

Annual Report of the Independent Monitoring Board at Heathrow Immigration Removal Centre

**For reporting year
01 January 2020 – 31 December 2020**

Published June 2021

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Introductory sections 1 - 3

1. Statutory role of the IMB

The Immigration and Asylum Act 1999 requires every immigration removal centre (IRC) to be monitored by an independent board appointed by the Secretary of State from members of the community in which the IRC is situated.

Under the Detention Centre Rules, the Board is required to:

- monitor the state of the premises, its administration, the food and the treatment of detainees
- inform the Secretary of State of any abuse that comes to their knowledge
- report on any aspect of the consideration of the immigration status of any detainee that causes them concern as it affects that person's continued detention
- visit detainees who are removed from association, in temporary confinement or subject to special control or restraint
- report on any aspect of a detainee's mental or physical health that is likely to be injuriously affected by any condition of detention
- inform promptly the Secretary of State, or any official to whom authority has been delegated, as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the IRC has met the standards and requirements placed on it and what impact these have on those in its custody.

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

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMBs are part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

2.1 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).

2.2 During the early part of 2020, the Coronavirus pandemic hit the UK and the Home Office took decisions to minimise the potential for the virus to be spread. This resulted in a significant reduction in the capacity of HIRC, as shown in the following table:-

	Harmondsworth (Male)	Colnbrook (Male)	Colnbrook (Female)	Total
Normal Capacity	726	312	18	1056
Rooms restricted to Single Occupancy	(315)	(121)	(9)	(445)
Rooms closed	(120)	-	-	(120)
Rooms designated for Medical isolation	(15)	(7)	-	(22)
Revised Capacity	276	184	9	469

2.3 All rooms became single occupancy, and some of the hostel type rooms in Harmondsworth (Cedar and Dove units) which shared toilet facilities were closed. There was also considerable impact on the regime in the Centre as units were classified as a single household and were not allowed to mix with other households. This resulted in the activities in both sites being restricted to use by one household at a time. Certain activities were also stopped for large periods of the year depending upon the severity of the pandemic restrictions at the time. No social visits were permitted during the initial lockdown, the lockdown in November, nor from the

introduction of Tier 4 restrictions in December. However, while standard social visits were suspended an extra £10 was supplied weekly for phone calls, and video call technologies were made available to all detainees. Additionally, in compassionate or other extra ordinary circumstances, social visits were accommodated. The arrangements for Legal Visits were also changed so that detainees phone numbers were provided to Legal Firms and a telephone advice session was arranged.

2.4 There is a single management team across both sites. However, only limited rationalisation across the sites has been achieved due to the physical separation of the buildings. Security functions and Facilities Management functions have been combined, and there is a Visitors' Reception, administering the booking process, covering both sites. However, these are the only functions to have been merged. Segregation facilities are still maintained individually in each site. Facilities related to healthcare, religion, kitchens, shops, gyms and activities are also replicated. Also, on both sites, detainees have access to outdoor concrete courtyards suitable for team games, such as football and cricket. Each detainee is loaned 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 allowed to smoke outside the buildings.

2.5 Detainees on both sites are locked in their rooms from 9pm to 8am (8.30am at weekends). There is a one-hour lockdown between 1pm and 2pm each day, except for the hostel units, to allow for cleaning.

Harmondsworth Site

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

2.7 There is a Care and Separation Unit (CSU) with six rooms for detainees who are removed from association or temporarily confined under Rules 40 and 42 of the Detention Centre Rules. These rooms are very basic and contain one steel bed, a toilet with no seat and a wash basin. There is a shared shower facility in the recreation space outside the room. There is a small, secure courtyard for fresh air, smoking and exercise.

2.8 Harmondsworth has the most extensive primary healthcare facilities in the Immigration Detention Estate. This is provided by The Central and North West London NHS Foundation Trust (CNWL). It includes 2 six bed in patient wards, 2 isolation rooms, a pharmacy dispensary and numerous consulting rooms. GPs, dentists, opticians, podiatrists, mental health workers and other health visitors visit on a weekly basis.

2.9 Meals are served depending on the part of the facility in which the detainee resides. In Cedar and Dove units, detainees visit a large communal dining room at set meal times. The room has communal large tables and seats which allows

detainees to sit together to eat. In Ash, Beech, Fir and Gorse – meals are bought across on hot trolleys and served from a servery in the unit. Meals are mainly eaten in detainees' rooms, as there is limited communal space.

Colnbrook Site

2.10 The Colnbrook accommodation in the four main residential units is arranged in twin rooms, 11 on each of the three floors. All rooms have a toilet and a washbasin in a partially screened off area and each unit has ten shower cubicles. Laundry facilities are provided on three of the units, which are shared across all four units.

2.11 Colnbrook also contains a separate unit which was originally designed as a Short-Term Holding Facility. This unit, part of which has been used for medical isolation purposes during the pandemic, contains 49 single rooms.

2.12 There is female accommodation, Sahara Unit, with 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, Cardio Gym equipment, and crafts and games 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.

2.13 There is a small Care Suite 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 or resolution achieved. This is a facility provided by the Contractor rather than the Healthcare provider.

2.14 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.

2.15 The Healthcare facility resembles a GP clinic and there is no inpatients capability.

2.16 Detainees collect their food from a central servery and then return to their units to eat their meals. On the ground floor of some units there are communal tables where detainees can eat together, although insufficient to enable all to do so, so detainees also eat in their own rooms.

3. Executive summary

3.1 Background to the report

3.1.1 The COVID-19 outbreak has had an impact on the Board's ability to visit the Centre as a number of our members have been unable to attend. This has meant that we have had fewer opportunities to gather information and discuss the contents of this annual report. However, we have managed to achieve a minimum of one visit per week to each site throughout the year, apart from a very short period at the outset of the first lockdown when we were advised not to visit. By quarter four we had returned to almost our normal visit cycle. The Board has therefore tried to cover as much ground as it can in these difficult circumstances, but inevitably there may be less detail and supporting evidence than usual. Ministers are aware of these constraints. Regular information is being collected specifically on the IRC's response to the pandemic, and that is being collated nationally.

3.1.2 As a result of the pandemic, detainee numbers have been significantly reduced since March 2020. Staff cover remained at pre-pandemic levels (notwithstanding staff absence due to illness or isolation), meaning that the actual staff / detainee ratios on the ground were better than usual.

3.2 Main judgements

How safe is the IRC?

The Board concludes that the Centre is generally safe, although there are instances where safety is compromised.

3.2.1 Detainees have been protected during the Covid pandemic. We recognise the effort and perseverance demonstrated by the Contractor, the Home Office and the NHS provider to minimise the spread of Covid through the Centre resulting in only 5 positive cases among detainees despite a significant rate of illness and isolation amongst Contractor and Home Office staff.

3.2.2 We reiterate our concern regarding the detention of people with severe mental health illnesses, and the impact that being in a custodial environment has on them, which is often a trigger to self-harm. There were 220 acts of self harm in 2020, and whilst we are aware that multiple incidents related to individual detainees, we maintain that any 1 incident is 1 too many.

3.2.3 The Board continues to be concerned that illegal substances are present in the Centre. We support the efforts and investments made by the contractor to further minimise their impact.

3.2.4 The Board welcomes attempts to improve the induction process within the Centre through the introduction of virtual reality headsets allowing detainees to learn about the Centre at their own pace and in their language of choice.

3.2.5 The Board considers that the delays which we have observed during the year in Police response to incidents within the Centre lead to unnecessarily long periods of isolation and can lead to further anxiety and disruptive behaviour.

How fairly and humanely are detainees treated?

The Board concludes that, in the main, detainees are treated humanely and with respect.

3.2.6 The Board is concerned that the removal of face to face engagement by the Detainee Engagement Team (DET) necessitates the sharing of sensitive and difficult information over the telephone and has led to distress and anxiety for detainees. The Board considers that delivering potentially distressing news over the telephone does not indicate an appropriate level of care for the detainee.

3.2.7 The Board's observation through the year has highlighted that detainees with serious mental health issues still arrive in the Centre and suggests shortcomings with the detention gatekeeping process.

3.2.8 The Board commends all those involved in maintaining a good provision of services throughout the lockdowns of 2020. Learning opportunities, health services, exercise, fitness and recreation were all maintained to a good level and this had a positive impact on detainees.

3.2.9 The Board continues to be impressed by instances of caring, professional and patient behaviour from officers in the CSUs, and also notes particular care for non-English speaking detainees when officers are able to engage with them in their own tongue.

How well are detainees' health and wellbeing needs met?

The Board concludes that detainees' health and wellbeing needs are generally being met, with the exception of detainees with serious mental health conditions who should not be held in the Centre.

3.2.10 The Board considers that ongoing heating and ventilation failures on both sites impact negatively on detainees' overall wellbeing.

3.2.11 The Board does not believe that the Immigration Detention Estate (IDE) should be expected to take responsibility for those who are mentally or physically unfit for detention.

3.2.12 The Board observed that there was a good provision of primary healthcare services throughout the pandemic.

3.9.13 The Board remains concerned that nonvisible healthcare needs (including mental health issues) may remain unnoticed and untreated.

How well are detainees prepared for return or release?

The Board concludes that detainees are generally well prepared for return or release, with the exception of those being released on bail where suitable accommodation is not always sourced in acceptable timescales.

3.2.14 The Board considers it unsatisfactory that the challenge of finding appropriate accommodation for certain ex-detainees has sometimes resulted in bail lapsing and the process having to restart, creating added anxiety for the detainee, and lengthening the time they spend in detention.

3.2.15 The Board repeats its concern from previous years, that too many detainees are held for unacceptably long periods with no prospect of removal. Although fewer detainees were held for extended periods in 2020, there are still too many, with the worst example being 683 days.

3.2.16 The Board commends the Contractor for the range of training and educational facilities which were maintained throughout the reporting period.

