



**Annual Report**  
of the  
**Independent Monitoring Board**  
at  
**Heathrow Immigration  
Removal Centre**  
for reporting Year  
**January to December 2019**

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*Monitoring fairness and respect for people in custody*

# CONTENTS

|  | Page No. |
|--|----------|
| <b>A: INTRODUCTORY SECTIONS</b>                                |          |
| 1. Statutory Role of the IMB                                   | 2        |
| 2. Executive Summary and Recommendations                       | 2        |
| Introduction   | 2        |
| Judgements   | 2        |
| The Response to Recommendations Made in the Annual Report 2018 | 5        |
| Main Areas for Development                                     | 6        |
| 3. Heathrow Immigration Removal Centre                         | 7        |
| <b>B: EVIDENCE SECTIONS</b>                                    |          |
| 4. Safety  | 8        |
| 5. Equality and Fairness                                       | 13       |
| 6. Removal from Association                                    | 15       |
| 7. Residential Services  | 15       |
| 8. Healthcare  | 17       |
| 9. Education, Work and Other Purposeful Activity               | 19       |
| 10. Preparation for Removal or Release                         | 20       |
| <b>C: THE WORK OF THE IMB</b>                                  | 21       |
| <b>D: APPLICATIONS TO THE IMB AND OFFICIAL COMPLAINTS</b>      | 23       |

## **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 2019. 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 2018 was submitted in March 2018, it was published in May 2019. Our recommendations for 2018 are repeated in this report, we indicate whether our recommendations have been accepted, 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 much longer (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 during the year. At the end of 2019 there were no detainees who had been detained for more than three years. The Home Office has improved 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 operating the Immigration Enforcement Adults at Risk Policy. Whilst both the number involved and the time period held have significantly decreased, there are still too many detainees held for long periods. Our view is that indefinite detention is a breach of human rights. There should be a time limit on administrative detention, except for those foreign nationals who have served a prison sentence and are assessed as a risk to the community whilst their removal from the UK is organised. Many of these detainees should have been removed directly from the prison system as the end date for their sentence is known well in advance and it should be feasible to arrange for their removal before their release from prison. The Centre was designed for short term removal; in practice this intention is not always achieved. Analysing detention removal, the rate of removal is under 50%. This means many who are held are then released into the community or are granted bail. We question whether some of the initial decisions to detain were necessary as there was no evidence of absconding and the expected date of removal was not imminent.

2.4 Detainees' stay could be improved and made more acceptable, if the maintenance provision and standards were improved. Showers not working, wash basins not draining, blocked toilets and heating problems all affect daily life. The delay in dealing with maintenance requests affects detainees' welfare. Since 2018, conditions have improved, using capital spending to upgrade facilities such as boilers and furniture, and in refurbishing rooms. We welcome this improvement and hope it will continue.

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 does improve the buildings and provides a better environment. The marked reduction in the occupancy rate in 2019 has allowed the Contractor to fast track the painting of rooms. The privacy screens for the toilets in the detainee rooms have also been improved

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 work long shifts, two of which are 13-hours, and by language problems.

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. 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 could be eased, but this has 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. However, we feel that to keep someone in detention for long periods is inhumane and under immigration rules people should not be detained unless there is a reasonable prospect of removal.

2.9. The very high proportion of detainees handcuffed, 75% for the six-month period ending in December 2019, when they are transported to hospital or for external interviews indicated an over cautious risk evaluation. This leads to an unnecessary humiliation for the majority, who may 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 indications of an appreciation by the Home Office of the need to avoid detention for those unable to handle a custodial environment, but the problem still exists. We still come across detainees who are not suitable for detention.

2.11 There is no formal provision for social care and the contract for healthcare does not include provision for social care. Is it necessary to detain those who are partially sighted, or in a wheelchair, in an unsuitable environment? These detainees may appear to be a risk, perhaps because they have a criminal record, but there should be a balance between risk, imminence of removal, and the substandard provision for disabled detainees.

