



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

**For reporting year
1 January 2021 – 31 December 2021**

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Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of establishment	5
3. Executive summary	8
Evidence sections 4 – 7	
4. Safety	15
5. Fair and humane treatment	22
6. Health and wellbeing	33
7. Preparation for return or release	40
8. The work of the IMB	44
Applications to the IMB	46

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Introductory sections 1 – 3

1. Statutory role of the IMB

1.1 Statutory role in the IRC

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 2001, the Independent Monitoring Board (IMB or Board) is required to:

- monitor the state of the premises, its administration, the food and the treatment of detained persons
- 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 detained person that causes them concern as it affects that person's continued detention
- visit detained persons who are removed from association, in temporary confinement or subject to special control or restraint
- report on any aspect of a detained person'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 detained person and every part of the IRC and all its records.

1.2 Statutory role in the RSTHF

The Heathrow IRC Independent Monitoring Board is appointed by the Home Secretary to monitor and report on the welfare of people in the Centre, including those detained for short periods of time under Home Office Short-term holding facility (STHF) rules.

The Board conducts its work in line with the Short-Term Holding Facility (STHF) Rules 2018, which place the day to day operations of STHFs on a statutory footing. Part 7 of the Rules sets out the responsibilities of the Independent Monitoring Board (referred to in the Rules as the Visiting Committee). The Board has unrestricted access to every detained person and all immigration detention facilities and to most records. IMB members have access, at all times, to all parts of the facility and can speak to detained persons outside of the hearing of officers. They must consider any

complaint or request which a detained person wishes to make to them and make enquiries into the case of any detained person whose mental or physical health is likely to be injuriously affected by any conditions of detention. The IMB must inform the STHF manager about any matter which they consider requires their attention, and report to the Secretary of State about any matter about which they consider the Home Office needs to be aware.

The Board's duties also include the production of an annual report covering the treatment of detained persons, the state and administration of the facility, as well as providing any advice or suggestions it considers appropriate. This report has been produced to fulfil that obligation.

1.3 OPCAT

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 detained persons 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 located close to Heathrow Airport on the A4 and comprises two separate adjacent sites formally known as Harmondsworth IRC and Colnbrook IRC. HIRC has a total of 965 beds. The Harmondsworth site provides secure accommodation for up to 635 men, whilst the Colnbrook site provides secure accommodation for up to 312 men and 18 women. The total capacity has reduced slightly in the last year as a number of rooms on the Harmondsworth site which were previously designated as triple share are now only used to accommodate a maximum of two men.

2.2 Through the height of the pandemic, in order to minimise risk to detainees, all rooms became single occupancy. This practice was maintained throughout most of 2021, with total capacity throughout the year at approximately 400. The continued impact of the pandemic on daily life in the centre was considerable, as regime times were altered and staggered to ensure different units were kept apart and shared facilities could be deep cleaned before being used again.

2.3 Weekly numbers varied dramatically as in late 2020, two wings in HIRC were designated as a short-term holding facility (STHF) to accommodate (on a twin share basis) the large numbers of men arriving as south coast arrivals (SCAs) by small boats into Dover. The arrival of SCAs largely explained the dramatic increase, almost doubling, of detainees processed and housed at HIRC during 2021; 9,965 detainees up from 5,044 in 2020.

2.4 In 2021, 5,611 SCA men arrived in HIRC, almost 60% of the total population.

2.5 HIRC is operated by Mitie Care & Custody (C&C) with healthcare provided by Central and North West London NHS Foundation Trust (CNWL). There is a single management team across the two HIRC sites and some processes, including Covid testing, visitors' reception and bookings, are managed centrally. All other facilities, including segregation units, healthcare, faith rooms, kitchens, shops, gyms and activities, are replicated on both sites. Both sites have outdoor courtyard areas for team games such as football, basketball or cricket. There is also outdoor seating in each courtyard, and fixed wall lighters for smokers.

2.6 Whilst in the centre, every detainee is loaned a basic mobile phone (with no internet or camera function). Computers with internet access along with video call facilities are available on both sites. All bedrooms have a colour television with UK national channels and a large number of international channels. There is also a centre-wide internal radio channel.

Harmondsworth site:

2.7 The Harmondsworth site has two distinct styles of accommodation. Cedar and Dove are two older hostel-style units usually housing 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. In 2021 both these units were used as STHFs and almost exclusively housed the SCA men.

2.8 Ash, Beech, Gorse and Fir are four 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.

2.9 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 washbasin. There is a shared shower facility in the recreation space outside the room, which also contains a small dining table with a television fixed to the wall. There is a small, secure courtyard for fresh air, smoking and exercise.

2.10 Harmondsworth has the most extensive primary healthcare facilities in the immigration detention estate (IDE). It includes two six-bed inpatient wards, two 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.

2.11 The approach to serving meals differs 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 mealtimes. The room has large communal tables and seats which allow detainees to sit together to eat. In Ash, Beech, Fir and Gorse, meals are brought 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:

2.12 The Colnbrook accommodation in the four main residential units for men 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 10 shower cubicles. Laundry facilities are provided on three of the units, which are shared across all four units. Colnbrook also contains a separate unit of 49 single rooms, which has been used for medical isolation purposes during the pandemic.

2.13 The Sahara unit contains nine twin-bedded rooms, situated on the top floor of the separate reception and visitors' block, and is designated solely as female accommodation. 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 or the shop; women are escorted for these activities at times when these facilities are not being used by the men.

2.14 There is a small care suite which comprises five bedrooms in a quiet and calm environment. The aim of this unit is to care temporarily for those individuals assessed as 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. The facility is provided by the contractor rather than the healthcare provider.

2.15 There is a CSU with 16 single rooms, six each on the ground and first floors, and four on the second floor. These rooms have basic facilities comprising of a bed, toilet and washbasin. These rooms are only designed for very short stays, in line with Detention Centre Rules 40 and 42.

2.16 The healthcare facility resembles a GP clinic and there is no inpatients' capability.

2.17 Detainees collect their food from a central server 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 there is insufficient space to enable all to do so.

3. Executive summary

3.1 Background to the report

3.1.1 Despite the ongoing Covid situation, the Board was able to visit each site every week of the year, with a minimum of one visit per site, and more usually three or four. Detainees made use of alternative means of communicating with the IMB through both the dedicated 0800 number that was set up at the start of the pandemic, and through the IMB central email address. Contact however remained overwhelmingly through face-to-face discussions whilst visiting the centre.

3.1.2 As a result of the pandemic, detainee numbers have remained very low compared to a 'normal' year. Staffing remained at pre-pandemic levels throughout, hence the staff/detainee ratio was high. However, it is worth noting that whilst overall numbers in the centre remained low, the impact of the huge numbers of SCA men arriving from Dover has been enormous and had a detrimental impact on both fellow detainees and staff. The Board was so concerned by the situation that they were compelled to write to the Parliamentary Under-Secretary of State for Justice and Tackling Illegal Migration and Parliamentary Under-Secretary of State for Safe and Legal Migration on 10 November 2021 (see Annex A). A meeting was quickly convened between the Chair and senior Home Office officials to consider the letter, and a formal response was received from Tom Pursglove MP, Minister for Justice and Tackling Illegal Migration on January 12 2022.

3.1.3 The use of Harmondsworth to house a large SCA population meant that in reality, the Board was monitoring two unique establishments – the existing IRC and the new STHF. These two establishments housed very different populations and presented the Board with vastly different issues and challenges. Throughout this report we have presented HIRC as a whole but have tried to pull out the intricacies of the two sides of the centre in 2021.

3.2 Main judgements

How safe is the IRC?

The Board concludes that the centre is generally safe. However, there were undoubtedly areas of concern, some longstanding, some new, that impacted the overall environment of the centre during 2021.

3.2.1. In our view, the situation with respect to the arrival and management of SCAs in the STHF area severely compromised safety for the SCA men, for existing detainees and for staff. Overcrowding on arrival and truncated health assessments were particularly evident and created unacceptable pressures. The Board raised our concerns with the minister in November 2021 but was generally disappointed by the response.

3.2.2 We remain concerned that people who are mentally unfit for detention are still being detained. Furthermore, for some detainees, the IMB feels that failings of the detention engagement team (DET) to engage effectively may have contributed to feelings of frustration and powerlessness, potentially leading to incidents of self-harm. Whilst there was a welcome reduction in acts of self-harm in 2021, down from 220 in 2020 to 104, any incident is one too many. We do not believe that the

immigration detention estate (IDE) should be expected to take responsibility for those who are mentally or physically unfit for detention.

3.2.3 The success of reverse cohorting in keeping Covid at bay tended to fluctuate through the year, much like in the wider community. The Omicron variant in particular significantly impacted the centre in November and December. The Board commends the contractor for their efforts at managing the virus during challenging times.

How fairly and humanely are detainees treated?

The Board concludes that there were a number of areas and numerous circumstances in which we consider that detainees were not treated fairly. These are set out in detail in section 5 below.

3.2.4 The ongoing lack of engagement by DET remains one of our biggest concerns. The Board considers that the lack of face-to-face, or even, in many cases, basic telephone assistance is unfair.

3.2.5 The situations described later in this report relating to the use of the domestic visits hall on the arrival of significant numbers of SCA were neither fair nor humane.

3.2.6 The Board continues to observe detainees arriving at the centre with severe mental health issues, often exacerbated by overly-long periods of detention. We suggest that, as last year, this highlights shortcomings with the detention gatekeeping process.

3.2.7 The Board is concerned about the number of detainees recognised as particularly vulnerable to harm in detention and placed on the adults at risk (AAR) register, specifically those at level 3 (the highest level), who remain in detention for prolonged periods of time with no imminent chance of removal. We do not believe that their lengthy detention is fair.

3.2.8 The repeated use of the CSU to house detainees with severe mental health conditions for prolonged periods of time is not fair.

3.2.9 The Board observed many occasions where detainees were treated fairly and humanely, particularly by the contractor's staff under immense pressure in the STHF units.

3.2.10 The Board once again commends all those involved in maintaining a good provision of services through the lockdowns of 2021. In many cases, the services kept open were better than those available in the community.

3.2.11 The Board remains impressed by the behaviour, professionalism and care displayed by officers in the CSUs.

How well are detainees' health and wellbeing needs met?

The Board concludes that in general, detainees health and wellbeing needs are being met. However, as in 2020, we firmly believe that the needs of detainees with severe mental health needs are *not* being met, and that they should not be held in the centre.

3.2.12 The Board repeats once more that we do not believe that the IDE is an appropriate place to house people with severe mental illness.