3.2.17 The Board has observed that there is limited availability of formal guidance or information for detainees prior to removal, particularly where they are being sent to another country.

3.3 Recommendations

TO THE MINISTER

3.3.1 The policy which results in people with severe mental health issues being held in IRCs should be reviewed. (See 6.3.3 and associated Case Study below)

3.3.2 Greater efforts should be made to remove time served foreign national offenders (TSFNO) on completion of time served, rather than moving them to the Immigration Detention Estate before arrangements are made for removal.

3.3.3. Consideration should be given to making and maintaining greater provision for female detainees within reasonable travelling distance of the main ports and airports. The current situation results in long journeys and affects detainees' well-being. (See 5.1.5 below)

TO HOME OFFICE IMMIGRATION ENFORCEMENT

3.3.4. The practice of conducting the majority of DET consultations with detainees over the telephone should be reviewed in order to ensure that all discussions which might be considered 'sensitive' are held in person, whilst in line with whatever Government pandemic guidance is current at the time.

3.3.5 The procedures followed in the detention gate-keeping process should be reviewed to ensure that the processes in place to protect those with severe mental health issues from being detained in the Immigration Estate are robust and effective. (See 6.3.3 below)

3.3.6 The Home Office should investigate the on-going issues with regard to heat and cold on both sites and support the Contractor by providing funding to undertake major capital works if needed to resolve them and create a more appropriate environment. (see 5.2.8 below)

3.3.7 The Home Office should support the Contractor in achieving the cooperation of the Police in responding to incidents in a timelier manner. (see 4.3.3 below)

3.3.8 The Home Office and DET should provide greater guidance for detainees returning to a country where they have not lived for some time, ensuring that they are better equipped for their return. (See 7.4.2 below)

TO THE DIRECTOR/CENTRE MANAGER

3.3.9 Fire drills should be reinstated (See 4.1.17 below)

3.3.10 Consideration should be given to making the Care Suite available to a greater number of detainees in distress, even if this results in a wider definition of being 'in crisis'. (See 4.4.6 below)

3.3.11 As soon as practically possible the Detainee Consultative Committee meeting should be resumed at scale to take account of the concerns of all detainees on both sites. These meetings are helpful in ensuring that detainees' views are heard and their needs are met.

3.3.12 The investment made in the Safer Community Team and the associated working practices should be continued, ensuring that good practice in violence reduction, anti-bullying and the development of a community in which everyone is respected is at the core of the Centre and practiced by all members of the community (See 4.4.12). The Board would support the Centre Manager in requesting continued funding from the Home Office to enable this.

TO NHS ENGLAND

3.3.13 Efforts should be made and training provided as necessary to ensure that the health screening on arrival is a useful tool, ensuring that potential vulnerabilities are identified at the start of a period of detention and can be taken account of. (See 6.1.7 below)

3.3.14 The Healthcare manager's efforts to achieve full staffing should be supported, ensuring that vacancies are filled and creating more senior practitioner posts where necessary to create a more effective service.

3.4 Progress since the last report

3.4.1 Our 2019 annual report was submitted in March 2020 and published on 21 April 2020. A response was received from the Minister on 15 October 2020. The Board expressed disappointment at the length of time it took for the Minister's office to respond and the implications this had for addressing our 2019 concerns and recommendations. We welcome Home Office assurances that it will work to ensure this does not happen again this year.

While recognising the impact of COVID-19 restrictions, the Board is disappointed that further progress has not been made in the areas of the detention of people with serious mental health issues and the early action needed to remove TSFNO on completion of their prison sentence.

To the Home Office

The table below sets out the recommendations from our 2019 report and progress on each.

Issue	Response	Action
To limit the time period of immigration detention as is the case in other Western democratic states.	Not Accepted.	N/A
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	Partially Accepted.	Ongoing Some progress with recruitment of independent members.
Detainees with identified serious mental health illness should not be held in an immigration removal centre. Repeated from 2018.	Partially Accepted.	Detention Gatekeeping still failing by admitting people with severe mental health issues to detention.
Detention of people requiring social care should only be in circumstances where their needs for personal assistance can adequately be met. Repeated from 2018.	Partially Accepted	Ongoing- no new cases in 2020

The Home Office Complaints Unit should recommence the provision of monthly statistics showing the subject of detainees' complaints.	Accepted	Complete Reports now received on a monthly basis.
The Home Office Complaints Unit should recommence the provision of monthly statistics showing the monitoring of the Adults at Risk policy and the details of long stayers.	Partially Accepted	Complete - Report recommenced
The DES Compliance team should more closely monitor the Contractor's investigation of complaints to ensure an independent evaluation is made.	Partially accepted	Ongoing
Closer liaison with the Mitie Escort company to avoid failure to provide escorts to allow planned removals.	Partially accepted	Ongoing Limited examples but apparent improvement
The number of foreign national offenders entering the Centre should be reduced by earlier action to remove them in the prison system.	Partially accepted	Ongoing - not possible because of travel restrictions during the pandemic. However, the lack of early action whilst still in the prison system remains a concern.

To Central and North West London NHS Foundation Trust

Issue	Response	Action
More GP resources should be provided to minimise the delay in the Rule 35 procedure.	Partially accepted	The impact of Covid and resulting low detainee numbers meant that this was not a major issue in 2020. The Board has therefore been unable to assess if this was as a result of GP numbers and improved process, or purely due to reduced numbers.

To Mitie Care and Custody

Issue	Response	Action
Handcuffing of detainees while being transported outside the Centre should be further reduced significantly balancing risk against detainee dignity. Repeated from 2018.	Not Accepted.	No further action taken.
Further improvements should be made to standards of cleaning and maintenance to improve the living environment for detainees. Repeated from 2018.	Partially accepted	Things do appear to have improved, although again this is in part due to the reduced numbers in the Centre.
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.	Partially accepted	There has been some good progress here with the introduction of VACP plans and the use of ACDTs. And the appointment of more Safer Custody Officers.
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.	Not Accepted.	No further action taken.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 From January to March the two Centres operated as usual and reception and induction occurred in both Harmondsworth and Colnbrook. The process appeared to be effective and efficient upon arrival at the Centre. Medical checks were conducted in a timely manner and vulnerabilities were assessed. Hot meals were available as were hot and cold drinks. Toilet facilities were available. Some attempt has been made to create a more welcoming environment, including multi language information on the walls.

4.1.2 On arrival at the Centre detainees' needs are assessed by both the Contractor and the Healthcare Provider. Anyone on an open ACDT or previously assessed as Adult At Risk (AAR) level 3 is seen by one of the Safer Community Officers. Although we have questioned the consistent application of some of the screening, particularly in relation to mental health, it is clear that procedures are in place to establish needs and Vulnerable Adult Care Plans (VACP) are put in place where needed as a result of them. This means that any detainee with specific needs should be seen by the Safer Community Team on or soon after arrival.

4.1.3. Like other officers with decision-making roles, members of the Contractor's reception team are trained to Level 3 safeguarding to enable them to identify issues which may need further care. Given an appropriate time allocation for each reception interview, therefore, it should be possible to achieve reasonably accurate assessments at this very early stage. However, detainees seldom arrive alone and dealing with large groups while trying to move detainees through the reception process without undue delay means that the process is less than foolproof.

4.1.4 Early on during the pandemic, reverse cohorting was introduced across the site. In simple terms this is the process of keeping separate a group of new arrivals and providing them separate accommodation and services from the existent population for a specified period, so as to ensure there can be no inadvertent transfer of COVID-19 from outside the Centre to the existing population. To further provide safety and security this was done entirely on the Colnbrook site. A period of separation (per individual wing or cohort to a maximum of 33 individuals) of two weeks was maintained at Colnbrook, after which any detainees who were still resident were moved to Harmondsworth.

4.1.5 The HIRC Home Office team were granted a national Home Office award for their work in 2020, winning 'Immigration Enforcement team of the year'. This recognised the safe management of detainees, and the swift response to operational requirements from the beginning of the Covid pandemic. It made particular mention of the well managed flexibility around the reverse cohorting in Colnbrook. The Board was pleased to see this positive innovation for detainee safety recognised.

4.1.6 Since the start of reverse cohorting, reception has largely occurred on the Colnbrook site. Some admissions occurred directly on the Harmondsworth side connected to charter activity.

4.1.7 Although we tend to speak of one Induction process, there are, in fact, two systems running in parallel and fulfilling different functions: the induction into the Centre is provided by the Contractor's staff and is an introduction to the services and regimes of the Centre, while the 'Home Office induction', which is the responsibility of the DET, details ways in which the detainee can make contact with his/her Engagement Officer and find out more about the progress of his/her immigration case.

4.1.8 The process managed by the Contractor is separate from the reception interview and is expected to take place within twenty-four hours of arrival.

4.1.9 As raised in previous reports, the Board felt that the induction process could be ineffective for detainees, who would listen to a presentation made in English to the entire group. It was pleasing, therefore, that in 2020 the Contractor introduced a Virtual Reality (VR) induction process, during which detainees use a VR headset which 'takes them around' the Centre, in a language of their choosing. This appears to be a better process, as it allows detainees to engage at their own pace, and in their chosen language. Every new arrival is offered the headsets, of which there are 10 in total, and it has been a welcome innovation. Detainees have told us that listening in their own language made the process less intimidating

4.1.10 In addition, detainees are given a 'How Do I?' leaflet on arrival. This details information which detainees will need to know about life within the Centre, including: general topics (food, health, bedding etc), legal needs (how to find their caseworker, how to apply for bail), activities (education, Open University courses, Nationality meetings), and welfare (LGBT+ support and advice, tracing family, disability help, translator help etc). This is welcome as it gives detainees a point of reference which they can take away with them as we requested in our 2019 report (4.2).

