. However, the Contractor needs to either be more efficient with maintenance or recruit more staff to meet the need. The buildings are likely to need more maintenance as they age and experience heavy wear. We are concerned, that as there is a possibility that the Centre will need to be

replaced, because of the proposed new runway at Heathrow Airport, there will be restrictions on capital expenditure in the interim period which is likely to be at least six years.

Catering

7.7 The food is adequate in what is served and the portion size. The HMIP report on Colnbrook in 2018 concluded that catering was satisfactory. However, the detainees are critical of the unexciting and repetitive nature of the menu cycle. This is an issue if a detainee is kept for longer periods in the Centre. We have had fewer complaints about food than previously, though the multi-cultural detainee population makes it difficult to please all. There was a problem with keeping the food in the serveries hot. New heated trolleys have assisted in dealing with this issue. The contrast in the quality of food with that in the two cultural kitchens is marked and if staffing allowed an expansion of the use of these kitchens. This would brighten up detainees' days. There is poor cover for leave and attendance times for the designated staff, who must be trained in food hygiene and preparation, and cannot easily be replaced by other staff.

Laundry

7.8 The facilities on both sites have all been improved using industrial washing machines now operated by detainee laundry assistants. This has removed a source of complaint and is welcomed by the IMB.

Staff-Detainee Relationships

7.9 Overall, we would evaluate the relationship between staff and detainees as acceptable to good with some staff developing a very good relationship with detainees, particularly with those who are vulnerable. Experienced staff know how to handle situations and de-escalate them. Detainees can be difficult, and staff should be sensitive. It is sometimes a problem with language barriers, and it is helpful with multi-ethnic staff speaking other languages, though there are some detainees who cannot be communicated with easily. The movement of staff around and between the Centre's two buildings does not help in developing knowledge and understanding of individual detainees. There are some complaints about a small minority of staff usually related to their manner. While we appreciate officers are busy and work long shift hours, it is important that they are reminded by their management to treat detainees with respect and choose their words carefully when they deal with requests and complaints. It is the small things that upset detainees who feel that they are treated as inferior and not with respect. We raised this concern in our 2017 Report and there is some evidence of additional training for staff about behaviour.

8: HEALTHCARE

The Provider

8.1 Central and Northwest London NHS Trust provides healthcare. The statistical data they produce shows that they meet the time standards for seeing a nurse and a GP and there is adequate provision of optometry and dentistry. The basic service is provided seven days a week. A pharmacy service operates effectively. There is specialist provision for mental health. The Trust does have significant problems in recruitment of permanent staff, as is common in the NHS in London, with the additional delay and possible barrier of the requirement for CTC clearance. We recognise there have been significant improvements in healthcare provision, as well as an increase in staffing levels, which has reduced appointment delays for detainees to see the GP or a dentist.

Emergency Care

8.2 Emergency hospital care is provided by Hillingdon Hospital, who also provide most secondary care. There are problems with missed out-patient appointments because of the shortage of escorts and this leads to delay in rebooking a clinic or procedure. The solution lies in part with the Home Office's agreement on staffing levels for the Contractor.

Detainee K missed his hospital appointment because staff were not available to escort him because of other duties. His appointment had to be rearranged and he had to wait longer for the appointment considered necessary for his well-being.

Detainees' Criticism of Healthcare

8.3 There is continuing criticism of healthcare provision by detainees who can be unrealistic in their expectation of service. They do not appreciate that if they were in the wider community, they would not necessarily receive faster or better provision. Some detainees have multiple or complex medical needs. An aspect of detainees' criticism of healthcare is about staff behaviour and allegations of not being treated with respect. We have difficulty in evaluating the validity of such views as we do not witness the patient doctor relationship.

8.4 Detainees sometimes complain that they are not told about hospital appointments in good time. We appreciate the need for security for notification of exact time and date, but some advance general notice could be given without breaching security. Detainees are reminded by a text message about appointments.

Rule 35 Process

8.5 An aspect of medical provision not comparable to outside provision, is the evaluation of the process of Detention Centre Rule 35 requests by a GP, relating to alleged torture and mistreatment abroad and fitness for detention. These reports which we do not see are sent to the Home Office case workers. There can be a backlog of

these requests because of a lack of GP availability. The IMB receive complaints from detainees who are unhappy that the opinions of doctors can be ignored by caseworkers who do not have medical training or knowledge. The Home Office have rejected our criticism of their response to some of these reports. An independent review process would enable a fairer response to evaluation of the detainee case for release.