3.2.13 The Board welcomes the ongoing good provision of primary healthcare during the pandemic.

3.2.14 The Board observed that a number of wellbeing initiatives were put on hold as staff were moved at short notice to manage the influx of SCAs.

3.2.15 The Board is pleased to observe that complaints about healthcare have declined as a percentage of the total over the previous year.

How well are detainees prepared for return or release?

The Board concludes that detainees were generally well prepared for return or release. The exceptions mainly relate to lack of communication when removal plans changed.

3.2.16 Covid restrictions relating to the removal of detainees by the UK authorities, as well as the willingness of recipient countries to accept detainees, continued to frustrate returns during 2021. The Board accepts that many incidents, such as late cancellations, were to a certain extent unavoidable. However, we feel that more effort could have been made by DET to explain these challenges to detainees, thereby managing their expectations regarding their chances of removal.

3.2.17 The Board repeats its concern from previous years that too many detainees are held for unacceptably long periods of time with no chance of imminent removal. Although fewer detainees were held for extended periods in 2021, there are still too many, with the worst example being 815 days.

3.2.18 The Board observed little progress in 2021 with the time taken to find suitable bail accommodation for detainees once bail had been granted in principle. In a number of cases the Board observed an apparent lack of constructive communication between the Home Office and Probation Service, leading to extended periods of time for time served foreign national offenders (TSFNO) detainees within the IDE.

3.2.19 The Board commends the contractor for the range of training and educational facilities which were maintained throughout the reporting period. Whilst uptake was at times limited, we observe this was generally due to the challenges introduced by Covid, the phasing of access to activities and, in the case of Colnbrook, the limited periods of time spent on the site before transfer to Harmondsworth (or removal).

3.3 Recommendations

TO THE MINISTER

3.3.1 Repeated from 2020 due to observations remaining unchanged in 2021: The policy which results in people with severe mental health issues being held in IRCs should be reviewed. Despite the introduction of a new Detention Service Order (DSO) published in June 2020 on 'mental vulnerability and immigration detention', the Board feels that further action is necessary as the problem remains.

3.3.2 Repeated from 2020 due to observations remaining unchanged in 2021: Much more needs to be done to remove TSFNOs on completion of time served, rather than moving them to the IDE before making arrangements for their removal. Despite a new operating model being introduced by the Ministry of Justice in 2021, the Board still observed too many TSFNOs entering HIRC to begin their immigration detention.

3.3.3 Given ongoing recruitment challenges faced by the DET, consideration should be given to using alternative resources, such as the contractor, to provide some services currently the responsibility of DET but which they appear unable to deliver.

TO HOME OFFICE IMMIGRATION ENFORCEMENT

3.3.4 DET should immediately restore face-to-face contact by the engagement officers and systematically track its occurrence.

3.3.5 The Home Office should not routinely allow telephone conversations as a substitute for face-to-face engagement with detainees, and should hold frequent, well-advertised surgeries in both Harmondsworth and Colnbrook to provide additional interaction with detainees.

3.3.6 The Home Office must find ways to stop using the CSU as a way of managing vulnerable detainees with mental health issues.

3.3.7 DET needs to review the process for providing mobile phone numbers for engagement officers to ensure detainees are guaranteed access to a human being.

3.3.8 The Home Office should consider ways of improving the multi-disciplinary team (MDT) reviews in the CSU in order not to 'overcrowd' or overwhelm detainees.

3.3.9 The Home Office should fund a complete overhaul of the heating and ventilation system on both sites.

3.3.10 The Home Office should fund a complete replacement of the core lift in Harmondsworth – vital for enabling detainees with mobility issues to access healthcare.

TO THE DIRECTOR/CENTRE MANAGER

3.3.10 C&C should more proactively market the availability of the comprehensive educational activities via the use of direct text messaging to detainees and other tools.

3.3.11 C&C should consider working more closely with the healthcare provider to maximise the value of the care suite for respite care for vulnerable detainees.

3.3.12 C&C should review the translator service from thebigword to one which enables access to a wider pool of translators.

3.3.13 C&C should be more nimble regarding food selection to accommodate the varying detainee population, and better anticipate changing legislation on food safety (eg: Natasha's Law). To help detainees with limited command of the English

language, menus should always be provided with explanatory photos, reflecting the choice available each week.

TO THE HEALTHCARE PROVIDER

3.3.14 The healthcare manager's efforts to achieve full staffing should continue to be supported, especially in the area of mental health, which is seriously understaffed.

3.3.15 The healthcare provider should continue to review how they communicate with detainees, especially in relation to the role of the person they are seeing, and the associated benefits – for example, promoting the benefits of seeing a nurse. The Board observes that many detainees do not attend a medical appointment they have booked, as they are unsure about seeing a nurse instead of a doctor.

3.3.16 The healthcare provider should review the high level of ambulance call outs given they have a 24/7 fully-serviced medical suite on site.

3.4 Progress since the last report

3.4.1 Our last report was published on 9 June 2021 and a response was received from the Minister on 25 June. The Board welcomed the swift review and response.

3.4.2 The Board is disappointed that despite the introduction of a new DSO on the matter, further progress has not been made in relation to the detention of people with severe mental health issues. The same is true of the efforts to remove TSFNOs at the end of their sentences. Both these issues were raised in 2020 and are repeated here.

The table below sets out the recommendations from our 2020 report and progress on each.

To the Home Office:

Issue / concern	Response	Progress
The policy which results in people with severe mental health issues being held in IRCs should be reviewed.	Partially accepted	A new DSO on 'mental vulnerability and immigration detention' was published in June 2020. However, the issue remains ongoing.
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.	Accepted	A new operating model was introduced with the Ministry of Justice but paused during lockdowns. The issue remains ongoing.
Consideration should be given to making and maintaining greater	Partially accepted	No further incidents noted during 2021.

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.		
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.	Accepted	No visible improvement during the year – this remains a major concern.
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.	Accepted	Failures in the process still observed as people with severe mental health issues continue to be detained.
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.	Accepted	The issue remains and little appears to have been done in this regard.
The Home Office should support the Contractor in achieving the cooperation of the Police in responding to incidents in a timelier manner.	Accepted	Fewer instances this year.
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.	Partially accepted	Fewer incidents this year.

To Mitie Care and Custody:

Fire drills should be reinstated.	Not accepted	Two were conducted this year in line with government guidelines.
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	Not accepted	No further action taken.

definition of being 'in crisis'.		
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.	Accepted	There has been good progress here. Detained individual consultative committee meetings (DCC) returned to Harmondsworth; Colnbrook set to resume in early 2022.
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. The Board would support the Centre Manager in requesting continued funding from the Home Office to enable this.	Accepted	A business case has been presented to the Home Office in this regard.

To Central and North West London NHS Foundation Trust:

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.	Accepted	Good progress made with auditing and reporting.
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.	Accepted	Still significant gaps in important roles.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 Early on during the pandemic (March 2020), reverse cohorting was introduced across the site. It continued throughout 2021. In simple terms, reverse cohorting is the process of keeping separate a group of new arrivals and providing them separate accommodation and services from the existing population for a specified period. The aim was to ensure no inadvertent transfer of Covid-19 from outside the centre to the existing population. To provide additional safety and security this was done entirely on the Colnbrook site for HIRC. A period of separation of two weeks was maintained at Colnbrook, after which any detainees who were still resident were moved to Harmondsworth. By year end, reverse cohorting remained in place; however, the policy of single room occupancy in both Harmondsworth and Colnbrook (introduced as a Covid risk reduction measure) had been stopped and double occupancy was reinstated across both sites.

4.1.2 We note that the success of reverse cohorting in keeping Covid at bay tended to fluctuate through the year, much like in the wider community. The Omicron variant, in particular, impacted the centre in November and December. There were 70 positive Covid cases amongst detainees in 2021, and 145 amongst staff. The Covid rate amongst the contractor's staff is obviously regrettable and we commend the contractor for their continued efforts at fulfilling their service obligations throughout a challenging year. At an operational level this led to a number of units being put into isolation, resulting in reduced access to activities.

4.1.3 On arrival at the centre, detainees' needs are assessed by both the contractor and the healthcare provider. The screening provided by the healthcare provider is described in 6.1.2.

4.1.4 The approach to the care and management of detainees who are at risk of self-harm and/or suicide is set out in DSO 6/2008 entitled 'Assessment, Care in Detention and Teamwork' (ACDT). Detainees who are identified as such have individual ACDT care plans in which their state of mind, care and supervision must be regularly recorded. Anyone on an open ACDT or previously assessed as an AAR level 3 is seen by one of the contractor's safer community officers on or soon after arrival. 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 that, as a result, vulnerable adult care plans (VACP) are put in place where needed.

4.1.5 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.

4.1.6 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 provided by the contractor's staff covering everyday life and services, and the

'Home Office induction' detailing ways in which the detainee can find out more about the progress of their immigration case.

4.1.7 During 2021, the contractor's induction process was managed by the welfare team and comprised face-to-face meetings with new detainees on their units, using translated slide decks as guides. This replaced the pre-Covid practice of foreign language videos viewed in the internet room, but was supplemented by the introduction in 2020 of 10 virtual reality (VR) headsets which take detainees on a virtual tour of the centre in a language of their choosing. During 2021 every new arrival was offered the headsets. Anecdotal feedback remains positive; however, the contractor's system didn't easily log the number of detainees who actually took up the offer of the headsets. This will be addressed in 2022, allowing the IMB to track their impact more specifically.

4.1.8 Detainees are also given a 'How Do I?' leaflet by the contractor on arrival, which is available in a multitude of languages. This details information which detainees will need to know about life within the centre, including general topics (food, health, bedding etc.), legal (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.). The Board would welcome a renewed focus here on the many positive activities available, including the cultural kitchen and education, which we believe are not fully understood by detainees.

4.1.9 The Home Office induction, which is the responsibility of the DET, covers ways in which the detainee can make contact with their engagement officer (EO) and find out more about the progress of their immigration case. As part of this process detainees are given a card with the name and mobile number of their EO, 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. The Board would welcome a photo of the DET EO on the card to help familiarise detainees with the person responsible for their case.

4.1.10 Since March 2020, the vast majority of DET induction interviews have 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 interactions have taken place. The decisions seem to be 'ad hoc' depending on the other tasks needing attention and the number of DET officers on site.

4.1.11 The Board raised concerns in both 2019 and 2020 about the effectiveness of the DET induction process and ongoing engagement, including the provision of bad news over the phone rather than in person and associated links with incidents of self-harm. These concerns remain and increased significantly during 2021.