4.1.11 The screening provided by the Healthcare provider on induction is described in 6.1.7

4.1.12 Alongside these, the Home Office induction details ways in which the detainee can make contact with his/her engagement officer and find out more about the progress of his/her immigration case. As part of this detainees are given a card with the name and mobile number of their Engagement Officer (and are told if this is not the person who is providing the induction information), together with a five page document with details of the Immigration bail process and a leaflet about the services offered by Hibiscus, a voluntary services organisation.

4.1.13 Since March 2020 these interviews have usually taken place remotely with other tasks (such as serving documents) being given priority for face to face interaction. There is no record available of how many face to face inductions have taken place. The decision seems to be 'ad hoc' depending on the other tasks needing attention.

4.1.14 The Board raised concerns in 2019 about the effectiveness of the DET induction. These concerns remain. A survey undertaken among detainees by the Board in Q1 of 2020 found that of the random sample of 24 detainees we spoke to,

only 7 claimed to have spoken to their DET officer on arrival, and 17 claimed not to have engaged with anyone. Further, verbatim quotes in our survey supported the fact that detainees often struggled to get through to their DET officer by phone.

“no one picked up the phone”, “no one called back”, “they do not pick up”, “always goes straight to voicemail”, “even my solicitor can’t get through”.

4.1.15 Once the lockdown began in March 2020 and reverse cohorting was introduced, the Home Office determined that the DET element of inductions would happen remotely, via telephone. In exceptional circumstances, for example where vulnerability concerns have been flagged, consideration was given for inductions to take place in closed visits. This facility has seldom been used.

4.1.16 In 2020 we noticed changes in the Person Escort Record (PER) document which accompanies detainees on arrival to the Centre. An improved version has been developed which includes a section for medical and social care issues, integrated self-harm / at risk segment and a new Red Flag Page where issues highlighted during the current movement are documented. Other improvements to the format are aimed at enhancing the management of risk. The Board welcomes these changes. At the end of the reporting period residual stocks of old forms were still in use. We look forward to seeing the new documents in full operation in 2021.

4.1.17. It should be noted that due to the pandemic no fire drills were carried out in 2020 in accordance with Government guidance. These have occurred on a regular basis in previous years and, despite the inclusion of procedures in initial training and annual fire safety refreshers, our concern is that with a high number of new staff in 2020 there may be limited experience in the event of a fire incident, and a resultant increased risk of harm to detainees and staff.

4.2 Suicide and self-harm, deaths in custody

4.2.1 A total of 589 ACDTs were opened throughout the year, down from 1,148 in 2019, which was indicative of the reduction in detainee numbers in total. However, this represented 14.3% of the population throughout the year, which was a 4% increase on 2019.

4.2.2 74 detainees self-harmed in 2020. In total there were 220 acts of self-harm, of which 10% were serious enough to require hospital treatment. Most detainees cite frustration either with their immigration case or at not being released as the primary cause for their action. One detainee alone (Case study 1 below) was responsible for 10% (21) of all self-harm incidents. Incidences of self-harm, and particularly of repeated self-harm, will remain a focus for our monitoring.

4.2.3 We question the effectiveness of ACDT observations in some cases - notably one where a detainee who had already ingested foreign matter was able to do so a second time within five hours while on constant watch.

Case Study 1:

Mr A was a prolific self-harmer. On one occasion, whilst on constant watch, he managed to ingest batteries whilst in his room. He was immediately treated by healthcare and after treatment was allowed to return to his room, which had undergone a thorough room search. Within 5 hours he had ingested batteries once

more, which he had concealed on his person. The Board was surprised that whilst on constant watch a detainee was able to make such a dramatic, repeated, and potentially dangerous attempt at self-harm. The incident was raised and discussed at length at the board meeting.

4.3 Violence and violence reduction

4.3.1 In 2020 there were 80 instances of violence in HIRC. 62 were detainee on detainee assault, including one particularly serious assault which resulted in multiple hospital admissions for the victim. There were also 18 detainee on staff. In 2019, there were 101 instances of violence between detainees and 47 assaults of varying severity on staff. We are prompted to ask whether the significant reduction in attacks on staff is a reflection of improved staff-detainee relationships and if this in turn results from improved staff:detainee ratios. This is something we will continue to review as the population changes.

4.3.2 On the whole we observe that staff work hard to minimise violent incidents through a variety of techniques, the most obvious being listening and talking calmly to detainees. A process of de-escalation through ‘talking down’ a detainee (when the detainee is agitated and threatening harm to himself or others) has been observed on numerous occasions to be a powerful and successful tool.

4.3.3 We have observed delays in police response times being an added anxiety builder in the CSU. In serious cases detainees are maintained in CSU until police have attended and conducted interviews. Unfortunately delays in the Police attending increase the anxiety and uncertainty for all involved, particularly the detainee. We support the Centre Manager in taking any action he can to achieve more timely responses from the Police.

4.3.4 The Contractor’s Violence Reduction Policy was put in place in 2015 and is now reviewed annually by the designated Senior Manager and the Safer Community Manager with the Safer Community meeting taking place monthly. This is supported by the Anti-Bullying Strategy which is also reviewed annually.

4.3.5 Detainees are able to raise any complaints regarding bullying by staff through a Home Office DCF9 form. These are available in multiple languages around the Centre and complaints boxes are emptied daily. The Board Chairperson receives a copy of each complaint and the resolution – whether the complaint is substantiated or not. We found that complaints against staff (of which there were very few) in 2020 were found to be unsubstantiated. Detainees do complain to the Board from time to time about specific instances with staff. On the whole we find that these relate to incidents where detainees were not happy with rules that were being explained to them, for example – not being able to move about the Centre at will, or not being able to visit a friend in another unit, or being reprimanded for smoking indoors.

4.3.6 1,073 SIRs were raised in 2020 as opposed to 1866 in 2019. This seems commensurate with the reduced size of the population.

4.4 Vulnerable detainees, safeguarding

4.4.1 HIRC has provision for those with mental health problems. Through the Healthcare provider there is access to psychiatric evaluation and to specialist nurses. There are also charities providing support groups. However, we continue to maintain, as in the past two years, that detention is inappropriate for people with significant mental health issues unless there is a real prospect of imminent removal.

4.4.2 Whilst for the past two years the Home Office has partially accepted our view, we still feel that more needs to be done to prevent these people entering a custodial environment in the first place. In 2020 we observed failures in detention gatekeeping that led to seriously unwell people entering the Centre.

4.4.3 Despite the introduction of Home Office guidance and the best efforts of (untrained) officers to meet the needs of detainees with severe mental health issues we remain concerned that people who are mentally unfit for detention are still being detained.

4.4.4 We do not believe that the IDE should be expected to take responsibility for those who are mentally or physically unfit for detention.

4.4.5 In 2020, 581 mental health assessments were completed, an increase of 23% on 2019. This is surprising given the dramatic fall in detainee numbers but highlights an increased focus on ensuring vulnerable detainees are assessed and able to get the help they need. On average 48 mental health assessments were completed each month, which led to an average of 236 structured treatments activities being delivered per month.

4.4.6 The Care Suite in Colnbrook is an important facility for vulnerable detainees and is intended to be used in crisis situations when a detainee is having difficulty coping. The decision to offer a detainee time in the Care Suite is taken by the Duty Shift Manager in consultation with the Duty Director. It was used less in 2020 because it was considered appropriate for fewer detainees. One significant case in 2020 was of a man who had received news of a bereavement. He was given time in the Care Suite to assimilate the information and react until he felt able to return to normal regimes. On another occasion deaf detainees were accommodated there overnight to ensure they could be woken for an early morning departure without too much disruption. We appreciate the provision of this facility to support detainees in crisis.

4.4.7 Whilst the Board is clear that the Care Suite is not intended to house detainees with mental health issues, it would support its use in a greater number of crisis situations.

4.4.8 Many detainees in HIRC present a case for Rule 35; specifically that the detainee's health could be injuriously affected by continued detention, a suspicion that a detained person has suicidal tendencies, or concern that a detainee may have been a victim of torture. We have covered this in 6.1.4. below.

4.4.9 246 detainees presented as having a physical disability or learning disability or indicator in 2020. These included hearing impairment, sight impairment, communication problems and mobility issues due to multiple sclerosis and polio amongst others. All were visited by specialist officers who ascertained if additional support was required. This ranged from specialist bedrooms, to wheelchairs, assistance moving around the Centre etc. One unusual case involved a very distressed detainee who required specialist clothing as nothing in the destitute packs

was suitable for his situation. The Board met with him a number of times and members were happy to see his change in demeanour once staff had resourcefully resolved his issue.

4.4.10 Vulnerability is not always visible and may result from an anticipated change in status. The Board observed that there had been several instances of detainees being given difficult information over the telephone by members of the DET team and then immediately self-harming. Our concern was that it is not possible for the DET team to know how the detainee is reacting to challenging information over the telephone. If they were meeting face to face they may well detect concerns and be able to either open an ACDT or at least alert the contractors staff to the need to keep an eye on the detainee. The Home Office confirmed they are hoping to move to a system of meeting all detainees in closed visits throughout their detention, but at the time of writing, this is still not the case.

4.4.11 The Board remains concerned that serving potentially bad news over the telephone does not enable the officers serving the information to fully assess a detainee's reaction and this may affect the safety of the detainee.

4.4.12 In reviewing the Contractor's monthly reports and in speaking with officers, the Board has noticed a shift towards a Centre more focused on detainees' needs and sensitivities. This is evident in the provision of stress-reducing activities through the regimes programme and in the development of a stronger Safer Community Team. For much of 2020 this was a team of one but towards the end of the year the Safer Community Manager was joined by four other officers - two for each site. This investment in training and salary is commendable and we look forward to observing its positive impact on outcomes for detainees.

4.5 Use of force

4.5.1 The term 'use of force' is used to describe an incident requiring the Contractor's staff to physically assist a detainee or to achieve the detainee's compliance – this ranges from using a guiding hand to accompany a detainee, to handcuffs or body restraints to control movement. Use of force was recorded 149 times in 2020. This was constant throughout the year regardless of detainee numbers, at approximately 5% of the population.