2.12 The Rule 35 procedure evaluates medically the submissions of detainees that they have experienced physical and/or mental torture. This evaluation is central to their asylum claim. There were still appreciable delays in medical evaluation due to demand exceeding GP capacity. Whilst we appreciate that several risk factors are considered by the case officers it is disturbing that medical judgements are sometimes 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 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 in 2018. We agreed with their view and welcomed the introduction in 2019 of new or reoriented courses such as food hygiene, computer maintenance, and

painting and decorating. 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. Detainees have made many positive comments about this training in the comments book in the education rooms. The provision in the Harmondsworth building has not yet been externally evaluated, and 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 2018 Annual Report**

### **To the Home Office**

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

2.16 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. **Rejected, but an automatic bail review, every four months, was introduced and there was a pilot exercise to evaluate a two-month review.**

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

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

2.19 The Home Office Complaints Unit should recommence the provision of monthly statistics showing the subjects of detainees' complaints. **Partially Accepted**

### **To Mitie (Care and Custody) The Contractor**

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

2.21 Further improvements should be made to standards of cleaning and maintenance to improve the living environment for detainees. **Partially Accepted**

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

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

2.24 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.

### **Rejected**

### **Main Areas for Development**

#### **To the Home Office**

2.25 To limit the time period of immigration detention as is the case in other Western democratic states.

2.26 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 to supplement the automatic bail review at the four-month period. Repeated from 2018.

2.27 Detainees with identified serious mental health illness should not be held in an immigration removal centre. Repeated from 2018.

2.28 Detention of people requiring social care should only be in circumstances where their needs for personal assistance can adequately be met. Repeated from 2018.

2.29 The local Immigration Enforcement Detention Engagement team should provide monthly statistics regarding, the monitoring of the Adults at Risk policy and the details of long stayers.

2.30 The DES Compliance team should more closely monitor the Contractor's investigation of complaints to ensure an independent evaluation is made.

2.31 Closer liaison with the Mitie Escort company to avoid failure to provide escorts to allow planned removals.

2.32 The number of foreign national offenders entering the Centre should be reduced by earlier action to remove them in the prison system.

#### **To Central and North West London NHS Foundation Trust**

2.33 More GP resources should be provided to minimise the delay in the Rule 35 procedure.

#### **To Mitie (Care and Custody)**

2.34 Handcuffing of detainees while being transported outside the Centre should be further reduced significantly balancing risk against detainee dignity. Repeated from 2018.

2.35 Further improvements should be made to standards of cleaning and maintenance to improve the living environment for detainees. Repeated from 2018.

2.36 Greater attention should be paid to the Adults at Risk Register to ensure vulnerable detainees are monitored closely to avoid incidents of self-harm and to ensure they are safe within the Centre.

2.37 As complaints about missing detainee property are significant, the checking of property on admission and on being moved to another room in the Centre requires attention.

### **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 and North West London NHS Foundation Trust (CNWL). The turnover of detainees is high and the number passing through averaged 2,000 a month in 2019.

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 visitors' reception, administering the booking process, covering both sites. 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 are only supposed to 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 mealtimes, when detainees return to their own unit. There is 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 primary healthcare facilities in the Immigration Detention Estate 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 There is a small Care Suite in Colnbrook, which comprises five 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.

## **B: EVIDENCE SECTIONS**

### **4. SAFETY**

#### **Reception and Discharge**

4.1 The reception process is generally 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. We have asked for improvements in the telephone arrangements for translation when needed and this has been improved, Food is available if needed on arrival. There were a small number of occasions when the number of arrivals has overwhelmed the reception's ability to deal with the sudden volume of arrivals and wait times have become unacceptable.

## **Induction**

4.2 Induction by the Contractor takes place daily. This is done partly in English, by a Detainee Custody Officer (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 experience 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 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.

4.4 The other aspect of induction is provided by the Home Office's Detainee Engagement Team. Detainees are assigned to a named officer and told when staff are available. The system seems well organised, but we have found that detainees are not always clear about the system and have difficulty in contacting staff. This is not surprising when one realises that the number assigned to each officer is high and staff work on a shift system and may not be readily available. Frustration is also caused if detainees often with limited English try to leave a voicemail message. Detainees evidence anxiety about the progress of their immigration claim and effective communication with officers is important.