4.1.12 In 2020, a revised person escort record (PER) document, which accompanies detainees on arrival to the centre, was introduced. It now includes a section for medical and social care issues, an integrated self-harm/at risk segment and a 'red flag page' where issues highlighted during the current movement are documented. 2021 saw the revised PER further embedded, and while elements of it are not always completed as thoroughly as the Board might like, its continued use is an improvement to the reception process.

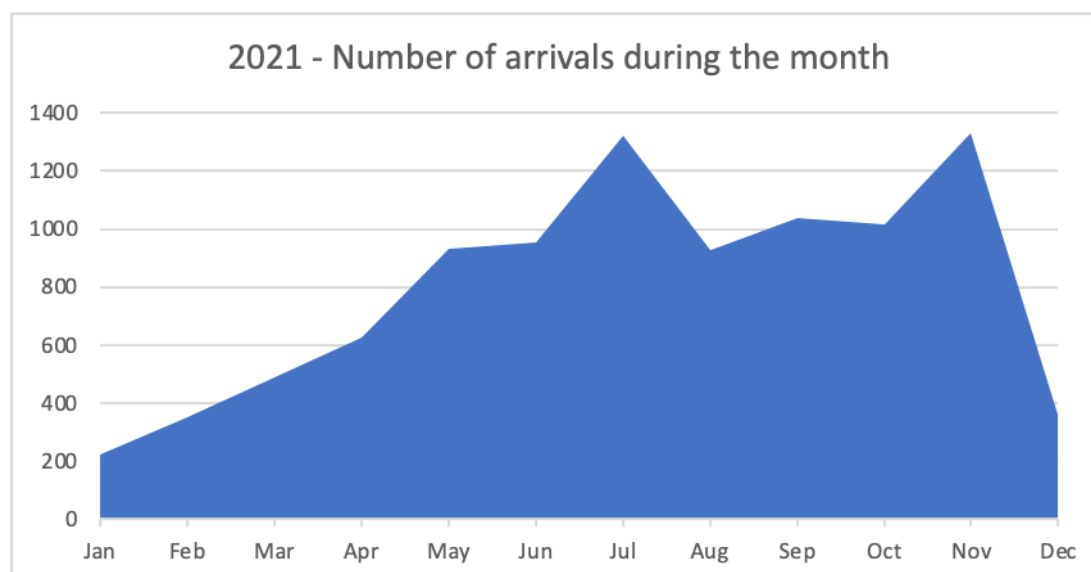
4.1.13 A change in Covid restrictions allowed for two fire drills in 2021, compared with none in 2020. No problems were registered.

4.1.14 Any review of the reception and induction processes in play in HIRC during 2021 needs to reflect the impact that its designation as a STHF, tasked with processing SCAs, had on centre staff and the centre more generally, as well as on the welfare of actual SCAs.

4.1.15 During the second half of 2021, 5,611 SCA men arrived at HIRC. Expectations were impossible to manage as the men had not been told in Dover where they were going or how long for. Whilst notice was provided via email and telephone updates, arrival times were often very delayed due to transportation and other issues in Kent, meaning the contractor was unable to adequately plan for their arrival. The result was often inappropriate accommodation, poor provision of food, inadequate mental health assessments, overstretched staff and the withdrawal of visiting facilities for existing HIRC detainees. The Board wrote to the Minister for Justice and Tackling Illegal Migration on 10 November 2021 to share our significant concerns about the impact of these issues on the general safety of centre. We were disappointed by the minister's response, which we received on 12 January, as it generally failed to address our concerns. However, we note that since we wrote to the minister, the domestic visits hall (as described in 5.2.4) has not been used for processing SCAs.

4.1.16 A review of the incoming numbers for 2021 versus 2020 highlights the impact of the SCAs. Pre-Covid, the average number entering HIRC was 998 per month. During Covid (without SCA) the centre was accepting on average 408 detainees per month. During the worst periods described above in 4.1.15, 1,074 people were arriving per month, the vast majority into two units within the centre. This is demonstrated in Figure 1 below. In total, 9,965 people entered HIRC in 2021, up from 5,044 in 2020.

Figure 1:



4.2 Suicide and self-harm, deaths in custody

4.2.1 A total of 468 ACDTs were opened throughout the year, down from 589 in 2020, which was indicative of the reduction in detainee numbers in total. It represented 13.4% of the population throughout the year, down marginally from 14.3% in 2020.

4.2.2 There were 104 acts of self-harm during 2021, down from 220 in 2020. In 2021, the incidents involved 58 detainees, many of whom self-harmed on multiple occasions. Six of these incidents 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.

4.3 Violence and violence reduction

4.3.1 In 2021, there were 68 instances of violence in HIRC. Of these, 47 were detainee on detainee, and 21 were detainee on staff, of which 16 were judged as 'serious'. This represents a marginal but nevertheless welcome decrease on 2020, when there were 62 instances of violence between s and 18 assaults of varying severity on staff.

4.3.2 We continue to 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 effective communication skills (when the detainee is agitated and threatening harm to themselves or others) has been observed on numerous occasions to be a powerful and successful tool.

4.3.3 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 communities manager with the safer community meeting taking place monthly. This is supported by the anti-bullying strategy which is also reviewed annually.

4.3.4 Detainees' verbal and written complaints to the IMB about staff behaviour, including bullying, represented 3% of total complaints made throughout the year. While any incident is unacceptable, we do not judge 3% as excessive. On the whole they related 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 during the pandemic, not being able to visit a friend in another unit or being reprimanded for smoking indoors.

4.3.5 Detainees are also able to raise complaints, including those relating to bullying by staff, through a Home Office DCF9 form. There were 200 DCF9 Forms submitted during 2021, only three of which related to minor misconduct/racism/bullying on the part of staff, of which none were substantiated.

4.3.6 A reportable incident is defined by the Home Office and relates to incidents about which the contractor is contractually obliged to inform the Home Office and other agencies (including the IMB). Examples of incident reports (IRs) include cases of self-harm, emergency hospital transfers, food protests and unlocked doors. There were 1,987 IRs in 2021 compared with 1,669 in 2020. Security information reports (SIRs) relate to the general security and safety of the centre. They may be an official incident but could also be an observation, feeling or anything that a person feels the contractor needs to be aware of. In that respect they provide a useful sense check of

the centre's environment. There were 1,171 SIRs raised in 2021 compared with 1,073 in 2020. These IR and SIR figures seem commendable given the almost two-fold increase in detainees during 2021.

4.4 Detainees with specific vulnerabilities, 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. However, we continue to maintain, as in the past three years, that detention is inappropriate for people with significant mental health issues unless there is a real prospect of imminent removal to a country where mental health support is available.

4.4.2 The Home Office's introduction of detention gatekeepers has arguably contributed to a reduction in the overall number of people being transferred out of the centre to mental health facilities; there was only one in 2021. There were 2,825 mental health referrals in 2021, many of which related to individual detainees being referred multiple times. Of these, 193 detainees were accepted onto the mental health nurse caseload.

4.4.3 However, despite the introduction of Home Office guidance and the best efforts of officers who are not specially trained 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. We do not believe that the IDE should be expected to take responsibility for those who are mentally or physically unfit for detention.

4.4.4 The care suite in Colnbrook is managed by the contractor, not by the healthcare provider. It 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. In 2021 it was used 15 times; on each occasion the was placed on ACDT, a Home Office self-harm reduction strategy which gives appropriate care and support to detainees identified to be at risk of self-harm. Examples of trigger situations included family bereavement.

4.4.5 The Board appreciates that the care suite is not intended to house detainees with mental health issues; it is there to support detainees in crisis. However, the positive impact of the facility on detainee behaviour and ongoing challenges relating to the detention of men with mental health issues is such that we would support its more flexible use in a broader range of situations.

Case study #1:

Mr A arrived at HIRC in October 2021 and was immediately housed in the CSU in a bid to manage his aggressive and challenging behaviour. Different Board members visited him on a number of occasions, finding him in various states of agitation and vulnerability, against a backdrop of numerous threats and (attempted) self-harm incidents. He conducted several "dirty protests" while in the CSU, was abusive towards a number of DCOs and expressed a strong desire to go to hospital. Multiple assessments by the mental health team finally resulted in an effective medication regimen, which helped to calm Mr A down. He secured a referral to a mental health hospital in November (which was cancelled) and then again in mid-December. He finally moved at the end of the month.

- *The Board questions the process that led to Mr A's detention and the decision not to house him in the care suite. He was clearly suffering from mental health problems which his time in the CSU did little to alleviate. Indeed at times, despite the best efforts of the contractor's staff, it would be fair to suggest it actively aggravated it.*

4.4.6 The approach to ensure that particularly vulnerable detainees are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention is set out in DSO 09/2016 under rule 35. Many detainees in HIRC present a case for rule 35; specifically, that their health could be injuriously affected by continued detention, a suspicion that they have suicidal tendencies, or concern that a detainee may have been a victim of torture. In 2021 there were 1,385 rule 35 applications in HIRC. (See also 6.1.5.)

4.4.7 Sixty-six detainees with a disability of some kind had VAC plans raised in 2021 and related personal emergency evacuation plans (PEEPS) put in place. The disabilities included a range of physical, hearing, or sight impairments, or else a disability linked with an ongoing or temporary health issue, including mental health. Disabilities are identified through a variety of means such as interviews with the detainee, medical screening on arrival, previous history, medical notes and movement orders. All those identified with a disability are visited by specialist officers and assessed for additional support, as required. This ranged from specialist bedrooms, to wheelchairs, assistance moving around the centre etc.

Case study #2:

Mr. B, who was an amputee, arrived in HIRC in 2021. He was given a disabled room on the ground floor with wet room facilities. He struggled with moving around the centre and, as a smoker, found it difficult to get outside to smoke, resulting in him often smoking in his room, against centre rules. He had frequent need to visit healthcare, which being situated on the upper two floors of the centre, serviced by an unreliable lift, often proved challenging for him. He remained in detention for seven months.

- *The Board questions the need to maintain long periods of detention for people with significant physical disabilities such as loss of limb.*

4.4.8 In reviewing the contractor's monthly reports and in speaking with officers, the Board has noticed a continual shift towards a centre more focused on detainees' needs and sensitivities. This is evident in the provision of stress-reducing activities through the regime's programmes and flexibility around access to activities, even during periods of quarantine and isolation. We commend the contractor for these efforts, which despite some of the examples herein, we believe had a positive impact on the atmosphere across the centre.

4.5 Use of force

4.5.1 The term 'use of force' describes an incident requiring the contractor's staff to physically assist a detainee – this ranges from using a guiding hand to accompany a detainee, to handcuffs or body restraints to control movement. Use of force was required 122 times in 2021, down from 149 in 2020. This was consistent throughout

the year regardless of detainee numbers, at approximately 5% of the population at any one point.