4.5.2 The Board is supplied with data to show the breakdown of instances of use of force by nationality. We can report that instances in 2020 were almost entirely in line with each nationality's representation as a percentage of the Centre's population.

4.5.3 Most Incident Reports which mention use of force refer to minimal levels of force, such as guiding holds when removing a non-compliant detainee from association.

4.5.4 The Board's greatest concern with regard to use of force in recent years has been in regard to the handcuffing of detainees going off site - specifically to hospital appointments. We are assured that an appropriate risk assessment is undertaken. There were no significant concerns about this in 2020.

4.5.5 The Command Suite was opened just 6 times in 2020. Of these, three were occasioned by incidents at height, two by groups of detainees gathering in an outside area and refusing to leave and one by a gathering outside the Centre

boundary which was attended by the Police. All were resolved peacefully locally without the involvement of national teams.

4.6 Substance misuse

4.6.1 Psychoactive substances and alcohol (home brewed) are present in the Centre. They are far more prevalent in Harmondsworth than Colnbrook, with our hypothesis being that the reverse cohorting process through Colnbrook has restricted detainees' ability to facilitate procurement, or manufacture substances.

4.6.2 A new drug identifying machine (an itemiser) was introduced in 2019. Whilst there were 48 positive results in 2020, mail being sent to the Centre containing drugs (specifically 'spice', which can be dissolved and sprayed on to paper and is not easily identified), still makes its way in, most usually through visits (which were obviously curtailed in 2020) or through property.

4.6.4 Drug detection dogs are used throughout the centre on a regular basis, with 4 visits in 2020. We observed the dog visits to be conducted in a professional and respectful way.

4.6.5 Staff handle instances of drug misuse well, caring for detainees as they 'come down' and working with them on drug prevention programmes. In general, they are responsive to suggestions for further improvement. For example, when the Board shared their concerns that some of the paraphernalia required to brew 'hooch' was available in the Centre (catering bottles, kitchen ingredients etc) the contractor worked hard to remove known enablers from the environment.

4.6.6. We continue to see great efforts being made to prevent drugs entering the Centre and training sessions are held regularly for staff to bring new hiding places to light, helping officers more easily spot instances of concealment. However, innovation in drug concealment is swift and often successful. While the Board recognises the efforts made to minimise the presence of illegal substances in the Centre, they are still present and negatively impact on the general environment for both detainees and staff. We are aware that the reduction noted in 2020 may be, in part, as result of fewer social visits. This is something we will continue to monitor as the population changes.

5. Fair and humane treatment

5.1 Escorts, transport, transfers

This section covers transfers (both within IDE and internationally) organised by the Home Office's detainee population management unit (DEPMU) with escorts provided by Mitie Escorting Services and internal arrangements with escorts provided by Centre staff for such things as routine hospital appointments.

5.1.1 The reduced number of detainees has meant significantly fewer external movements involving Mitie Escorting Services and there have also been fewer hospital appointments to be dealt with by Centre officers. This is particularly marked on the Colnbrook site where detainees have not been held long enough for medical issues to be escalated to routine hospital appointments. There have, however, been some emergency appointments on both sites. In 2020 Centre staff accompanied 156 routine hospital visits of which 101 (65%) took place in the first three months of the year. They also accompanied 86 emergency appointments of which 38 (44%) were during the first three months so before lockdown.

5.1.2 The Sahara Unit in Colnbrook is used to house female detainees normally for short periods of time. Whilst it is part of the IRC and therefore there are no official limits on the length of stay on that unit, it is generally accepted by HO officials, that due to its location on the second floor of the Reception and Visits block with no direct access to outside exercise areas and fresh air, that stays should be limited to 7 days in ordinary circumstances and 14 days in exceptional circumstances.

5.1.3 During the Summer a significant increase in cross channel arrivals using Rigid Hull Inflatable Boats resulted in the female IRC at Yarl's Wood being reutilised as an initial processing Centre for the large number of immigrants arriving. This resulted in temporary removal of any capacity for female detainees at Yarl's Wood, so the only IRCs that could house female detainees were at Colnbrook and Dungavel in Scotland.

5.1.4 During this period, the IMB came across a number of female detainees who were detained at Colnbrook IRC in excess of the normal 7-day period, including at least one who was there for more than 14 days, and others who were subjected to long journeys because of the need to be transferred to Dungavel in Scotland.

5.1.5 In one particularly concerning case a detainee was held at Colnbrook for 8 days and was then to be transferred to Dungavel, but she refused to leave, saying that the distance was too far. After 12 days she was transferred to Dungavel, with a suitable escorting crew, in a journey that took at total of 9 hours and 16 minutes. She then spent two nights there and was served with Removal Directions. She then left to be moved to the STHF at Manchester Airport, where she spent one night. The following day she was returned to Colnbrook IRC in the middle of the day, leaving in the early hours of the following morning for her flight home.

5.1.6 In her last five days in detention she spent 2 days in a van travelling between London, Dungavel, Manchester and London, and 4 nights in 3 different locations. The reason that detention was maintained throughout this ordeal was because the

Case Worker maintained that there was an imminent prospect of removal. The Board is of the view that this treatment was inappropriate and that provision for women in the Estate should be such that journeys of this length are unnecessary.

5.1.7 The Board has heard of fewer failed movements resulting from shortcomings in the escorting service this year compared with previous years. We know one detainee missed a flight because an escort was unfit for work and no back up was available but that was quite early on in the pandemic and there have very few, if any, occasions where movements have been aborted because an inappropriate crew has attended. Staff tell us that the relationship with the Mitie Escorting Services' team is much easier than with previous service providers, probably because they are all part of the same umbrella organisation.

5.1.8 We had received a number of complaints in 2019 that hospital appointments were missed. It transpired that this was because of an interpretation of the General Data Protection Regulations (GDPR) legislation which resulted in only the detainee receiving notification of an appointment. Often, they did not inform the management or the healthcare provider that they had a hospital appointment until the day they were expecting to attend - and then no escort was available. At a monthly IMB meeting with the Centre Manager it was suggested that detainees be informed clearly about the problem and that notices be posted advising detainees that if they received a letter with details of a hospital appointment, they should inform staff immediately so that escort arrangements could be made. As far as we can tell, this has resolved the situation in 2020. (see below 6.1.6)

5.1.9 The movement of detainees from Colnbrook to Harmondsworth as part of the reverse cohorting process happens each week, assisted by Mitie Escorting Services, generally without disruption.

5.1.10 There have been occasions where anticipated repatriation charters have been planned and not actioned. The worst example of this was that came to our attention was when a receiving country refused to grant permission for a flight to take place. A large number of detainees were involved, and the decision was communicated to them at extremely short notice, partly because the Home Office was trying to reach an arrangement with the receiving country. This also caused a great deal of additional work for the Contractor's officers on site.

5.1.11 Incident Reports indicate that there were 33 ambulance call outs in 2020.

5.2 Accommodation, clothing, food

5.2.1 Accommodation is in line with expectations of a Category B prison facility, with laundry facilities in each unit for washing of clothing and bedding. The Centre provides each detainee with towels, pillows and other bedding. There is very limited recreational space for relaxing or mixing with others in the units, other than within the individual bedrooms.

5.2.2 Some years ago the Contractor gradually replaced old, domestic standard washing machines with more robust ones but damage to the machines is still frequent. Feedback from the Home Office is that given the limited number of detainees in 2020, there are adequate working facilities for the population. We would encourage the Contractor to ensure that all machines are back in full working order as the population increases post Covid.

5.2.3 Cleanliness varies in the Centre depending on detainee numbers and usage of the space. There is a lockup in the middle of the day which provides a useful opportunity for cleaning. Many detainee workers take great pride in keeping their units clean and tidy.

5.2.4 The Board was very concerned in March 2020 about the cleanliness within Healthcare Inpatients in Harmondsworth. We found unacceptable levels of dirt and lack of cleanliness and hygiene on a number of consecutive visits. We raised the issue with the Contractor who confirmed that cross-contamination considerations meant that responsibility for cleaning the area lay with the Healthcare provider, who in turn were unable to procure their own cleaners to carry out what was essentially a small job. Detainees complained to us on each visit (in particular one inpatient detainee who took it upon himself to try and clean stains from the ceiling), and each complaint was recorded in our rota reports to the Contractor, the Home Office and the trust.

5.2.5 Our concerns were also raised at the monthly Board meeting. As a result of this action was taken by CNWL who have employed a cleaner for the unit. It was concerning that detainees' complaints were ignored in this area, and disappointing that the Board's intervention was required in order for such an important issue to be addressed.

5.2.6 The nature of the shower provision varies according to the accommodation type in the two sites, but all are shared facilities with individual cubicles. Toiletries are available to purchase through the centre shops, or alternatively can be retrieved from detainee's own property delivered through a property request. Complaints regarding water temperature appear to have been fewer in 2020 than in previous years, and the cleanliness of the showers (so far as we have been able to determine) appears adequate.

5.2.7 The reduced numbers of detainees throughout the year allowed the Contractor to focus on refurbishment programmes through much of the Centre – work that has been welcomed by the Board and appreciated by detainees.

5.2.8 Heating and ventilation continue to be a significant challenge throughout the Centre, with ongoing complaints about excess heat in the summer and cold in the winter months. Detainees have complained to the Board about not being able to sleep or rest because of extreme heat or cold in their rooms. One detainee felt that his gastrointestinal problems were exacerbated through being so hot and perspiring so profusely whilst trying to sleep in the summer months. Staff have responded to our concerns, with much of the problem due to the equipment, which is manual in part and slow to respond to adjustment. Further, different individuals can have different preferences regarding room temperature. Having reviewed the complaints and based on our continued observations, we believe that a major investment is required to resolve the issue.