NHS Complaints Procedure

8.6 Complaints are handled by the Trust's complaints procedure. Unlike complaints to the Contractor we do not see the replies to these. We appreciate that there may be questions of patient confidentiality which would affect our ability to see the whole of a response. It would be sensible if our remit was widened to see the non-medical aspect of replies, as should the Home Office Commissioners, to ensure that the system is effectively monitored.

Mental Health Provision

8.7 Mental health covers both sites with the Colnbrook site providing more specialist mental health provision, which is needed. As in the outside world there are shortages of places for those who need a secure closed mental health place. There is an allocation of only two outside mental health bed places for specialist needs, which can mean significant delay and a consequent problem for the Centre with disturbed detainees. They often had to be managed in the CSU (see Section 6.1) which is not an environment which is conducive to the treatment of their mental health condition.

NHS Oversight of Provision

8.8 The provision is overseen by NHS England and an IMB member attends their meetings. We can give our views on provision such as mental health and infectious disease.

9: EDUCATION, WORK AND OTHER PURPOSEFUL ACTIVITIES

9.1 The facilities provided are the standard ones expected, library, training courses, religious and cultural activities, information technology, and physical exercise. The standard of the facilities is adequate to meet the demand for them. We also discuss paid work in this section as this is another way to relieve inactivity and boredom, this is a problem for enforced detention which is unstructured and indeterminate in its end date.

Education

9.2 The educational provision in the Centre was re-examined by the Contractor during 2017 and changed during 2018. This arose from criticism by HMIP in 2015 and from the Shaw Report about the effective use of resources. The Contractor was also not satisfied that resources were being effectively used and fully benefited the detainees. We shared some of their concerns, particularly about English language classes. Some provision was still regarded as appropriate, particularly information technology instruction and general computer provision. Art and music were well rated, but the use made of English language instruction showed a lack of demand for this offer. It was argued that offering more practical skills such as painting and decorating, computer repair and food hygiene as well as more focussed English language classes could be more popular with detainees and would be more use to them when they returned to their home countries. Some changes in provision were made towards the end of 2017. Not all proposed changes were achieved in 2018 partly because of difficulty in recruiting tutors.

Paid Activity

9.3 Paid activity is popular and there is a waiting list for opportunities. The paid activity includes cleaning, kitchen work, laundry attendant, and document transmission. The low rate of pay at £1 an hour does not deter applicants. The IMB view this activity as beneficial to detainees to provide them with purposeful activity. There is no compulsion to undertake paid activity, it is purely voluntary. There are two limitations on paid activity. The first is a budgetary limitation set by agreement with the Home Office. The HMIP's inspection of Colnbrook in 2018 was critical of this restriction, which we too have criticised. The second is the permission given by the Home Office to use a detainee. If detainees are considered by the Home Office to be uncooperative with them, they will not be given permission to be offered paid activity. We accept that non-compliance with the immigration process can be a valid reason for denial of access to paid activity, but we have reservations about the widespread use of this sanction. We have been unable to change the Home Office view.

10: PREPARATION FOR RELEASE OR REMOVAL

10.1 Detainees have access to computers and all have phones if they need to contact their lawyers or their families. So far as we can tell removal directions are made properly. Proper notice is given of transfer to another Centre. These moves do not normally give rise to a complaint about information.

10.2 Some use is made, but not often, of Rule 40 to control a detainee close to removal who has a record of self-harm or other means of obstructing or preventing removal. This may involve constant watch because of the risk of self-harm. We are informed about this removal from association.

10.3 There is provision for welfare advice from staff and from charities to prepare a detainee for return. There are financial grants that can assist on arrival and these should be advised by welfare as the detainee may still be far from home on arrival by air in their home country.

10.4 Removal from the Centre to another IRC or to an airport is the responsibility of Mitie since May 2018 who now hold this contract. Under the previous contractor Tascor, there were problems with their efficiency, such as not turning up to take a detainee to another IRC, an airport, or arriving too late to meet flight deadlines. The effectiveness of the new contractor requires evaluation by the Home Office. We have found evidence that not all the previous problems have been remedied. There were six cases where removal was not possible because of lack of escorts in December 2018.

C: THE WORK OF THE IMB

11.1 The Board has carried out its work by making rota visits to the Centre, answering questions from detainees, either from applications in writing, or by conversations as we walk round the Centre. There is a Board meeting with the Home Office, Mitie Care and Custody and CNWL once a month. The papers for this meeting provide us with reports and data. We monitor official complaints and their response from the Contractor or the Home Office. Points are raised with staff as we visit the Centre. All rota visits are formally reported. We obtain replies from the Contractor, CNWL or the Home Office. We operate two teams for the rota visits based on the two buildings, because of the size of the Centre. The number of hours spent last year on visits to the Centre was over 334 hours. This figure does not include time spent at meetings outside the Centre and monitoring electronically. There is an evaluation of our own performance in the Annual Team Performance Review. Last year we were visited by Brook House IRC IMB members to compare experience. In addition, we attended the NHS England Partnership Board. Some members attended the National IMB AGM in March and the Immigration Detention Estate study day in October.