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 2021 were almost entirely in line with their representation as a percentage of the centre's population.

4.5.3 The command suite was opened six times in 2021 (the same as 2020). Of these, the majority were linked with either incidents at height or concerted indiscipline. The suite was open for, on average, one hour 45 minutes each time. All incidents were resolved peacefully locally without the involvement of national teams. IMB members are always alerted when the suite is opened and attend in line with the Board's incident management monitoring contingency plan. Our observations of those incidents we attended were that they were well managed.

4.6 Substance misuse

4.6.1 40 postal items were identified in 2021 with the itemiser (an identifying machine) as being positive for drugs, typically Spice. This compares with 48 positive results in 2020. This apparent reduction is welcome; however, as there were 30 incident reports and serious incident reports categorized as 'drugs' or 'drugs finds' during 2021, our working assumption remains that drugs (specifically Spice) still make their way in. It therefore remains a serious issue that we will continue to monitor.

4.6.2 Drug detection dogs are used throughout the centre on a regular basis, with four visits in 2021. More generally, 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. During 2021, 96.7% of eligible staff were trained on conducting searches under restraint, while 83.2% were subjected to a general security refresher.

5. Fair and humane treatment

5.1 Escort, transfer and transport

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

5.1.2 Detainee movements between Colnbrook and Harmondsworth as part of the reverse cohorting process (see section 4.1) generally occur after breakfast and after lunch, with the transfer of detainees outside of HIRC to other IRCs dictated by DEPMU and ES. Transfers take place using ES vehicles and a combination of ES and HIRC staff where appropriate. We are not aware of any particular concerns regarding these internal movements.

5.1.3 The increased number of SCA arrivals and departures from the spring of 2021 onwards led, initially, to a number of incidents where SCAs were released late in the evening for onward travel to their destination. The problem was discussed with all relevant parties during a Board meeting, where we were assured that every effort was being made to mitigate the issue, which was causing distress to vulnerable SCAs who would arrive at their destinations in the middle of the night. As far as we are aware, this problem has now been resolved, with the majority of SCAs leaving HIRC during the day by taxi.

5.1.4 With the increase in population numbers during 2021 came an increase in the numbers of emergency hospital appointments (up from 86 to 116 in 2021). The majority, on both sites, took place between June and October with 33 visits (66% of the total) on the Colnbrook site and 42 (67% of the total) on the Harmondsworth site. Routine hospital visits numbers fell again in 2021 (to 126 appointments in all) reflecting the delays and waiting list increases generally in the community resulting from the Covid pandemic. ES staff used handcuffs on 81% of external movements to hospital appointments.

5.1.5 The IMB's charter flight monitoring team (CFMT) monitors and reports on the conditions and treatment of immigration detainees removed from the UK on charter flights. Its remit begins when the detainee is transferred to the custody of overseas escorts in the IRC and ends at the point of handover to local officials at the receiving destination. It produces its own separate report, which details considerations regarding escorts, transfers and transport.

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. Covid restrictions, together with relatively low numbers of those in longer-term detention, meant that rooms remained single occupancy throughout most of 2021.

5.2.2 There is very limited recreational space for relaxing or mixing with others in the units, other than within the individual bedrooms; this is especially the case in Cedar

and Dove units in Harmondsworth, which were used throughout most of 2021 as an STHF for SCAs.

5.2.3 The designation of Cedar and Dove units as a STHF led initially to some very challenging situations, occasioned by detainees arriving in the centre with the wrong paperwork and an induction process hampered by Covid restrictions (see further information in section 4 above). On one occasion, following the arrival of 53 men without paperwork, a significant number had to sleep in coaches in the car park, with food and drink brought out to them as the processing took so long. The contractor reacted quickly, creating a 'super-reception' process in the domestic visits hall (DVH), to speed up induction and provide better facilities for arrivals.

5.2.4 During the summer months, in particular, the unprecedented numbers of SCAs led to a great deal of pressure on centre accommodation resources, culminating in five separate occasions on which the DVH was used as a makeshift dormitory. In total, the DVH was used for periods of up to nine days on three separate occasions during August, September and October. On one such occasion, 30 SCAs spent two days sleeping on mats on the floor in the DVH. During this time, they were unable to have a shower, had limited ability to wash and clean their teeth, had the use of only two toilets, and had limited access to a very small exercise area. On 22 November, we reported that 74 SCAs had spent time being accommodated in the DVH, some of whom had been there for three days.

5.2.5 As mentioned in 4.1.15 above, the Board felt so strongly about the use of the DVH to house SCA, which clearly also had an adverse impact on residents on longer detention whose family members could not visit them, that on 10 November we wrote to the Minister for Justice and Tackling Illegal Immigration to express our concerns regarding their treatment. Whilst we were disappointed by the minister's response, which we felt had failed to address our issues, we were pleased to see that after our letter, the DVH was returned to the use to which it was intended.

5.2.6 The surge in numbers in the STHF units also had an impact on the provision to the SCAs of staples such as toothbrushes, toothpaste, shampoo and towels, as well as cleanliness in these units. During rota visits, we found that the actions of some men, such as defecating on floors, using hand towels to block sinks and drains, and graffitiing bedroom walls, led to unacceptable levels of dirt, lack of cleanliness and poor hygiene, as full-time cleaning teams were unable to keep up with the situation. In addition, we saw stained sheets, dirty mattresses, filthy toilets and damaged communal showers. Cedar also suffered from poor ventilation, resulting in a strong damp smell.

5.2.7 Despite the ban on smoking within rooms and units throughout the centre, evidence of scorch marks on corridors is particularly present in the STHF.

5.2.8 Cleanliness in the units not designated as STHF is generally of a reasonable standard. A lockup in the middle of the day provides a useful opportunity for cleaning. Many detainee workers take great pride in keeping their units clean and tidy.

5.2.9 Damage to washing machines and microwaves remains frequent, with machines remaining unfixed for long periods of time. We continue to urge the contractor to ensure that repairs are undertaken with all possible speed as numbers of detainees grow.

5.2.10 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 detainees' own property delivered through a property request.

5.2.11 During the course of 2021, issues relating to heating and ventilation remained to the fore, with different units experiencing problems with temperatures in rooms and communal areas. In June 2021, the Board received a petition signed by 51 detainees, a large percentage of the population at that time, to complain about the poor ventilation. Despite recent repairs, rooms in one unit were either uncomfortably hot or cold for the first few months of the year. Detainees complained to the Board about not being able to sleep or rest, and the issue was brought up with the contractor and the Home Office on a number of occasions. 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. Based on our continued observations, we reiterate that we believe that a major investment is required to resolve the issue.

5.2.12 Although Board members are aware of a few bed bug incidents, 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.

5.2.13 Detainees can request access to their own clothing, which is kept in the secure property area. 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).

5.2.14 The Board regularly tastes the meals served to detainees. Generally, we have found the food and the temperature it is served at to be adequate, and the portions generous. The multicultural, ethnically diverse and changing nature of the population makes it difficult to cater to all tastes, but efforts are made by catering staff to offer the best they can. Many special diets are catered for, and celebratory meals provided for occasions such as Christmas and Eid. For Ramadan, fasting detainees provide weekly feedback and requests are taken on board to ensure that dietary needs are met. The cultural kitchens, where detainees can cook their own meals, are popular and we were pleased to see many detainees sampling food (curries, kebabs, soups, waffles, ice-cream, pasteis de nata) prepared for special food events throughout the year.

5.2.15 During the course of the year, the Home Office took soundings regarding food choice, and a menu tasting took place in June in Harmondsworth, to which Board members were invited. In addition, Detainee consultative committees (DCC) meetings, where detainees can make suggestions about menu choices and ingredients, took place 21 times in 2021 in Harmondsworth. Menus are reviewed on a seasonal basis.

5.2.16 Detainees are usually 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 and isolation periods 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. Board members observed this many times and were constantly impressed by the attitude of staff.

5.2.17 Food does, however, remain the source of a small, but vociferous, number of verbal and written complaints to members of the Board. It also came up on nine separate occasions during DCC meetings. In addition, there were a couple of petitions signed by a number of detainees (one by 22 and one by 64) complaining about the range and quality of the food, both of which suggested that the food was making people unwell. One complaint related to the withdrawal of baguettes and buns to await the provision of new food labelling following the enactment of Natasha's Law. We asked why this had not been anticipated. During the course of the year the menus unfortunately ceased including photos of food, thus making it more difficult for detainees whose first language is not English to understand what was being offered. As noted above, we accept that the changing nature of the population in the centre makes it difficult to cater to all tastes, but we would urge the contractor to redouble efforts to deal with some of the issues raised regarding the provision of food.

5.2.18 The largest number of complaints to the IMB regarding food provision comes from the Albanian population in the centre. The Albanian cohort was the largest for 11 months in 2021, and they appear to have specific food preferences. The Board recognises the challenges caused by this, as the preferences appear to be in direct contrast to the remaining population. The Board often recommends that detainees approach staff to join the DCC or take advantage of the cultural kitchen where individual menus can be created.

5.3 Separation

5.3.1 Rules 40 and 42 (of the Detention Centre Rules) allow removal from association for detainees to the CSU if their behaviour is considered to be a threat to the safety and wellbeing of themselves or others. The rules are supplemented by Detention Services Order (DSO) 02/2017, which specifies, amongst other things, that the use of rule 40 and 42 accommodation must be necessary; used as a measure of last resort; justified and proportionate to the risk presented; for the minimum time necessary in all circumstances; and that detained individuals should be supported to move back into normal association as soon as possible.

DSO 02/2017 also makes it clear that particular care is needed to ensure that rules 40 and 42 are used for the shortest time possible and only as a last resort for individuals presenting with mental health problems – not as a means of managing these individuals.

In 2021, rule 40 was implemented 181 times, and rule 42 14 times. On 64 occasions, detainees were removed to the CSU using control and restraint.

5.3.2 In general, we have no significant concerns regarding the reasons used to initially implement rule 40 or rule 42. We are informed promptly about detainees being moved to the 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.

5.3.3 Most detainees are in the CSU for a limited period of no more than 24 hours, with some remaining for up to three days up to a maximum of 14 days. Any increase to this period must be signed off by senior Home Office officials. During the course of 2021, however, a number of vulnerable detainees (those deemed as AAR and some with severe mental health problems) remained housed in the CSUs for periods well in excess of a number of weeks. In all cases, these vulnerable detainees were housed repeatedly in the CSU. In at least one case this included a detained individual on “dirty protest”, sharing the six-room unit with another vulnerable detainee. We repeatedly questioned the use of segregation for detainees exhibiting behaviour which appeared to be rooted in ongoing mental health issues. As we have noted repeatedly over many years in our annual reports, we do not consider HIRC to be a suitable residence for individuals with severe mental health problems.