5.2.9 Smoking is only allowed outside in the courtyards, but smoking in rooms remains an ongoing problem, particularly in colder and wetter months when detainees prefer to remain indoors.

5.2.10 There has been an ongoing problem with mice on the Harmondsworth site, who enter from a large adjacent area of open grassland. All units have Rentokil equipment, and are visited regularly by pest control, but mice still seem to be

present. In part the challenge is that detainees have been observed to be feeding mice (and pigeons) as a form of entertainment and relaxation.

5.2.11 The Board is pleased to note that instances of bed bugs have dramatically declined in the past year. Staff have acted quickly on any suggestion of bed bugs and given the space currently available, have moved detainees out of potentially infested rooms until cleaned.

5.2.12 Detainees have access to their own clothing which is kept in the secure property area. Detainees are able to access their property on a regular basis, accompanied by an officer. The detainee has to request access via the office on the unit. Reception then provides an appointment time to attend, and the detainee is taken to reception by a DCO at the appointed time to obtain the property they require. The process appeared to work well in 2020 despite some delays experienced early on in the year due to staff availability. Any detainee arriving without property is offered a destitute clothing pack. This contains an assortment of clothes including underwear, tracksuit bottoms, a t-shirt, a warmer top, and shoes (flip flops or trainers).

5.2.13 The Board regularly tastes the meals that detainees are served, although we were advised not to do so through the lockdowns. We found the food and temperature served to be adequate, and the portions large for all meals we tried. The multicultural nature of the population makes it difficult to cater to all tastes, but staff try hard to please. In total there were only 4 complaints about catering made to the contractor, and only 9 conversations with the Board. As a percentage this is very low compared to other years and seems to indicate an overall approval of the catering on offer. There are many products that detainees can purchase in the shops to enhance their meals – sauces, seasonings etc. Detainee Consultative Committees (DCC) are also in place where detainees can make suggestions about menu choices and ingredients. These were halted during the early lockdown, but reinstated in Harmondsworth in a socially distanced manner unit by unit at the end of the year.

5.2.14 Many special diets were requested and catered for in 2020. These included halal, kosher, gluten free, low carb, fat free, non-spicy, vegan, lactose free, pescatarian and diabetic. Pescatarian was a new request which staff worked hard to satisfy. The catering staff work particularly hard to provide celebratory meals such as Christmas and Eid. For the Ramadan fast detainees provide weekly feedback and requests are taken on board to ensure that dietary needs are met. In general the provisions were very well received in 2020.

5.2.15 Detainees are also able to purchase food items from the Centre shops. This includes snacks and sweets, soft drinks, pot noodles, condiments etc. The Board was impressed that during the lockdowns when the shops were shut, staff instigated a 'home delivery' service so that detainees were able to have provisions delivered directly to their units to be collected from the unit office.

5.3 Separation

5.3.1 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

wellbeing of themselves or others. In 2020 R40 was implemented 228 times, and R42, 9. In percentage terms, this was a small increase on 2019 from 6% of the population to 7%. In general we have no significant concerns about the reasons used to implement Rule 40 or Rule 42. We are informed promptly about detainees being moved to CSU and make an informed decision as to whether to visit immediately, or within the first 24 hours. All detainees in segregation are visited by Board members when in the Centre. We are always informed if the Home Office approves any extension to time in segregation. Calls to the duty Board member have been augmented by texts and emails, making it easier to stay informed of situations.

5.3.2 Accommodation providing for the separation of detainees is as described in 2.7 and 2.14 above. Whilst the CSU rooms are usually unoccupied our observations are that they are kept clean and well maintained for any unexpected admissions.

5.3.3 The Board continues to be impressed by the caring, professional and patient behaviour of specialist CSU staff. We have observed many occasions when positive staff actions have turned potentially difficult situations around. It is not unusual to find a member of CSU staff and a detainee quietly chatting and sharing stories together in the courtyard in a genuinely friendly and supportive way.

5.3.4 Notwithstanding this, we continue to be concerned about the use of CSU for detainees suffering with severe mental health problems. Whilst we accept that finding the appropriate place and support in the community is an ongoing challenge, we feel it is essential to reinforce the view, expressed in our report in each of the past three years, that keeping mentally unwell detainees in detention is not the answer.

5.4 Staff-detainee relationships

5.4.1 Our observation is that the relationship between staff and detainees is good.

5.4.2. There have been positive increases in staffing levels in general throughout the year as vacancies have been filled.

5.4.3 As noted earlier, the impact of the lockdown has meant that the staff / detainee ratio has improved. As various parts of the Centre have not required staff attendance during the lockdown (visits, closed units etc), those officers have been redeployed throughout other parts of the Centre. We have observed the positive result of this, with detainees appearing to be more content.

5.4.4 The staff is very diverse, and officers take pride in finding a colleague who can speak the language or dialect of most detainees, and hence give more support. We know from detainee feedback that this is much appreciated. Having observed many conversations in the detainee's own language we can also say that detainees calm down more quickly in tense situations when spoken to in their language of choice.

5.4.5 The Board often sees members of the Home Office compliance team and the Contractor's senior management team in the Centre when on site. They have a physical presence in the Centre and make themselves available to detainees, which is encouraging, setting a good example of involvement to other staff.

5.4.6 We remain concerned about the physical availability of the DET team for detainees, specifically on arrival, as referenced in 4.1.13 above.

5.4.7 Assaults or physical altercations with staff are thankfully rare. In 2020 there were 18 cases of assaults on staff (as opposed to 51 in 2019).

5.5 Equality and diversity

5.5.1 HIRC has a number of diversity initiatives referencing protected characteristics which are well documented and regularly shared with detainees. We welcome the work of the diversity team and have witnessed its positive impact on detainees. Of particular note is the work done to support LGBT+ detainees. Many staff wear LGBT+ rainbow lanyards and noticeboards contain confidential support helplines and names of specialist officers for support.

5.5.2 There are numerous noticeboards throughout the Centre which describe the work of the diversity team and give information on how to reach out for support. This is in addition to face to face support through the welfare team. The Board is concerned that throughout 2020 many noticeboards were changed to accommodate information in support of Covid 19 preventative measures, however other information relating to non pandemic related activities was not updated. We appreciate that the population by its very nature is transient and changes often so Covid 19 signage must be maintained, but hope that the contractor is able to keep the diversity support messaging clearly visible.

5.5.3 Physically disabled detainees can be and are accommodated within the Centre. Both sites have specialist disabled rooms which are larger than standard and have a wet room area within. Most stairwells have signage to remind any detainees who struggle with mobility to ask for help. Both sites have lifts (only accessible if accompanied by a staff member with a pass) to enable access to different regimes on different floors for detainees with mobility issues. In 2020, 70 detainees were recorded as having a physical disability.

5.5.4 Many disabilities are recorded by detainees including visual impairment, sensory disability, hearing impairment, language & communication difficulties. Some detainees have challenges such as autism, ADHD etc. If these have not been registered on arrival, they can be difficult to spot and hard to manage. One example (as seen in the case study below) gave us concern that non visible disabilities (in his case, autism) might not be treated appropriately.

Case Study 2

Mr B arrived in the Centre in the early part of the first lockdown. He complained that he wanted to wear a face mask to protect himself against Covid, but claimed that staff had shouted at him and forced him to remove it. He told the IMB that he was autistic and had previously been hospitalised with Covid – wearing the mask made him feel more secure. The IMB was concerned about this situation on a number of levels:

- *the detainee was autistic, and it did not appear that staff had discussed the issue with him in a way that was appropriate for his condition.*
- *although at the time the Home Office was not encouraging detainees to wear face masks, the IMB was not aware of a policy forbidding the wearing of surgical face masks in units during the pandemic at the time of his detention.*

- *understanding of policy on mask wearing among staff appeared mixed – some staff told us they could not see a problem with it, others argued that ‘face masks were not allowed’.*

5.5.5 Information throughout the Centre is available in a wide range of languages. In addition to officers speaking to detainees in their own language or dialect (ref. 5.4.4 above). Big Word (telephone translation service) is readily available for detainees and there has been no negative feedback on this service through the year.

5.5.6 In 2020 the largest national population in the Centre was Albanian, peaking at 29% of the population at year end. Other notably large populations were from Romania and Poland.

5.6 Faith and religious affairs

5.6.1 Under normal circumstances a very wide range of religious activities and support is available in HIRC. All main faiths are catered for including Christians, Hindus, Buddhists, Catholics, Muslims and Sikhs. Detainees of Rastafarian and Jewish faith also receive religious support if required, although they do not have a dedicated place of worship.

5.6.2 All religious functions for Christians, Sikhs, Hindus, Buddhists and Muslims are celebrated in the same way in Colnbrook and Harmondsworth, the only difference being that Harmondsworth is a larger facility. In Harmondsworth the Sikh and Hindu followers share a large room that accommodates up to 50 worshippers. This room has a partition that is useful when the two different religions wish to have separate gatherings on religious occasions. In addition to the central religious area in Harmondsworth there are multi-faith rooms in 3 of the units. Followers of different faiths are able to utilise these rooms as needed.

5.6.3 During 2020 the Board observed that the religious facilities were not being utilised as heavily as they ordinarily would be as both Centres adhered to strict Covid guidelines and protocol. However, the religious facilities at both Centres continued to be available to all worshippers of different faiths, and were managed in a respectful and orderly manner.

5.6.4 Christian Faith: Due to Covid-19 the numbers of worshippers have drastically reduced compared to pre pandemic numbers. Services have been held as scheduled, however due to various ‘bubbles’, detainees could only attend at certain times making it harder to practice their faith. There is a good supply of Bibles, the Chapel is well maintained and the service schedule has been clearly communicated. During lockdowns the priest was reaching out to detainees on a 1-1 basis, by walking around the units.