## **Assessment Care in Detention and Teamwork (ACDT) Procedures**

4.5 The ACDT process was carried out effectively, particularly in relation to food and fluid refusal. During the year the number of ACDT have averaged around 95 each month with a monthly high of 146 and a low of 67. There was close monitoring of those who are judged to be at risk of self-harm, including constant watch. Despite this there have been on average two to three incidents a month of serious self-harm by detainees requiring external medical treatment with an overall average of around 24 self-harm

attempts a month. There have been instances of near miss attempts, when thankfully detainees have been prevented from serious self-harm, but this is more by swift reaction than by a proactive plan. There are detainees with serious mental health problems as well as those seeking to delay removal by self-harm. 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**

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

## **Security**

4.7 Heathrow IRC is by far the largest IRC in the immigration detention estate and holds about half of all IRCs' detainees in the UK. Foreign national offenders awaiting deportation constituted almost 45% of detainees. We were critical in our previous Reports of this high proportion, which remained at a high level. We believe this affects the atmosphere within the Centre and may contribute to drug use. The Centre has taken steps to limit drugs entering the IRC using an itemiser which screens all incoming mail and by the use of sniffer dogs in the residential units. In addition, those with previous experience of custodial environments do attempt to make alcohol. 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 normally neither separating detainees nor limiting access to areas of the buildings. Whilst this more liberal access is in many ways desirable, it does allow more opportunity for drug dealing. There may not be gangs as such, but large national groups can present a problem. 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 open policy may have made it more difficult for staff to protect victims of bullying, extortion and violence. The only option left for staff is to transfer a detainee to the other building or arrange a transfer to another IRC. We are concerned about security at the Centre.

4.8 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. 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 and Alcohol Use**

4.9 There is a 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. A new machine, an itemiser that can

identify drugs has been introduced and as this has proved effective. The Centre does take this problem seriously and undertook regular searches for drugs using trained sniffer dogs. A greater visible staffing presence, and in the visits' hall, in particular, would assist in reducing drug use. The manufacture of home-brewed alcohol has caused violence between detainees, in particular during the summer of 2019.

### **Handcuffing During Transport**

4.10 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 had been interpreted far more strictly. We were 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. Following our recommendation last year further training was provided in the early part of 2019 and we are pleased that this has reduced use of handcuffs to around 75% in the latter part of 2019, but we still feel that the levels are too high. Both the contractor and the Home Office are content that risk assessments are being undertaken appropriately and argue that these levels can be justified by the cohort of detainees held in the IRC. At the time of an escape in 2015 only 37.97% 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 also critical of the reversal of a less restrictive policy before that escape. Whilst understanding the concern of the Contractor about control of detainees and their explanation relating to a significant increased proportion of former foreign national offenders, we think that risk evaluation remains too cautious. This 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 last three Reports and there has been limited improvement.

### **The Policy for Adults at Risk for Vulnerable Detainees**

4.11 During 2016 the Home Office introduced a Policy for Adults at Risk in Immigration Detention for Vulnerable Detainees, updated in 2019. There is limited provision at HIRC 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 2019 seven detainees were sectioned at the Centre. 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.

4.12 We repeat the criticism in our 2017 and 2018 Reports of the detention of vulnerable detainees who require social care. 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 evidence that the numbers have reduced. We hope that detention of vulnerable detainees is further reduced. The following is an example of such a case.

**Detainee A was a double amputee. He used a wheelchair for movement around the Centre but had considerable difficulties with showering where he had to sit on the floor, needing the assistance of staff and fellow detainees. Whilst this help was appreciated the whole situation was degrading.**

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 has yet to be fixed.

### **Detainee Removal**

4.13 The overall removal rate for detainees nationally is just under 50%. For Heathrow the figures show that one third are released after long stays in detention of over two months, one third are removed and one third remain for much longer periods. The average stay at the Centre was around 40 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 cannot be justified as it is costly and unfair to detainees. The Supreme Court decision in November 2019 on unlawful detention for immigrants, because of the Home Office flawed evaluation of the risk of absconding, should affect the numbers detained. In the case of former foreign national offenders their date of release from prison is known, removal should be planned well in advance of the end of their prison term.

### **Long Term Detention**

4.14 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. It is also the case that detainees are moved between IRCs and may be released and later re-detained. We maintain that the Home Office should provide data that shows how long detainees are in detention not just at the IRC, but for all their periods of detention on immigration grounds not just their current detention period. This would give a full picture showing how they have been treated in and out of detention can be seen. In December 2019, there were 26 detainees who had been detained for over six months in the Centre. The longest stay was two years and eight months at the end of 2019. The figure was a marked 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. Our view is in line with the recommendation of a House of Commons cross party committee on human rights in 2019. The United Kingdom does not have a legal

limit to immigration detention. Other countries do have limits, Ireland has 21 days, France 45, Spain 60 and the USA 180 days. A limit would affect the number who are detained and for how long. For those who are detained, the automatic bail review process and 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 sufficiently that individuals are not stuck within the immigration system for unacceptably long periods. The IMB believes that a truly independent review mechanism with the power to make binding decisions would ensure that detention does not become unacceptably extended. The following case is an example.