5.3.4 Where a detainee was removed to the CSU following a serious assault on staff, the lack of any police involvement also led on a number of occasions to prolonged periods of accommodation in the separation unit. We were very concerned about a repeated failure by all the agencies of state to rise to the challenge of managing individuals who are both vulnerable and potentially dangerous.

Case study #3:

Mr C arrived at HIRC in the autumn of 2020. From the outset, significant concerns were raised as to his mental wellbeing, with frequent referrals to the mental health team by members of staff. In numerous interactions with members of the Board, he appeared extremely disorientated and confused. Board members raised repeated concerns as to his wellbeing. Some months into his detention, following an assault on staff, he was transferred to the CSU and there he remained (with very short periods during which he returned to the wing) until accommodation was finally found for him in the community. A vulnerable adult with a mental health condition, he had spent over five weeks in the CSU. Although efforts were made to find Mr C appropriate accommodation elsewhere within the centre, no suitable alternative accommodation was found.

- The Board considered that the CSU was used as a means to manage an individual presenting with mental health problems for an entirely inappropriate length of time.*

We understand the challenges faced by HIRC in ensuring the safety and wellbeing of the detainees themselves and others, but we cannot overemphasise that we consider that the use of the CSU for prolonged periods of time can never be justified.

5.3.5 The nature of CSU accommodation is described in 2.9 and 2.15 above. As noted, it is very basic and only designed for short stays, in accordance with the Detention Centre Rules. Although reasonably well maintained and clean, there is very limited communal space and the atmosphere is austere. Expenditure on a proposed mural, which might have given the CSU in Harmondsworth a less bleak and dispiriting air, was rejected. Members of the Board did note that detainees

housed for periods in excess of 14 days benefited from access to the centre's activities, including use of the gym, library and other facilities.

5.3.6 MDT reviews take place as required under the Detention Centre Rules. Board members are invited to attend if they are present in the centre. The numbers at such reviews, which may include, as a minimum, the duty manager, CSU staff, HO compliance team staff, and at least one healthcare representative, can, at times, appear overwhelming for detainees, particularly when English is not their first language. The Board expressed its concern on a number of occasions, requesting that an alternative approach be attempted to ensure that detainees did not feel that they were crowded by officialdom and felt unable to discuss their concerns effectively.

5.3.7 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 in the CSU 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.

5.3.8 The Board was particularly pleased to see Poppy, the emotional support and Pets as Therapy (PAT) dog (who was introduced to the centre in September), being taken to see residents in the CSU. Her impact has been especially noticed in helping detainees express themselves, with a number feeling happy to share their feelings when petting Poppy, which in turn allows staff to offer better engagement and support. Members have often observed detainees who are in a state of anger or distress visibly calm down in the presence of the dog, who they are able to stroke, pick up and play with. The IMB celebrates the introduction of Poppy and would welcome any extension of this programme.

5.4 Staff/detainee relationships

5.4.1 Our observation is that the relationship between staff and detainees is generally good. However, over the year we did see an increase in the number of complaints made to the Board about staff behaviour, citing incidents of lack of respect and sensitivity. The staff themselves reported frustration at being moved about frequently, which did not allow them the opportunity to get to know detainees on a particular unit.

5.4.2 The strain on human resources resulting from the ever-increasing numbers in the STHF units was particularly marked, with staff shortages resulting from sickness or Covid regulations contributing to a very overworked atmosphere. The Board was impressed by the caring and calm behaviour of the staff in Cedar and Dove, who did everything in their power to provide answers, directions and assistance to those in their charge under considerable time and other pressures for much of the year.

5.4.3 As mentioned in Section 4.3.1 above, assaults or physical altercations with staff are thankfully infrequent.

5.4.4 The staff is very diverse, and officers take pride in finding colleagues 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 maintained a physical presence in the centre throughout the lockdowns and made themselves available to detainees, which is encouraging, setting a good example of involvement to other staff.

5.4.6 The same could not be said of the DET, whose role is to engage with those detained to help with issues or queries regarding their immigration case. The largest number of concerns raised with the IMB during the year again related to the lack of engagement on immigration matters. Over 50% of all issues raised this year fall into this category. Specific issues relating to engagement with detainees were flagged in the majority of monthly board reports for both Harmondsworth and Colnbrook. Time and again detainees told us that they had great difficulty in contacting either their assigned detention engagement officer or another member of DET, that calls to the number they were given remained unanswered, and that in some cases the number that they were given was not operational and no-one contacted them to give them a new number or to advise them that their detention engagement officer had been replaced. We tried the numbers ourselves and can confirm that in many cases, the numbers provided were not operational.

5.4.7 As noted above, all of these issues have been flagged repeatedly in our rota reports and monthly reports throughout the year, but no visible action was taken to improve the situation by the DET. We must stress that whilst DET officers are always helpful to the IMB in seeking to address concerns that we raise on behalf of detainees, it is clear that the underlying process should not have to rely on the IMB to the extent that is happening now. The Board does not believe that the DET fulfilled its essential role of engagement in 2021. We urge it to do so.

5.4.8 In addition to the lack of engagement by DET, we were also witness to poor communication between the Prison Service/Probation Service/Home Office, often resulting in elongated and unnecessary detention for TSFNOs.

Case study #4:

Mr D, a highly vulnerable adult, arrived at the HIRC from prison in early 2020. Although he had been granted bail, the police would not allow his release until a probation officer had signed this off. Mr D's sentence had been served in another UK jurisdiction and so he had not been allocated an English probation officer. No attempt was made by the two probation services to work together to resolve the situation, with the impasse dragging on for over a year. He finally left the centre after 17 months in detention. Mr D's seemingly unresolvable situation resulted in his mental health deteriorating significantly during his unacceptably long detention.

- *Board members repeatedly questioned what needed to happen for the two probation services to work together to ensure that Mr D could be released to approved accommodation.*

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. 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.

5.5.2 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. During the course of 2021, the main lift from the ground floor to the healthcare departments in Harmondsworth was out of action for a number of months. We brought this to the attention of the contractor on a number of occasions, noting the difficulties this was occasioning for both detainees and staff. The Board has observed that the lift has been broken and out of use for many months over the past three years and would strongly support any additional funding to replace it entirely, as repairs appear to have little impact.

5.5.3 In 2021, 76 detainees were recorded as having a disability. These ranged from visual impairment, mobility issues, amputees and hearing impairment. Disabilities are identified through a variety of means such as interviews with the individual, medical screening on arrival, previous history, medical notes and movement orders. Every resident who requires a care plan for disability undergoes an individual assessment and has an individual personal emergency evacuation plan (PEEP). There were 76 PEEPs in 2021.

5.5.4 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 (see 5.4.4), thebigword (the telephone interpreter service) is generally available for detainees. During 2021, we were alerted to difficulties encountered by Vietnamese SCAs in accessing the interpreter service, due, we were advised, to the lack of available interpreters. Improvements to the service, or a switch to a service which can assist Vietnamese language speakers with their English language needs, would be welcomed.

5.5.5 In 2021 the largest national population in the centre was Albanian, peaking at over 50% of the population at year end. Other notably large populations were from Romania, Vietnam 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, 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. During 2021, the pastoral care team continued to evolve how they carried out services due to the ongoing pandemic and isolation/quarantine situations within the centre. The Board feels that religious facilities continued to be available to all worshippers of different faiths and were managed in a respectful and orderly manner. The pastoral care

team, including the priest and imam, reached out to detainees on a personal basis by walking round the units.

5.6.3 The centre contains a Christian chapel, a number of Muslim prayer halls, a Sikh gurdwara, an Orthodox chapel and a Buddhist place of worship. There is a plentiful supply of Bibles, Qurans and other religious texts and materials.

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

5.7 Complaints

5.7.1 DSO 03/2015 regarding the handling complaints in IRCs sets out the guidance which must be followed for the complaints process. Complaints regarding healthcare must follow the CNWL NHS complaints, compliments and concerns procedure.

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

5.7.3 The Home Office compliance team collect complaints from the boxes daily. They screen the complaints, log them locally, and send them to the detention services complaints team who allocate them 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 Home Office officials 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, for example 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 Chair each month.

5.7.3 If detainees are unhappy with the response they receive, they are able to escalate the situation to the ombudsman for an independent external review. 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 three areas – service, minor misconduct, serious misconduct – and multiple themes, including poor communication, physical environment, unprofessional behaviour, missing property, missing money, availability of service and unfair behaviour. In 2021, 200 complaints were received in HIRC. Of these, 76% were unsubstantiated and 48 (24%) were judged as substantiated or partially substantiated. The top three subjects were physical environment (including heat/cold, showers), admin and processing (credit accounts/payments for work), and availability of service.

5.7.5 These concerns were also expressed in the applications received by the Board on our rota visits. The top two subjects detainees wished to speak to us about in 2021 were immigration and healthcare. Detainees expressed their scepticism to

members of the Board of the process for carrying out the investigation of complaints, suggesting that making complaints about anything was pointless. We would urge all parties to ensure maximum transparency when investigating complaints.

5.7. Complaints and concerns 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. A healthcare concern is a low-level query raised by a third party; for example, medication not ordered or someone failing to book an appointment. A complaint is a higher level and can relate to a clinical query or to a specific incident. In 2021 there was one complaint raised, which was found to be unsubstantiated. There were also 23 concerns raised, of which only one was substantiated. Healthcare is consistently in the top two topics that detainees wish to speak to members of the Board about during rota visits, but on a positive note, this figure has declined by 9% (as a percentage of the total) versus the previous year. Additionally, healthcare compliments are also monitored by the NHS. In 2021 there were 19 compliments, of which 15 related to staff conduct.

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 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 2021, property lost or stolen was the subject of six Home Office complaints by detainees (of which two were substantiated), with property withheld the subject of five complaints (of which none were substantiated).

5.8.2 The Board received 16 applications regarding property within the centre (up from six in 2020) and four applications regarding property during transfer or from another location (down from eight in 2020). Property going missing can cause great anguish to a detainee. A recurring problem is property going missing between prison and HIRC, when the detainee arrives but their property doesn't. Whilst in most cases the property is eventually found and returned, it seems to us an unnecessary stress for people to go through, especially as the property often contains personal family items and important legal papers.

5.8.4 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.

5.8.6 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 into 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. This was especially challenging during the lockdowns of 2021.

5.8.7 All property received into the centre is scanned for the presence of drugs. Further details are set out in section 4.6.