5.6.5 Muslim Faith: Pre Covid there was a higher number of worshippers, again due to the pandemic, numbers have reduced. Regardless, Ramadan was still observed and feedback received was that the kitchen provided a very good service. Prayer mats and Qurans were adequately provided, and a shoe rack is always positioned at the entrance to the prayer hall. If the detainees require the Imam, he is available to support where needed. During lockdown Friday Prayers were not conducted.

5.6.6 Sikh Faith: The Gurudwara is well maintained and there are adequate religious books and materials for the detainees. Every year Baisakhi (new year celebration), and the birthdays of Guru Nanak and Guru Gobind Singh's are celebrated and many detainees participate. The langar (free kitchen) is located and cooked in the cultural kitchen during celebration days. There is a shoe rack positioned at the entrance of the Gurudwara. If the Sikh priest is required, he is available. Turbans are available for those detainees who need them. Meal requirements for baptised Sikhs (Amritdhari) are adequately met. Hindus also use the Gurudwara as their place of worship.

5.6.7 Buddhist Faith: There is a small place of worship for Buddhists and a volunteer is available to perform prayers. However, for much of 2020 the volunteer was not able to visit due to Covid-19.

5.6.8 Unfortunately, during the lockdowns, Jewish and Rastafarian visitors were unable to visit the Centre to support followers of their faiths as they would usually do. However, we received no complaints or concerns from detainees about this.

5.6.9 Overall, the Board observed that that the places of worship within HIRC are well maintained and religious needs are being well met.

5.7 Complaints

5.7.1 Detainees can raise a complaint with the Home Office by completing a DCF9 form and placing in one of many well signposted boxes. All boxes have supplies of the forms in a multiple languages. Detainees can write in the language of their choice, and the complaint will be translated upon receipt.

5.7.2 The Compliance team collect complaints from the boxes daily. They screen the complaints, log them locally, and send these to the Detention Services Complaints team who allocate these to the appropriate person or team. If upon screening the complaint it is perceived that there is an immediate risk to the safety of individuals (e.g. self-harm intent) or to the good order of the IRC (e.g. planned protest), then the officer would immediately alert the Contractor to take the appropriate action. The standard turnaround for responses is 20 working days. If the complaint is of a more serious nature eg, serious misconduct, it can take up to 12 weeks as it would likely need investigating by the Professional Standards Unit. The log used to record complaints will record the topic of the complaint itself, and the outcome of it (substantiated or otherwise). A copy of this is shared with the Board each month.

5.7.3 If detainees are unhappy with the response they receive they are able to escalate the situation. However, the transient nature of the population and long lead times mean that often detainees have left the Centre by the time they receive a written response.

5.7.4 Complaints are grouped into themes including poor communication, physical environment, unprofessional behaviour, missing property, missing money, availability of service and unfair behaviour. 152 complaints were received in HIRC in 2020. Of these, 129 (85%) were unsubstantiated. The top 3 subjects were Minor Misconduct, Physical Environment and Property lost / stolen.

5.7.5 These concerns were also expressed in the applications received by the Board on our rota visits. The top 2 subjects detainees wished to speak to us about in 2020 were immigration (37% of the total) and healthcare (29%).

5.7.5 Complaints about healthcare services and provision are managed directly by the NHS. We are not privy to the details here for reasons of patient confidentiality, although the healthcare provider shares the themes emerging and the numbers involved. In 2020 there was only one formal complaint to the NHS. This concerned staff conduct and was accepted. 38 concerns were recorded, of which 2 were accepted. The main topics of concern were clinical care, staff conduct, medication administration, external hospital appointments. Healthcare is consistently in the top 2 topics that detainees wish to speak to members of the Board about during rota visits. Whilst we understand why we are not able to see detainees' complaints in this area, it's a struggle for us to offer meaningful support to detainees without understanding the context of their challenges.

5.8 Property

5.8.1 All detainees' property is kept in locked storage facilities on site. Detainees are able to take clothing, toiletries and personal items to their rooms, where they have very limited storage space. All property is logged on entry to the Centre, and although mistakes are sometimes made, on the whole this process appears to work well. In 2020 the Board received only 6 complaints about property within the Centre.

5.8.2 Detainees are able to request items of their property from the store as described in 5.2.11. These items often include important court documents. Detainees who have been in the Centre for a long time often need to change their wardrobes as the seasons change, so need to go through their property to find warmer / cooler clothing.

5.8.3 There is a limit of 23kg of property that can accompany a detainee on their return flight. To this end, staff will only accept 23kg in the Centre. This means that detainees are often faced with the difficult challenge of sorting through their property on arrival to determine what needs to stay with them, and arrange for everything else to be collected / returned to family.

5.8.4 Property going missing can cause great anguish to a detainee. A recurring problem is property going missing between prison and HIRC where the detainee arrives, but their property doesn't. Due to detainee numbers decreasing, these situations were greatly reduced in 2020, and we only received 8 complaints of this nature. Whilst in most cases the property is eventually found and returned, it seems to us an unnecessary stress for people to go through.

5.8.5 All property received into the Centre is scanned for the presence of drugs. There were 48 positive results from scans in 2020.

5.8.6 The Board receives complaints about property that was sent to the Centre by family and friends going missing. It is very hard for the contractor to deal with these as there is often little evidence of what was inside a parcel. Detainees are compensated when their complaint is upheld.

6. Health and Wellbeing

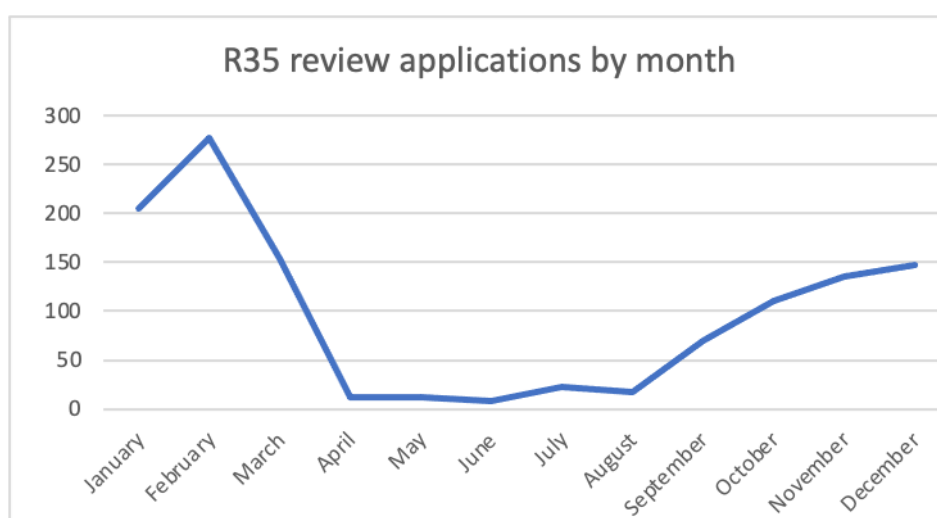
6.1 Healthcare General Overview

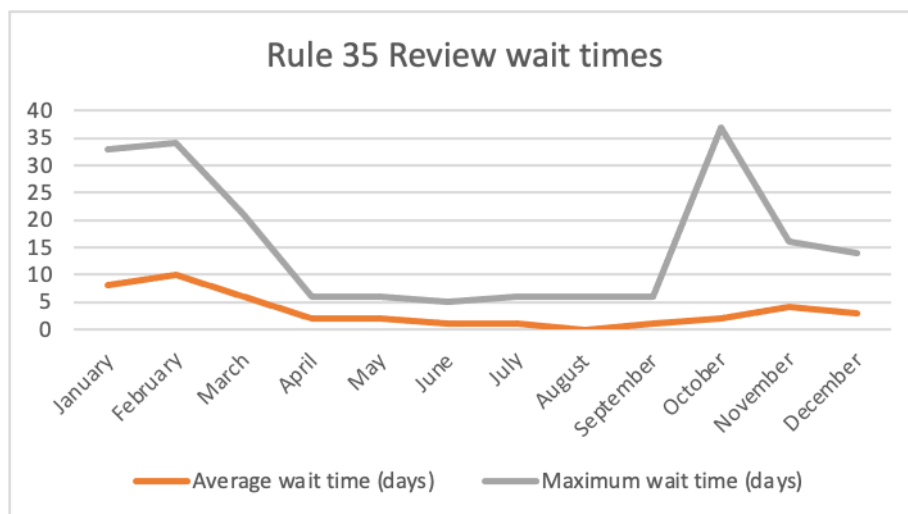
6.1.1 Central and Northwest London NHS Trust (CNWL, 'the trust') provides healthcare services at both the Colnbrook and Harmondsworth sites. The IMB considers the healthcare provision in both Centres to be substantial and to match most of the needs of the detainee population. It includes a health screen for all detainees on arrival at reception. Once through the induction phase, detainees can access GP clinics (including Rule 35 reviews) Monday-Friday 8:30am-4:30pm (plus mornings on Saturdays and Sundays); nurse clinics 7 days a week; a pharmacy dispensing medications 7 days a week; and regular phlebotomy, sexual health, dentist, optician and podiatry clinics.

6.1.2 As with NHS services in the community, procedures inside the Centres have been affected by the Covid-19 pandemic. Health screening on arrival at the Centre and emergency appointments have been conducted face-to-face throughout the pandemic. However, under Covid restrictions, if a detainee subsequently requests a medical appointment, the initial consultation through a Nurse Triage will be conducted by phone. If the nurse is unable to deal with the detainees request he/she will book the detainee on the GP ledger and the GP will decide whether a face to face or phone appointment is required.

6.1.3 This system appears to be working well in the main. Detainees occasionally complain about the initial contact being via a Nurse Triage system (rather than with a GP) and argue that their medical needs are not being taken seriously. Detainees have also expressed frustration to Board members when waiting for appointments or waiting to receive medication. However, our reports indicate that most of these frustrations have been alleviated by the trust managing expectations - confirming an upcoming appointment over the phone or giving an explanation of when medication will be received.