**Detainee B had been detained since April 2017 and was still in custody at the end of 2019. There were problems in obtaining travel documents from his home country because of his criminal record.**

## **5. EQUALITY AND FAIRNESS**

### **Religious Needs**

5.1 The Centre provides good facilities for religious observance for all major faiths represented in the Centre. Friday prayers for Muslim detainees 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.

### **Legal Advice and Rights**

5.2 The welfare provision for advice on legal and other matters is effective and well used. Detainees have access to welfare staff, immigration surgeries and advice from charities such as Hibiscus. The arrangements for transmitting material to detainees' lawyers works well. However, we are concerned about the limited provision for legal aid and the difficulty for many detainees who cannot afford to pay for private legal advice.

### **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 were insufficient 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 the complaints, as they are sent to us by secure email by the Home Office.

Most official complaints allocated to the Contractor were about staff behaviour (108) loss of property (87), the physical environment (50) and the availability of services (63). 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 still does not provide a more comprehensive statistical analysis covering all these complaints.

5.4 Our own record of detainees' contacts with us differs from the official record and shows that healthcare and immigration combined at 65.5% comprised the largest categories in 2019. (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. We suggest that complaints about loss of property may be reduced, if greater care is taken to list items on arrival and to ensure that all their property is checked by a detainee when they change rooms. 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 few complaints referred to the PSU.

5.5 NHS formal complaints are limited there were only four in 2019 none of these were upheld. There were 68 concerns registered by detainees. These related to medication, the delay for Rule 35 interviews, hospital waiting list time, missed hospital appointments because of lack of escorts and the behaviour of Healthcare staff. Eleven compliments were received by Healthcare. 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 found significant indications of discrimination by staff against detainees. There were two official complaints of racism, neither was substantiated. We did not receive complaints from detainees which explicitly stated that they are the subject of racism. However, we do need to remain vigilant.

5.7 There were problems in relationships between detainees, many of whom come from countries where prejudice against minority groups is common. The staff response is helpful and positive and handle discrimination 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 be a threat to the safety and security of others or themselves to make this necessary. Rule 40 numbers have stayed stable in 2019, with a fall in the average usage each month to 39 compared to 44 in 2018 and 55 in 2017. Rule 42 numbers are also down from an average monthly use of 3.5 in 2017 to 3 in 2018 and 3.1 in 2019. The lower occupancy level may have affected the numbers. We are notified when detainees are put in the Care and Separation Units (CSU), and we always see detainees under these Rules when we visit, speak to them, and check and sign the paperwork. We have no significant concerns about the reasons for the use of Rule 40 and 42. We have been impressed by the professional and patient behaviour of CSU staff. 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. An example is as follows.

**Detainee C was non-compliant with the regime and was moved to the CSU. Whilst there it was determined that he had some mental health issues which were contributing to his non-compliant behaviour. After 15 days in the CSU he was moved to the Care Suite at Colnbrook for several days before being transferred to a prison.**

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. An example is as follows.

**Detainee D started to exhibit bizarre behaviour on the residential units and was moved to the CSU. It was established that he had a Mental Health condition and after assessment he was admitted to Hillingdon Hospital having remained in the CSU for 16 days.**

## **7: RESIDENTIAL SERVICES**

### **Accommodation**

7.1 Problems during the year related to the need for refurbishment of toilets and showers and bedrooms. Progress has been slow, though improvements have been made and these are appreciated by the IMB. As the Centre occupancy numbers have fallen it was easier to make changes. There were problems with ventilation and temperature when there are winter and summer extremes. The air conditioning system

could not always cope with extreme temperatures. However, the system coped with the hot weather quite well last year, which resulted from a much more intensive effort to ensure the system worked effectively.

7.2 Bedbugs continued to be a problem, particularly in the older hostel type accommodation in Harmondsworth. The incidence was lower than in the previous years and the control measures appear to be more effective.

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, a pest control company visited three times a week.

### **Cleanliness**

7.4 The Centre varied in its cleanliness. This contributed to problems with mice. The units are very intensively used and particularly on the ground floor looked 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, needed replacement or repair, particularly at doorways to the yards, where there is a trip hazard. These were often not promptly rectified, despite our reports. The lockup in the middle of the day did reduce movement and allowed for a clean up after lunch, particularly where residential areas had to be used for meals. Some of the corridors and areas between doors were not sufficiently clean. The courtyards needed more attention with rubbish accumulating in the open rain drains.