6. Health and wellbeing

6.1 Healthcare: general

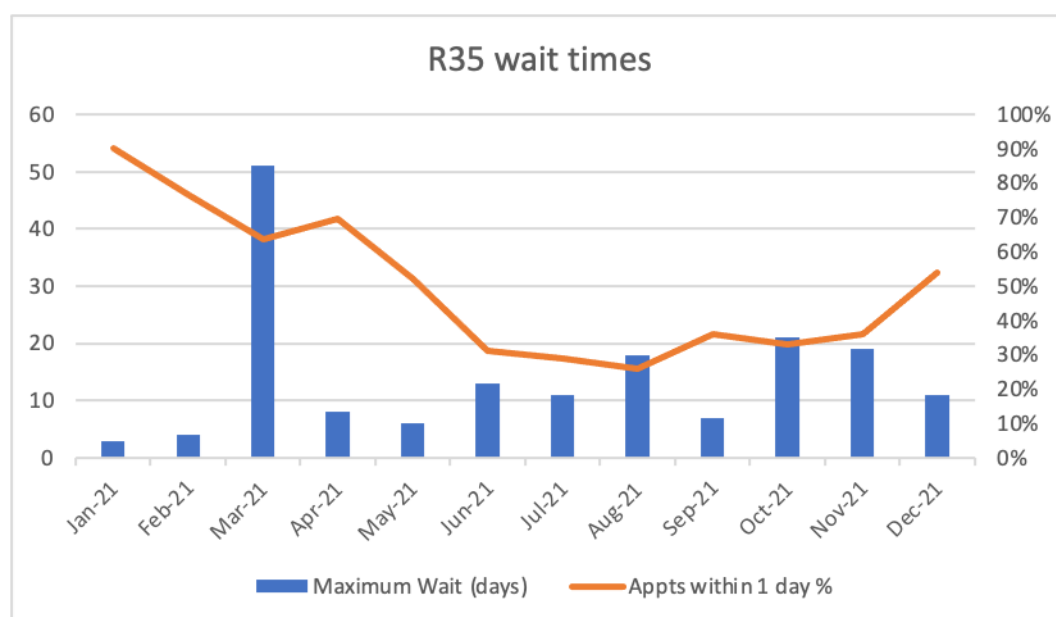
6.1.1 HIRC has the largest and most comprehensive healthcare provision in the IDE. The services provided by CNWL include GP clinics (Monday to Friday 8.30am to 4.30pm plus Saturday and Sunday mornings), nurse clinics (seven days per week), mental health clinics, a dispensing pharmacy (seven days per week), and regular phlebotomy, dentist, optician, podiatry and sexual health clinics. In addition, the Harmondsworth site has two six-bed inpatient wards alongside two isolation rooms. The IMB considers the healthcare provision to be substantial and to meet the needs of the detainee population.

6.1.2 All detainees are given a face-to-face health screening on arrival in reception and receive a healthcare information pack. There is significant access to information about healthcare provision throughout the centre, including information about how to book appointments on notice boards around the communal areas and throughout the living accommodation. Within the healthcare clinics themselves, as requested by detainees in prior years, there is a great deal of information translated into multiple languages alongside picture/visual notice boards.

6.1.4 Covid continued to impact access to health and wellbeing services at HIRC through 2021. A number of clinics (most notably those relating to group mental health activities and wellbeing) were put on hold during the lockdowns.

6.1.5 Detainees have often expressed concern to the IMB about the wait times for rule 35 reviews (see also 4.4.6). The Board monitors this on a monthly basis and feels that, with a couple of significant exceptions, wait times are managed well. On average throughout the year, 12% of the population at any one time requested a rule 35 review. The wait times do fluctuate depending on detainee population numbers, but on average, 50% of requests were seen within one day (see Figure 2 below). However, there are always outliers, and one detainee had an unacceptable wait of 98 days. On further investigation it was found that this was due solely to human error, with the detainee having been wrongly removed from the requests queue.

Figure 2:



6.1.6 Sometimes detainees require secondary medical care. In these events they are seen at the local Hillingdon Hospital and are escorted by contractor's staff. A risk assessment is carried out prior to the visit to determine if handcuffs are required for the journey. In 2021, it was deemed that 196 visits (of 242 in total) required handcuffs. On the whole detainees appear to accept this state of affairs, although one detainee became so distressed at being observed by members of the public in the hospital waiting area that he declined to complete his appointment and asked to be returned to the centre.

6.1.7 There is sometimes confusion for detainees who arrive at HIRC with a booked hospital in the local area where they had been residing, but are then made aware that they will not be going to that specific hospital and will be transferred into local care. This is a totally understandable and logical step, but sometimes misinterpreted by detainees as a lack of care and adds to their frustration, as the appointment can often only be facilitated at a later date than the original one.

6.1.8 Whilst the IMB commends all efforts to ensure a level of emergency health care comparable to that in the community, the Board, whilst not medically-qualified professionals, has expressed surprise about the high number of emergency ambulance call outs which they feel could have been managed in the 24/7 fully-equipped inpatient facility in HIRC.

6.1.9 Staffing levels concerned the IMB throughout the year. The Board is updated on staff vacancies monthly and appreciates the work of the healthcare leader in trying to recruit new team members. However, the current rate of 69% vacancies in mental health roles and 30% vacancies in primary care roles is unsustainable and has only been manageable due to the underlying reduction of numbers within the Centre (i.e. excluding short-term SCAs). Once the centre returns to capacity, the impact on detainees' wellbeing of such drastically reduced staffing levels will be acutely felt. The IMB understands the pressures of recruiting into a high security

environment and the associated clearances required and supports every and any effort to fill the gaps.

Impact of/managing Covid

6.1.10 A full vaccination programme was available to detainees in HIRC. There were 172 vaccinations given in 2021. There was reluctance amongst many detainees to have the vaccine as they wrongly believed it could be used as a tool to make deportation easier. Staff (both CNWL and Mitie C&C) worked hard to explain the benefits of the vaccination, and there were many posters in multiple languages around the centre. Unfortunately, due to the low take-up of vaccines, a lot of vaccines had to be destroyed due to their shelf life.

6.1.11 The Board commends the contractor and Home Office for again managing to limit the number of infections in the centre and applauds the efforts of all involved to minimise the spread of the virus.

6.1.12 As in 2020, VCAPs were used to highlight any detainee with specific medical vulnerability to Covid.

6.1.13 Of all the official Home Office complaints the Board was privy to in 2021, only six related to Covid, which we believe indicates that detainees understood how Covid was being managed in the centre and, whilst understandably apprehensive, were comfortable with the situation.

6.2 Physical healthcare

6.2.1 Dentists visit the site twice a week. Some detainees appeared to have unrealistic expectations about what care could be provided, with one detainee continually frustrating efforts to remove him until significant dental work (including multiple crowns) was completed. Healthcare staff repeatedly explained that this would not be offered, and the detainee was eventually removed once he accepted that new crowns were not forthcoming.

6.2.2 In general, most detainees keep to their booked appointments. The IMB monitors the levels of did not attend (DNA) by appointment type each month and has observed that mental health and substance misuse appointments have the best attendance records (usually 100% – see Figure 3 below), whilst visits with the nurse have the worst, with up to 30% of appointments not attended per month (see Figure 4 below). On questioning this with detainees, the Board has gathered that there can sometimes be a reluctance to speak to the nurse, either on cultural grounds or because they feel their concerns are not being taken seriously enough. More communication could help in this regard to explain the role of the nurse in the process and the support that can be offered in this way.

Figure 3:

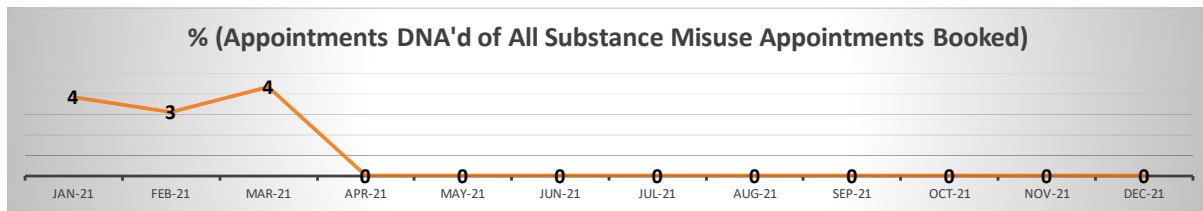
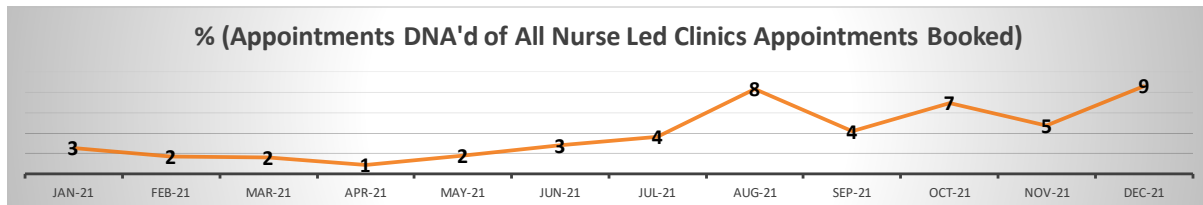


Figure 4:



6.2.4 In 2021, three women arrived at HIRC claiming to be pregnant. This could not be confirmed as pregnancy tests were not conducted, and all three women were discharged within two days.

6.3 Mental healthcare

6.3.1 Mental healthcare is provided throughout HIRC via GP appointments, psychiatrist appointments and support from mental health services. Many detainees present with mental health challenges and the Board has often observed many complex mental health needs amongst the population. Whilst the IMB believes that the provision of support within the centre is good, the wait times for transfer to outside mental health facilities are often extremely long, and this only adds to the distress of those already suffering. The Board has raised many concerns throughout the year about the lack of availability of mental health beds in the community, and the delays in transferring detainees with significant mental health issues out of the centre. In addition, we continue to express our profound concerns regarding detainees with significant mental health challenges being held under rule 40 conditions within the CSU for prolonged periods of time.

6.3.2 All new arrivals undergo a medical screening on arrival at the centre as part of their induction. As part of this process, detainees can share information about any personal mental health issues. These details are passed on to the GP who will arrange appropriate mental health support. The Board expressed our concern in the 2020 report that detainees who arrive stressed and tired may not clearly articulate their mental health concerns to the duty nurse on arrival and may therefore miss that crucial first step of referral to the GP. We believe that this is still the case and that a number of mental health issues are being uncovered too late in a detainee's stay.