6.1.4 The wait times for Rule 35 reviews have prompted some verbal complaints from detainees to Board members. Requests for Rule 35 tend to ebb and flow during the year dependent on the make-up of the population.





6.1.5 The data indicates that as the number of monthly requests rises over 100, the GPs struggle to keep on top of the requests and as a result both the average wait times and the maximum wait times spike upwards. These tend to be the occasions when the the Board starts to receive verbal complaints from detainees that they are unhappy with the time these assessments are taking. Separately, detainees complain to Board members that even having had a positive R35 assessment by a GP, HO caseworkers still maintain detention.

6.1.6 Where a detainee requires secondary medical care, they are seen at a local hospital and will be escorted by the Contractor's staff. In the event of a medical emergency an ambulance will be called. Incident reports indicate that there were 33 ambulance call outs in 2020. In 2019, problems arose when escorts were not arranged in time, and appointments were missed (see 5.1.8).

6.1.7 Detainees are provided with sufficient information regarding healthcare services, in ways that are easy to understand. New arrivals are provided with a Healthcare Information Pack. Centre staff report that detainees are often unable or choose not to engage with the material at the induction stage. However, we note that once past the induction stage, the detainees have significant access to information about healthcare services and how to book appointments on notice boards around the units and communal areas. There is also information translated into a broad range of relevant languages within the healthcare clinics themselves, as well as visual / picture notice boards. These were requested by detainees and have received a very positive response.

6.1.8 Impact of / Managing Covid

6.1.9 Covid inevitably impacted the provision of, and access, to health and wellbeing services at HIRC during 2020, including the provision of wellbeing clinics, all of which were put on hold due to the pandemic.

6.1.10 In the early days of the pandemic, polymerase chain reaction (PCR) testing was conducted by the trust in response to symptoms, with detainees isolated in

specific units at both sites pending the results. This approach was replaced in December by routine use of lateral flow tests, conducted by the Contractor, for all new detainees at Colnbrook. A positive reading resulted in the detainee being isolated and an additional PCR test being conducted to validate the original result. “Distraction” packs comprising puzzles and other activities in English, designed to distract detainees, were made available to those in isolation units.

6.1.11 The Board believes that the very low number of positive infections (5 in total throughout the year) is a reflection of the hard work put in by the Contractor and Home Office to prevent the spread of COVID-19. We applaud the efforts of all involved.

6.1.12 Vulnerable Adult Care Plans (VACP) were also used to highlight any detainees with a medical vulnerability to Covid (this approach attracted particular praise for Harmondsworth from HMIP in their May 2020 Report on Short Scrutiny visits to 4 IRCs focusing on Covid). The VACP is reviewed by a multi-disciplinary team within 7 days.

6.1.13 Lateral flow tests were made available to all staff and Centre visitors from December 2020. This supplemented the Home Office mask policy of October 2020 which stated all staff and visitors should wear masks in detainee areas and was extended to all parts of the Centre in December. Detainees are not obliged to wear masks.

6.1.14 PPE availability for healthcare staff (recognised as good at Harmondsworth in HMIP’s May 2020 Report) has been good since the beginning of the pandemic. And, while initially poor, social distancing between staff and detainees saw a marked improvement during the latter half of 2020.

6.1.15 The Information Pack provided by the trust to detainees as part of the induction process contains good information on managing Covid at the Centre. This was also acknowledged by HMIP in their May 2020 report on IRCs. This Covid guidance is further reinforced throughout the Centre by effective use of noticeboards to stress the importance of hand washing and social distancing. Concerns from the Board that the information was not as “attention grabbing” or well sign-posted as it might be have been addressed by the Contractor.

6.1.16 The testing process described above was entirely separate from the testing of certain ‘returnees’ conducted by IPRS Aeromed required by some recipient countries for removal purposes.

6.1.17 The reverse cohorting process and grouping of detainees according to their residential units driven by Covid underpinned a system of phased, rather than open, access to the Centre’s wellbeing services and activities. This is understandable. The specific implications for detainees are expanded upon below.

6.2 PRIMARY HEALTHCARE

6.2.1 As noted above, a broad selection of healthcare services is available to detainees most days of the week. Appointments have traditionally been made via

unit officers but in October the trust began to pilot an application form system available in multiple languages to provide detainees with a more confidential route into healthcare should they wish. This is set to continue but will be supplemented in 2021 by the launch of a healthcare consultation forum (with detainee reps from each unit) to help tailor healthcare provision to support detainee needs.

6.2.2 The trust launched a well-promoted flu vaccination campaign offering clinics three times a week. As in previous years, however, uptake has been limited with only 56 vaccinations given by year end.

6.2.3 5 pregnant women were detained in the Centre at different times during 2020 and there were well-managed incidents when some had to go to hospital for check-ups.

6.3 Mental Healthcare

6.3.1 In both Colnbrook and Harmondsworth, mental healthcare services are provided via GP appointments, psychiatrist appointments and support from mental health nurses. Some contact with detainees has taken place over the telephone rather than in person throughout the Covid pandemic. Group mental health activities are normally offered but have been paused under current circumstances.

6.3.2 The Board understands that new arrivals undergo a medical screening by a duty nurse as part of the induction process. This is an opportunity for a newly arrived detainee to raise the issue of a new or longstanding mental health issue. This information is then passed on to a GP who will organise appropriate mental health support. Subsequently, at any stage in the detention, anyone who is concerned about the detainee (including Officers and other Centre employees, Home Office staff, Board members as well as any other volunteers) is able to make a mental health referral. During a routine visit, Board members received one verbal report from a detainee who complained that he was still waiting for a mental health review two weeks after arriving at the Centre. The Board is also concerned that the initial screen is conducted by a duty nurse who might not have mental health training. If a new arrival (who may, arguably, be tired, stressed and distracted at the induction stage) does not specify a mental health issue during that initial screen, it is possible that it will go unnoticed.

6.3.3 In a rare but significant case in 2020 a detainee was admitted to the Centre who was unsuitable for detention. The HO process of arranging his departure from the Centre and finding him a bed in a specialised hospital unit was slow and, ultimately, caused further deterioration to the detainee's health. Please see case study 3 below.

Case Study 3:

The detainee, Mr C, a high harm time-served FNO, was assessed as Adults at Risk Level 2 in advance of his detention, it having been decided by the Detention Gatekeeper that a short period of detention prior to deportation would not be injurious to his mental health. Detention was agreed for a strictly limited period.

He was hospitalised into a mental health bed but was not sectioned and was declared of 'sound mind'. On arrival at Colnbrook, a Rule 34 examination was undertaken and the detainee was deemed unsuitable for detention and unfit to fly on the designated date. He was non-compliant, his behaviour continued to deteriorate and after various other reviews and assessments, he was released on vulnerability grounds to a mental health facility.

During his time at HIRC he spent almost two weeks in CSU, refusing food for over a week and not always having the medication he needed. He found it very distressing to remain alone in his closed room in CSU and spent much of the time lying on the sofa in the communal area. Whilst IMB members saw officers supporting and caring for him as best they could with the resources available, Board members considered the environment entirely unsuitable for someone in his condition.

The Board contacted the Detention Gatekeeper to ask for justification of the treatment of Mr C and were assured that sufficient safeguards were in place and that Mr C eventually received appropriate care.

However, the Board believes that, in this case, wrong decisions were made at every step, and considers that the Detention Gate Keeper should undertake lessons learned exercises where they fail to identify in advance detainees who are unfit for detention.

6.4 WELFARE AND SOCIAL CARE

6.4.1 The inadvertent detention of children was minimal during the year, with only 1 Merton Assessment conducted and 0 detainees found to be younger than 18.

6.4.2 The welfare team continues to offer a range of services for detainees including help with form filling, lost property issues (relating to their transfers from other parts of the Estate), immigration matters, detention concerns and other personal issues. This is all well promoted via notice boards throughout the Centre. Open access to the welfare team pre-Covid inevitably had to change in March. Access is now by appointment only via a request to a unit DCO. This more remote system generally worked well, although the board received comments during 2020, when detainee access to the internet room was initially restricted, complaining that the welfare team was slow in sending key documents to detainees' solicitors. The delays caused distress and frustration for detainees at a particularly vulnerable time in their detention.

6.4.3 Good support - mostly over the telephone - remained on offer to detainees from a range of NGOs including Hibiscus, BID (Bail for Immigration Detainees), The British Red Cross and DAC (the Detention Advice Centre) during 2020. As with the welfare team's service, the NGO support programme, including telephone numbers and opening times, was well promoted throughout the Centre.

6.5 EXERCISE, TIME OUT OF ROOM

6.5.1 Lockdown between 1p.m. and 2 p.m. daily continued during 2020. We could find no evidence of this practice frustrating detainees who were necessarily confined to their rooms during this period. TVs with multiple national and overseas channels

are available in all rooms. Access to outside spaces suitable for team games, chatting and smoking is available from all the units at all times. The only exception to this is Sahara Unit in Colnbrook, where detainees have to be escorted outside as there is no direct access. In August a number of murals were painted in Colnbrook to brighten up the hallways which was appreciated by detainees.

6.5.2 A broad offering of activities continued during 2020 despite Covid, including arts & crafts, floristry, music room, IT and a library, where detainees have access to DVDs, magazines and daily newspapers, as well as books. Detainees are able to request special interest magazines through the library; eg cars, home improvement etc. Competitions, with small cash prizes, continued to be run for arts activities and were evidently popular with detainees.

6.5.3 The gyms were closed during the first lockdown; however some equipment was set up in the Colnbrook sports hall to allow detainees to exercise. There is also outdoor gym equipment in one courtyard in Harmondsworth. Both gyms reopened later in the year, and access was permitted as part of the phasing provided for individual units. The Board welcomes the efforts made by the Contractor in facilitating this ongoing access to the gym for detainees whilst all gyms in the community remained closed.