Communication with Detainees and the Centre

11.2 Detainees held at Heathrow IRC may have issues with several stakeholders, which is made more complex by how the IRC is set up. The day to day management is undertaken by Care & Custody services, health provision is provided by CNWL, transport to and from the Centre to airports or other IRCs by Mitie Escort Service. In addition, detainees may also need to interact with various Home Office teams, the courts and their own solicitors. The role of the IMB is to ensure that detainees' welfare is maintained. We will often be approached to signpost detainees to the relevant people, or to submit questions and issues on their behalf.

11.3 As an IMB, we try to resolve issues when we are in the Centre directly, but this is not always possible. In 2018, IMB members undertook 313 visits, spending on average time of over three hours on each visit, which was in line with our activity in 2017. Detainees can contact IMB members by completing an IMB referral form and leave it in an IMB post box or approach a Board member directly. In 2018 the IMB dealt with 805 issues. (See Section D below). As in previous years, the number of written applications continued to reduce whilst face to face contacts are increasing. The IMB has been concerned that forms are not replenished often enough, to ensure detainees can raise issues with the IMB.

11.4 The two main causes of concern for detainees have been Healthcare and Immigration issues. In 2018, the referrals from these two sources accounted for 54.1% of referrals. Some of the increase in immigration referrals related to the Windrush issue, as significant numbers were released on bail. There was pressure on the healthcare provider due to a chicken pox outbreak at the Centre, but overall complaints about provision were significantly reduced and better staffing levels improved the service.

11.5 The IMB produces a rota report after each visit, where questions are asked on behalf of detainees to Care and Custody, CNWL and the Home Office. Responses should be timely as detainees may be removed from the Centre without having their issue resolved. As a result, from January 2018 the IMB began recording response rates to rota report queries in the Harmondsworth building to assess response rates. During 2018, 132 reports were produced, asking for information in 232 cases. Of these, responses were received to 161 requests (69%), although in some cases were very delayed. Throughout the year, there have been delays in getting responses to rota reports, with IMB Members having to chase outstanding issues. As a result, our effectiveness as a Board and our credibility with detainees is reduced. The lack of response also leads to dissatisfaction and frustration amongst Board members.

11.6 We believe that the Home Office interpretation of the new General Data Protection Rules (GDPR) has made communication more difficult as the current stance is to use GDPR to prevent Board members getting responses. The IMB believes that, as members are appointed by the Secretary of State, we should have the same unfettered access to information as CNWL, Care and Custody and other bodies including the Prison and Probation Ombudsman and the HM Inspectors of Prisons. As a result of our not being provided with timely responses to requests, detainee welfare is compromised and the effectiveness of the IMB is reduced.

BOARD STATISTICS	
Recommended complement of Board Members	24
Number of Board Members at the start of 2018	18
Number of Board Members at the end of 2018	15
Total number of visits to Heathrow IRC	313

D: APPLICATIONS TO THE IMB AND OFFICIAL COMPLAINTS

Subjects of Applications to the IMB

Code	Subject	2018	2017
A	Accommodation including laundry, showers	45	66
B	Use of force, removal from association	92	2
C	Equality	7	2
D	Purposeful activity including education, paid work, training, library, other activities	3	33
E 1	Letters, faxes, visits, phones, internet access	0	4
E 2	Finance including detainees' centre accounts	0	0
F	Food and kitchens	25	27
G	Health including physical, mental, social care	179	286
H 1	Property within Heathrow	20	69
H 2	Property during transfer or in another establishment or location	16	0
I	Issues relating to detainees' immigration case, including access to legal advice	265	238
J	Staff/detainee conduct, including bullying	54	73
K	Escorts	15	7
L	Other	84	54
	Total number of applications	805	861

Official Complaints for 2018

Availability of Services	64
Minor Misconduct	134
Physical Environment	67
Poor Communication	9
Property Damaged	4
Property Lost/Stolen	53
Property Withheld	2
Racism	9
Wrong Information	2
Total	344

Source: Mitie Care and Custody. The statistics relate solely to investigations by the Contractor, they do not include Home Office investigations, or those under the NHS complaints procedure.