6.3.3 Whilst it is difficult for the Board to ascertain how many detainees were diagnosed as having severe mental health issues, a good indication is how many of those referred were assessed as needing to be placed on the mental health nurse caseload. In 2021, 2,825 people were referred to the mental health team (as shown in Figure 5), of which 193 were accepted on to the mental health nurse caseload (as shown in Figure 6 below).

Figure 5:

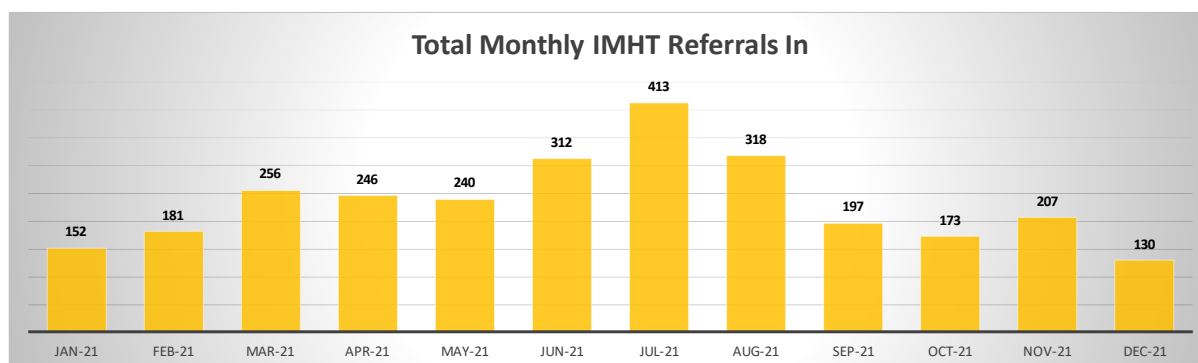
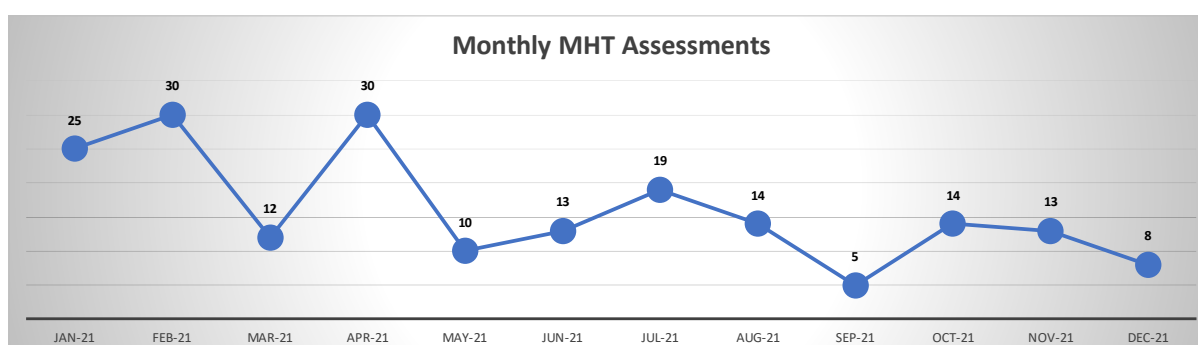


Figure 6:



6.3.4 In 2021, only one detainee was referred to an external mental health facility. The Board was very glad to see his referral in November 2021 but dismayed when the referral was cancelled. He was again referred the following month and accepted (and transferred) the same month. Again, the Board cannot stress enough the impact of men with significant mental health issues entering the IDE; on themselves and their own wellbeing, as well the safety and wellbeing of other detainees and staff.

6.4 Welfare and social care

6.4.1 HIRC provides a wide range of welfare support for detainees, including help with lost property, immigration matters, filling out paperwork, contacting support groups, connecting with friends and family, and other personal matters. The impact of units being in isolation or quarantine had an obvious knock-on effect for welfare. Whilst the welfare rooms were closed, staff visited the units daily and also conducted appointments by phone. The system worked well and the IMB received no complaints about lack of welfare engagement during 2021.

6.4.2 A number of recognised NGOs including Hibiscus, JRS (Jesuit Refugee Service) and BID (Bail for Immigration Detainees), support the centre. For most of 2021 this vital support was mostly offered via phone, as isolation made physical visits impossible; however, some face-to-face visits did resume towards the end of the year. The availability of the NGOs alongside details of the full offer from welfare are well promoted throughout the centre. The IMB appreciates the work of both the welfare teams and the NGO partners for their support of detainees.

6.4.3 There were no children inadvertently detained in HIRC in 2021. However, there were 24 claimed age disputes (where a new arrival claims to be under the age of 18), of which 18 were amongst the SCA men. The Board observed these to be very well handled in extremely difficult circumstances and commends the contractor for all their efforts to support and safeguard these individuals.

6.5 Exercise, time out of room

6.5.1 HIRC has very comprehensive sports and recreational facilities. For sports, these include fully-equipped gyms, sports halls, and cricket/basketball (outdoor) areas. The gyms remained open during 2021 through the isolation periods and the movement of detainees to ensure fair access was well managed. The Board appreciates the ongoing efforts of the contractor to ensure this important facility remained open whilst most gyms in the community remained closed.

6.5.2 HIRC operates a daily 'lockdown' period between 1pm and 2pm. This time is used for cleaning of the units and communal areas. The lockdowns are well managed, and detainees have not expressed any views on this practice to the Board.

6.5.3 Apart from the lockdown period, access to outdoor courtyard space is usually available to detainees. The only exception to this is the Sahara unit in Colnbrook, which has no direct access to outside space, where detainees need to be escorted out. The courtyards are concrete with some bench seating. They are suitable for team games, smoking and catching up with friends. During periods of isolation in 2021, there were periods when this access was restricted, inevitably causing some angst to detainees. During these periods staff did their best to bring additional activities to the units. Detainees had complained to the IMB about the wear and tear of some of the items (pool tables in particular). Staff worked quickly to ensure these were replaced or repaired. 2021 also saw the very welcome introduction of PlayStations installed across both sites, although they were frequently damaged, leaving detainees frustrated.

6.5.4 There is a very large range of other recreational activities available, including arts and crafts, floristry, a music room (including access to recording/mixing/production desks), IT rooms and a library. In addition to a large range of books in multiple languages, the library offers magazines and daily newspapers, as well as a large DVD rental library. Whilst many of these facilities were impacted by the lockdowns, staff worked hard to ensure that detainees were able to access as many areas as possible through a system of unit bubbles.

6.5.5 The Board observed the major impact on activities in 2021 caused by the SCA arrivals, as staff had to be diverted at short notice to manage this population. Many detainees, whilst not necessarily privy to why staff were diverted, complained about this to the IMB.

6.6 Soft skills

6.6.1 As in previous years, the Board would like to draw attention to the excellent work of the art rooms. They remain a space of calm, pride and achievement. In 2021, HIRC received recognition in the Koestler Awards, winning 37 awards, nine more than in 2020. These included awards for sculpture, original singer/songwriter,

murals and wall hangings, mixed media and portraits. We commend the work in this area.

6.6.2 Both sites offer a large range of wellbeing activities, including yoga and meditation groups, and the ever-popular cultural kitchen where detainees can apply as a group to cook for one another to a recipe of their choice with all ingredients purchased on their behalf. It is always a pleasure to observe detainees making use of this facility and enjoying the time spent productively with their friends. The two kitchens (one on each site) have a private dining room which has been decorated to feel like a normal restaurant in the community. The Board commends the contractor for the provision and service offered by this important facility.

6.6.3 In 2021, despite the challenges of lockdown, a huge variety of cultural, sporting and other events were celebrated by the contractor, using its own catering service. These included Eid, Christmas, Easter, Chinese New Year, in addition to pizza nights, carnival (with a steel band), Black History Month, celebration of Guru Nanak Gurpurab with saag paneer and Indian sweets and cakes, and many more. There were 30 events in total throughout the year. The Board commends the contractor for these highly engaging events, which are much appreciated by detainees.

6.6.4 There are a number of paid roles available for detainees to apply for including cleaning and catering. Roles are advertised and detainees apply, being selected on a first come first served basis once approved by the Home Office. Detainees who frustrate their immigration case or those issued with a 'strike' are not eligible for paid roles.

6.6.5 There is a rewards programme on offer in HIRC with cash incentives, which are paid to detainees as credit allowances. In 2021, £5,033 was paid in this way.

7. Preparation for return or release

7.1 Activities including education and training

7.1.1 In normal times, detainees have many opportunities for education and training. These include English for speakers of other languages (ESOL) courses, health and safety, CV writing, customer service and hair cutting/styling. There are also numerous OpenLearn courses available, including business modules. There are a number of ICT courses available daily including Excel, PowerPoint, Photoshop and Word. In addition, music and video editing, floristry and mono printing classes are available. These have historically proved to be extremely popular and have continued to be meaningful and productive. The impact of Covid on these activities was huge as restrictions were placed on units in terms of access to the centre. Surprisingly, the IMB received very few complaints from detainees in this regard and our hypothesis is that detainees do not always understand the full breadth of activities on offer, or what the benefits are of attending.

7.1.2 There is the opportunity to gain a fitness and nutrition level 2 qualification through the gym, in addition to nutritional courses, boxing and fitness classes. The gym also offers daily rewards for those who can perform specific tasks, for example the most squats or press-ups. A new certificate was introduced by the barber who offers a course in barbering, including advice on being self-employed. During the lockdowns most of these courses were taught online. Health and safety is taught to levels 1 and 2 and there is also the opportunity to learn food hygiene for catering.

7.1.3 The pandemic continued to impact access to education and training throughout 2021 with all activities observing social distancing measures, meaning that classes were smaller than normal. All areas were sanitised between usage by different wings. Throughout the lockdowns detainees were able to visit the gym, education, world faith and the barber in timed slots of 1 hour 20 minutes each day. Times were well advertised throughout the centre, and this information was also well detailed

7.1.4 A good innovation the Board has observed has been texting detainees to remind them of the activities on offer and times available. These reminder texts do appear to have a positive effect, and staff generally expect a larger turnout when they have sent the texts.

7.2 Case management

7.2.1 The biggest issue regarding case management in 2021 was the lack of engagement from the DET. Despite contractor staff, Home Office compliance staff, healthcare staff and the IMB being physically present in the centre throughout the lockdowns, the DET were conspicuous by their absence. Not only were they not physically available in the centre, but we heard from numerous detainees that calls to their engagement officers (in the absence of a face-to-face visit) go unanswered, go to voicemail, or worst of all, were unobtainable numbers. To verify these claims the IMB started routinely calling the numbers given to detainees to check, and can confirm that in most cases brought to our attention, numbers were not answered or were not operational.