6.5.4 The art rooms are often cited by the Board as areas of excellence. There is a sense of pride, achievement and calm in them and they are decorated with diverse and captivating displays of detainees' work. Detainees have been encouraged to decorate the religious corridor and learning corridor, and have created outstanding images that have real meaning to them. Each year, the Centre receives recognition in the Koestler awards winning 28 awards in 2020. We commend the work in this area.

6.6 SOFT SKILLS

6.6.1 In normal circumstances, both Colnbrook and Harmondsworth offer a range of activities in these areas, including group classes on meditation, yoga and the popular cultural kitchen, where detainees have the opportunity to prepare food of their choice, with ingredients provided by the Centre. As in the community, social gatherings in both parts of the Centre have been curbed throughout the pandemic. The cultural kitchen was closed during lockdown periods in 2020 but was open at the beginning of the year and during the summer months. In February 2020, for example, the Board observed a group of detainees in Colnbrook enjoying use of the cultural kitchen to prepare Chinese food as part of Lunar New Year celebrations. The Contractor has also used its own catering service to mark notable events, where social gatherings were not possible. This has included Eid, Christmas, Easter and a Summer BBQ. A pizza delivery service – where pizzas are made to order and then delivered to the detainee's room – has been very popular, and the innovation should be applauded. Both Centres should be quick to reopen their usual range of activities once Covid restrictions ease and the Board looks forward to seeing them in action again.

7. Preparation for return or release

7.1 Activities including education and training

7.1.1 Detainees are offered many opportunities for learning and development in HIRC. These range from English for Speakers of Other Languages (ESOL) courses, Health and Safety, CV writing, Customer Service and Barbering. There are also numerous Open Learning courses available, including business modules. There are a number of ICT courses available daily including Excel, Power Point, Photoshop and Word. Detainees are made aware of all courses on offer during induction, and also through posters sited around the Centre. In addition, several new opportunities have been made available to detainees on the Harmondsworth site including video and music editing, floristry courses and mono printing. There is also the opportunity to gain a fitness and nutrition level 2 qualification through the gym.

7.1.2 The impact of the pandemic meant that there were changes to the timetable during 2020. Numbers in classrooms had to be restricted to allow for social distancing, and many external visitors were unable to attend. Staff managed the changes well, and given the reduced numbers of detainees in the Centre, little actual 'class time' was lost. The barber salon was closed and related training was put on hold, however the Board recognised the work done by the barber to provide written guidance and learning for detainees wishing to progress their skills during lockdown.

7.2 Case Management

7.2.1 The average length of stay of detainees in HIRC in 2020 was 61 days. From a low of 42 days (on average), to a high of 95 (on average). There are always outliers, and the longest time in detention for anyone within HIRC reached its peak at 683 days in May. This is unacceptably long.

7.2.2 Under normal circumstances, all detainees have access to IT rooms, phones and Skype in order to communicate with family and legal teams. Face to face (F2F) legal visits are also held daily. During lockdown F2F access to legal advice shifted to phone or Skype.

7.3 Family contact

7.3.1 There are large visits hall in both sites. Usually, these are accessible by all detainees (unless confined to CSU). The visits hall opening hours (pre lockdown) were 2pm – 9pm, 7 days a week. The visits halls are large and airy, and the Contractor has made a good effort to make them appear welcoming and intimate. Families are seated separately, and private conversation is possible. Children are welcome, and there is a separate area which is furnished with children's play equipment including colouring books and toys. Hot and cold drinks and some snacks are available to purchase.

7.3.2 In addition, detainees are loaned a mobile phone on arrival if necessary. They are not smart phones and are capable of making and receiving calls only. Detainees can top up credit to pay for their calls. Email and Skype are available to all detainees in IT rooms situated in both sites. During the pandemic, family Skype time has had to

be pre-arranged. The booking process in place for the calls has seemed overly bureaucratic and could take up to three days (allowing for staff absence over the weekend).

7.3.3 No social visits were permitted during the initial lockdown, the lockdown in November, or from the introduction of Tier 4 restrictions. However, while standard social visits were closed an extra £10 was supplied weekly for phone calls, and Skype and video call technologies were made available to all detainees. Additionally, in compassionate or other extra ordinary circumstances, social visits were accommodated.

7.3.4. Whereas before Covid restrictions were introduced, any eligible visitors could arrive at any time within opening hours, access was severely reduced for most of 2020. As a result of the restrictions, Units were given time slots and specific days of the week they could receive visits, and visitors were required to email and book for those time slots. A maximum of 5 visits can be facilitated within the visits hall at one time.

7.3.5 The Centre has ensured that anyone telephoning the Centre receives details of the legal and social visits booking information at the start of the main switchboard's recorded message, thus making it an easier process for those whose first language is not English. Email addresses are also spelt out in the message.

7.4. Planning for return or release

7.4.1 Historically, literature offering detainees re-integration information relating to a number of countries has been available through the welfare office. The support is designed to help detainees who may have limited or no experience of the countries to which they are being removed. It is generally offered by NGOs and tends to focus on certain countries such as India, Albania, Pakistan and Poland. Hibiscus, a voluntary service organisation, is one example of an NGO with a major presence in HIRC. Its primary role is to provide detainees with return and resettlement assistance; detailed booklets offering advice on what to expect in 12 key countries are currently on offer. The representatives also offer detainees practical and emotional support throughout their stay in detention.

7.4.2 No 'official' guidance is available for returnees. This lack of formal support as part of the returns process seems a regrettable omission and can lead to anxiety and additional stress for detainees. Relying on NGO support, such as that provided by Hibiscus, is not 100% comprehensive, nor, we have found, particularly well promoted. In the Board's view, a more systematic approach could be taken to providing returnees with information on what they can expect, ideally at the time they receive their removal directions.

7.4.3 There was a moment of irony in 2020 when a detainee came back voluntarily to HIRC and asked to be re-admitted. He had been homeless since being granted bail and felt that the facilities on offer in HIRC were preferable to hostel accommodation he had visited. Staff treated him with great kindness and provided food and warm drinks, but ultimately could only provide him with transport back to a hostel. The Board has expressed concerns throughout the year regarding accommodation for detainees upon release, and will continue to monitor this situation.

8. The work of the IMB

8.1 At the start of the year, Board members carried out their work by making rota visits to the Centre where they were easily identified by detainees who could approach them to ask questions and look for help and support. In addition, there were 11 application boxes throughout the two sites, where detainees could make written applications for support from the Board. These boxes were emptied by Board members at least once a week and all applications followed up on.

8.2 The implementation of the first lockdown had an impact on the board's ability to visit and in line with IMB secretariat advice, visits were stopped for a short period. During this time an 0800 number was set up, as was a Heathrow IRC specific IMB email address. Both of these avenues were clearly marked on the IMB application boxes, but take up of both was low. As soon as advice was amended and we were once again able to visit, we were pleased that we were able to maintain a regular presence in the Centre.

8.3 Issues raised by detainees are dealt with by Board members, either immediately with Centre, Home Office and the Healthcare provider's staff, or by telephone and email. Wherever possible, detainees are kept informed of any developments following a Board member's actions. The top 2 topics for discussion in the year were immigration and healthcare – the same as in 2019.

8.4 Due to the size of the Centre we have separate teams for the Harmondsworth and Colnbrook sites. In 2020 the IMB made 185 visits to the Centre, and on average spent 3 hours per visit. The Board member on duty is alerted to all formal incidents at the Centre by phone, email and / or text message. This is standard practice but was especially important during 2020 in maintaining good contact with the Centre in the times when we were not able to visit in person.

8.5 We dealt with 333 issues directly whilst in the Centre as shown on the chart below. This is significantly down on last year due to the reduced visits, and the greatly reduced number of detainees in the Centre. In addition, we have observed that ex foreign national offenders, who made up to 97% of the population in 2020, are less likely to want to engage with the Board because they a) understood the workings of a custodial environment and b) had more straightforward cases.

8.6 Board members submit a rota report to all interested parties at the end of each visit. This acts as a record of actions taken on behalf of detainees, and enables continuity of support. The next Board member on duty can review the interactions previously undertaken, and follow up on those that are outstanding. We always try and encourage detainees to make use of the official complaints system in addition to talking to us, as this guarantees them a written reply.

8.7 All members attended mandatory online training in 2020 which included Raising Concerns and Preventing Abuse, Monitoring Separation, Adults at Risk, and Mental Health Awareness. Three members also undertook specific training in the new 0800 communication channel. Whilst the number of applications in 2020 has been small compared to 2019 due to detainee numbers, we have been pleased to be able to expand the manner in which detainees can communicate with us.

8.7 We hold a monthly board meeting with Home Office, Mitie Care and Custody (the Contractor) and the healthcare provider once a month. From March onwards this meeting was held remotely, firstly by telephone, and latterly via video conferencing. In this way most attendees were still able to see one another and engage in a meaningful way. At this meeting papers are provided in advance from all parties with observations and issues / questions from the previous month. The Board appreciates the timely sharing of information, and the input and attendance of all parties.

Board statistics

Recommended complement of Board members	18
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	15
Total number of visits to the establishment	185

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year	0800 calls
A	Accommodation including laundry, showers	32	19	3
B	Use of force, removal from association	38	12	0
C	Equality	21	8	1
D	Purposeful activity including education, paid work, training, library, other activities	8	3	0
E 1	Letters, faxes, visits, phones, internet access	70	14	0
E 2	Finance including detainees' centre accounts	1	1	0
F	Food and kitchens	32	9	0
G	Health including physical, mental, social care	184	97	1
H 1	Property within centre	38	6	2
H 2	Property during transfer or in another establishment or location	10	8	0
I	Issues relating to detainees' immigration case, including access to legal advice	311	124	5
J	Staff/detainee conduct, including bullying	49	20	1
K	Escorts	6	3	2
L	Other	37	9	1
	Total number of applications	837	333	16



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