### **Smoking**

7.5 Smoking is only permitted in the courtyards. We noticed that some detainees have been smoking inside the buildings and this we noticed has become more obvious. Staff should be much more vigilant as smoking is unfair to other detainees, particularly in buildings where air is re-circulated and air quality suffers as a result.

### **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 needed 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 plan that the Centre will need to be replaced, because of the proposed new runway at Heathrow Airport, there may be restrictions on capital expenditure in the interim period.

### **Catering**

7.7 The food was adequate in what was served and the portion size. However, the food was not always kept hot. Some detainees were critical of the unexciting and

repetitive nature of the menu cycle. This was an issue if a detainee stayed for longer periods in the Centre. We received fewer complaints about food during 2019 than previously, though the multi-cultural detainee population makes it difficult to please all.

## **Laundry**

7.8 The facilities on both sites had all been improved using industrial washing machines operated by detainee laundry assistants. There were some delays in repairing machines that were out of order, but generally this system worked well.

## **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.

# **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 numbers running at around 50% during the year. The shortfall was made up by bank working and by agency staff. There was the additional delay and possible barrier of the requirement for CTC clearance for new recruits. 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. However, we were concerned that there were delays in obtaining Detention Centre Rule 35 GP appointments which affected detainee claims for release.

## 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. Allowing higher staffing levels by the Home Office would assist. There is an additional problem, because the hospitals following the GDPR regulations now address letters to detainees not to Healthcare, who if not aware of the appointment cannot arrange an escort. Efforts are being made to reduce this lack of information and to text reminders to detainees

**Detainee D missed his hospital appointment because staff only arrived to take him to his appointment at Mount Vernon Hospital 15 minutes before the time of the appointment. This was insufficient time for the journey to the hospital so he missed the appointment, which then had to be rescheduled for another date, thus causing inconvenience and anxiety.**

## Criticism of Healthcare

8.3 There was continuing criticism of healthcare provision by detainees. 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/nurse relationship.

## Rule 35 Process

8.4 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 has been a backlog of these requests because of a lack of GP capacity. We were concerned that this delay affected the detainees' immigration case. The IMB received complaints from detainees who were 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. In one case

**Detainee E requested a R35 review in early October which was undertaken by Healthcare in 3 days and submitted to his caseworker. The caseworker then requested further information from Healthcare which has the effect of stopping the clock on consideration of the R35 request. Healthcare replied quickly that no further information was available as the request was not relevant to the situation. However, it took another six weeks before the impasse could be**

**resolved and the R35 request was considered. The detainee was left in suspense throughout this period awaiting progress on his request.**

### **NHS Complaints Procedure**

8.5 Complaints are handled by the Trust's complaints procedure. (See 5.5 above) Unlike complaints to the Contractor we cannot 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 compliance team, to ensure that the system is effectively monitored.

### **Mental Health Provision**

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

### **NHS Oversight of Provision**

8.7 The provision is overseen by NHS England and an IMB member attended their meetings. We can give our views on provision such as mental health and infectious disease. However, we note that the number of meetings was reduced from three a year to two and we feel this may not be enough to ensure effective oversight of healthcare provision.

## **9: EDUCATION, WORK AND OTHER PURPOSEFUL ACTIVITIES**

9.1 The facilities provided were the standard ones expected, library, training courses, religious and cultural activities, information technology, and physical exercise. The standard of the facilities was 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 and we have been impressed by the quality of some of the output. Offering more practical skills such as painting and decorating, computer repair and food hygiene, as well as more focussed English language classes, has been more popular with detainees and would be more use to them when they returned to their home countries.

### **Paid Activity**

9.3 Paid activity was popular and there was a waiting list for opportunities. The paid activity included cleaning, kitchen work, laundry attendant, library assistant 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 second is the permission given by the Home Office to the Contractor to use a detainee. If detainees are considered by the Home Office to be uncooperative, 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 extent of the use of this sanction.

**Detainee F was a paid worker who self-harmed on his residential unit due to lack of progress with his immigration case. This resulted in him being taken to the CSU for 24 hours. The rule is that anyone who is placed in the CSU is removed from paid work for one month. A detainee who was clearly already vulnerable was thus prevented from undertaking paid work activity potentially increasing their risk of further self-harm.**

## **10: PREPARATION FOR RELEASE OR REMOVAL**

10.1 Detainees have access to computers, to Skype and 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. However, we have commented earlier, that the Home Office system for keeping detainees informed about their case was not as effective as detainees would like.