7.2.2 An issue the Board observed in 2021 was poor communication between different agencies in relation to case work, leading to poor outcomes for detainees. This seemed to percolate through many avenues but was usually due to the lack of

'normal' face-to-face meetings between the agencies and an overreliance on non-verbal communication. The added complication of the SCAs entering HIRC led to further challenges. One example of poor internal communication involved an SCA who had had his nationality wrongly attributed on arrival at Dover. This led to him being placed with the wrong cohort in HIRC and resulted in him staying in the centre for many more days than the others he had travelled with. The local Home Office team tried hard to resolve the issues, but as responsibility for the issue lay with a different home office team in Dover, and communication with them was challenging, there was little that could be done to sort it out quickly.

7.2.3 For most of 2021, detainees continued to speak to their solicitors via Skype or by phone from the legal department. Many court hearings were also conducted by Skype. A number of detainees told the IMB they found following their court case on Skype challenging. The IMB welcomes the return to in-person court proceedings.

7.2.5 The average length of stay for detainees in HIRC in 2021 varied from a high of 63 days in March, to a low of 28 days in June. The average number was driven down by large numbers of SCAs who were generally released within 72 hours of arrival. This was not dissimilar to the averages in 2020, although in that year the numbers were considerably skewed by the higher figures in the middle of the year arising from the effects of the pandemic on arrivals and removals.

7.2.6 By December 2021, 98 people had been in detention for more than 60 days, and 20 for more than 180. The longest time for anyone in detention in HIRC had risen by the end of the year to 815 days, an unacceptably long time. The Board repeats our concern with people being detained in an IRC with no imminent chance of removal.

7.3 Family contact

7.3.1 Both sites have large visits halls for family and friends. Both welcome children and are equipped with specialist play areas and equipment. The halls are large and airy, and the contractor has invested in 2021 in making the space as welcoming and inviting as possible. The children's play area is particularly impactful and would certainly help a child entering a custodial environment to visit a loved one. Hot drinks and snacks are available from machines. The Harmondsworth site also has a small servery which was in use sporadically throughout the year (subject to Covid restrictions). Outside of lockdowns, the opening hours were 2pm–9pm, seven days per week.

7.3.2 The visits halls were open in line with general community restrictions. In the periods when the visits were not permissible, the Home Office continued the practice of giving an additional £10 per week for phone calls. As in 2020, in compassionate or other extraordinary circumstances, social visits were accommodated.

7.3.3 The closure of the visits hall on the Harmondsworth site to provide a 'super reception' to process the SCAs, whilst a positive initiative for the SCAs, had a very negative impact on the rest of HIRC. Just as the community was opening up and visits would have been possible, the opening of the 'super reception' meant that all visits were cancelled for the rest of the centre. The Board strongly felt that the removal of visits for the rest of the centre had a detrimental impact on wellbeing for all. One particularly frustrating situation is detailed in the case study below.

Case study #5:

Mr E was being deported after many years living in the UK. He had been in close contact with his family and friends whilst in detention, and they had made every effort to see him when Covid restrictions allowed. He had a visit booked the day before his flight to say goodbye in person to his loved ones. At the last minute the visits hall was closed to accommodate the SCA, and all visits were cancelled. The IMB alerted the contractor to the situation and they quickly arranged a Skype call for the detainee, which was much appreciated, but which could never replace a final face-to-face meeting.

- *Whilst the Board applauds the contractor's swift actions to accelerate the processing of the SCAs through the 'super reception' in the DVH, we repeat that the impact on all other detainees was unacceptable and unfair.*

7.3.4 All detainees are loaned a mobile phone on arrival which is capable of making and receiving calls only. Detainees can top up the credit to pay for their calls. Email is available for all detainees in IT rooms on both sites. In addition, Skype facilities are also available, although the Board observed that detainees appeared reluctant to use them. The contractor reviewed this and asked for suggestions from detainees and the IMB. Listening to the feedback they received, they erected 'privacy boxes' around the screens and provided better headphones so that detainees could have their Skype meetings in a more private setting. The IMB welcomed this change and hopes that the contractor continues to market this useful facility for detainees to speak to family and friends.

7.4 Planning for return or release

7.4.1 The pandemic delivered many consequences relating to removals, as laws and rules for different countries changed at a frequent rate. Whilst the Board accepts that much of this could not be avoided, we feel that too many people were detained for whom imminent removal was not an option, due to stringent regulations in their home country. One particularly difficult situation is outlined below.

Case study #6:

- *Mr F was due to be voluntarily removed to his home country. He was residing in a probation hostel in the UK before being brought into HIRC in preparation for his return. At the time of his arrival in HIRC, his home country had closed its borders and no flights were available. This remained the case for the entire time he remained in detention. He was granted bail in principle each month, but due to his bail conditions, accommodation could not be found. The IMB worked closely with the detainee and observed his mental health significantly deteriorate during his time in detention. At no stage during his detention was there any chance of a flight being booked, as the border remained closed. Finally, after 10 months, Mr F was returned to a probation hostel, from whence he came. A flight was arranged a few weeks later and he was very happy to return.*

The IMB believe that:

- *Mr F was brought in unnecessarily early from probation accommodation where he could have resided in a secure environment until a flight was imminent.*

- *There were obvious issues with his travel documents which could have been resolved prior to detaining him.*
- *Communication between the various parties (including the Probation Service) was poor. Eventually, after eight months in detention, a conference call was convened to get all the parties together as it was deemed a face-to-face meeting was not possible. Whilst the outcome was positive, the Board was shocked it took this long for logic to prevail.*

7.4.2 Some other issues came up in 2021 which were unique to the pandemic and which the Board had not encountered before. In one example a detainee required proof of his vaccination, which he had had in the community but for which he had no digital proof to support his return. There was no straightforward way to resolve this. Another example involved a detainee who had booked a quarantine hotel in his return country (funded by his family), but a late cancellation to his return flight due to problems with his paperwork meant that the hotel booking (and funds) were lost. This happened twice, to the great distress of the detainee and his family. Home Office staff showed great empathy in this case and worked with the detainee's family to ensure there was a smooth flow of information and all the moving parts could be tied up and booked together. The Board welcomed the pragmatic, common sense approach of the case worker in this situation.

7.4.3 A continued frustration in 2021 was the apparent lack of coordination between the various agencies to ensure a smooth transition from HIRC to HO-approved accommodation in the community. Detainees sometimes have requirements on where they can live (e.g. not close to a school, or within a set distance of certain individuals, or with specific mental health support). The process for finding appropriate accommodation can be challenging, but during the lockdown appeared to be harder than ever. This led to people being held in detention long after their initial bail had been approved.

8. The work of the IMB

8.1 Board members continued to carry out their work through conducting rota visits to the centre throughout 2021. All members can be easily identified via posters which include our photos, which are located throughout the centre. Detainees, even those with language barriers and/or mental health issues, appear to understand the role of the IMB and do seek us out to discuss their various issues. All members were required to return a negative lateral flow test (LFT) prior to entry to the centre, so masked face-to-face conversations continued throughout the year. There are 11 clearly-marked applications boxes in the centre where detainees can leave written applications for the Board. Members empty the boxes on each rota visit so detainees can be assured their concerns are acted on promptly.

8.2 The 0800 number that was set up in 2020 in response to the first lockdown has remained in place but is used by few detainees. Most detainees seem to prefer face-to-face interaction to the other avenues available.

8.3 Board members deal with the issues raised by detainees immediately if possible, either with the contractor, the Home Office or CNWL. The Board member follows up any actions with the detainee and maintains a confidential written record. The top two topics for discussion in 2021 were the same as in previous years – immigration and healthcare.

8.4 The size of HIRC and physical separation of the two sites means that we have separate teams for Harmondsworth and Colnbrook. In 2021, we visited 220 times, 35 more visits than in 2020. We spent an average of four hours per visit. Any formal incident is alerted to the Board member on duty by phone, email and/or text.

8.5 We dealt with 579 issues directly with detainees in 2021, an increase of 246 (or 74%) on the previous year. This is to be expected with the increased numbers in the centre, and is also in line with our increased visits as restrictions eased. As a percentage of the total, it is interesting and concerning that issues relating to detainees' immigration case have increased by 13% year on year, to more than 50% of all issues raised. Our observation is that this is due to the ongoing lack of engagement from DET, about whom we received on average six applications per week. Incidentally, this is more than three times more than on any other subject. It is reassuring that issues relating to healthcare have continued to decline as a percentage year on year.

8.6 All Board members submit a rota report at the end of each visit as a record of concerns and actions taken. This report is circulated to all relevant parties: Home Office, the contractor and CNWL. As well as prompting action on outstanding issues, it helps drive continuity of support for specific individual detainees. We always encourage detainees to use the official complaints system in addition to speaking to us, as a formal complaint guarantees them a written reply.

8.7 All members were invited to attend a variety of mandatory training sessions in 2021. In addition, the Board instigated a monthly Zoom training session in which specific topics were covered. We were pleased to welcome guest speakers from the

Home Office and the Jesuit Refugee Service to two of our meetings to enhance our knowledge of their work and how we can work better together.

8.8 We hold a monthly Board meeting with the Home Office, the contractor and the healthcare provider. We moved back to face-to-face meetings as soon as conditions allowed and maintained a Zoom/Teams facility for anyone wishing to participate in this way. Papers are provided in advance of the meeting for reviewing and for preparation of questions. The Board appreciates the timely sharing of information and the input and attendance of all parties.

8.9 The Board was sad to lose three valued members in 2021 through tenure and resignation. An active recruitment campaign started at the end of the year, and we are hopeful of getting new members joining in 2022. We encourage anyone reading this report to consider applying to join an IMB – if you have read this far, you are obviously interested!

Board statistics

Recommended complement of Board members	18
Number of Board members at the start of the reporting period	15
Number of Board members at the end of the reporting period	12
Total number of visits to the establishment	HW – 123 CB – 97 TOTAL – 220

Applications to the IMB (verbal and written)

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation including laundry, showers	19	13
B	Use of force, removal from association	12	41
C	Equality	8	4
D	Purposeful activity including education, paid work, training, library, other activities	3	3
E 1	Letters, faxes, visits, phones, internet access	14	17
E 2	Finance including detainees' centre accounts	1	2
F	Food and kitchens	9	19
G	Health including physical, mental, social care	97	119
H 1	Property within centre	6	16
H 2	Property during transfer or in another establishment or location	8	4
I	Issues relating to detainees' immigration case, including access to legal advice	124	292
J	Staff/detainee conduct, including bullying	20	20
K	Escorts	3	5
L	Other	9	24
	Total number of applications	333	579



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