10.2 Some use was made of Rule 40 to control detainees close to removal who had 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.

10.3 There was 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 another Mitie company. There were problems with the system, such as not turning up to take a detainee to another IRC, an airport, or arriving too late to meet flight deadlines. This may be because of incorrect directions given by the Home Office or a lack of escorts. For example

**Detainee G had a flight booked to an airport near his hometown, which was then cancelled due to lack of available escorts. A further flight was arranged two weeks later but this was to an airport in his home country much further away from his hometown, the result was that had to wait in detention for two further weeks and was then returned to a much less convenient airport**

10.5 In collaboration with the Charter Flight Monitoring Team the IMB monitored the discharge from the IRC for two charter flights during the year. This involves the handover of detainees from the contractor staff to the escorts. The majority of detainees were handed over without incident as they were compliant and co-operated with the process. However, we did witness a small number of distressing cases where detainees resisted their removal and were taken out of the Centre semi-naked and with fresh wounds caused by self-harm. We also observed a high number of detainees being placed in waist restraint belts, even when they were compliant with the removal process. These matters are more fully covered in the separate Annual Report from the Charter Flight Monitoring Team, but nevertheless raise concerns for the Board.

## **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 walked round the Centre. There was a Board meeting with the Home Office, Mitie Care and Custody and CNWL once a month. The papers provided for this meeting provided us with reports and data. We monitored official complaints and their response from the Contractor or the Home Office. Points were raised with staff as we visited the Centre. All rota visits are formally reported. We obtain replies from the Contractor, CNWL or the Home Office. We operated 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 1000 hours. This figure does not include time spent at meetings outside the Centre and monitoring electronically. 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 November.

## 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 were often approached to signpost detainees to the relevant people, or to submit questions and issues on their behalf.

11.3 As an IMB, we tried to resolve issues when we were in the Centre directly, but this is not always possible. In 2019, IMB members undertook 364 visits, spending on average time of over three hours on each visit, which was in line with our activity in 2018. Detainees could contact IMB members by completing an IMB referral form and leave it in an IMB post box or approach a Board member directly. In 2019 the IMB dealt with 755 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 2019, the referrals from these two sources accounted for 66% of referrals.

11.5 The IMB produced a rota report after each visit, where questions were asked on behalf of detainees to the Contractor, CNWL and the Home Office. Responses should be timely as detainees may be removed from the Centre without having their issue resolved. 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.

| <b>BOARD STATISTICS</b>                             |     |
|---|-----|
| Recommended complement of Board Members             | 18  |
| Number of Board Members at the start of 2019        | 15  |
| Number of Board Members at the end of 2019          | 12  |
| Total number of visits and meetings at Heathrow IRC | 481 |

## D: APPLICATIONS TO THE IMB AND OFFICIAL COMPLAINTS

### Subjects of Applications to the IMB

| Code | Subject   | 2019 | 2018 |
|------|---|------|------|
| A    | Accommodation including laundry, showers  | 32   | 45   |
| B    | Use of force, removal from association  | 38   | 92   |
| C    | Equality  | 21   | 7    |
| D    | Purposeful activity including education, paid work, training, library, other activities | 8    | 3    |
| E 1  | Letters, faxes, visits, phones, internet access   | 70   | 0    |
| E 2  | Finance including detainees' centre accounts  | 1    | 0    |
| F    | Food and kitchens   | 32   | 25   |
| G    | Health including physical, mental, social care  | 184  | 179  |
| H 1  | Property within Heathrow  | 38   | 20   |
| H 2  | Property during transfer or in another establishment or location                        | 10   | 16   |
| I    | Issues relating to detainees' immigration case, including access to legal advice        | 311  | 265  |
| J    | Staff/detainee conduct, including bullying  | 49   | 54   |
| K    | Escorts   | 6    | 15   |
| L    | Other   | 37   | 84   |
|      | Total number of applications  | 837  | 805  |

### Official Complaints for 2019

|                                  |     |
|----------------------------------|-----|
| Availability of Services         | 63  |
| Minor Misconduct                 | 108 |
| Physical Environment             | 50  |
| Poor Communication               | 8   |
| Property Damaged                 | 7   |
| Property Lost/Stolen within HIRC | 87  |
| Property Withheld                | 0   |
| Racism                           | 2   |
| Administrative Process Error     | 15  |
| Total                            | 340 |

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.