



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

**For reporting year
1 January 2022 – 31 December 2022**

Published August 2023



Contents

Introductory sections 1 - 3	Page
1. Statutory role of the IMB	3
2. Description of establishment	4
3. Executive summary	6
Evidence sections 4 – 7	
4. Safety	14
5. Fair and humane treatment	20
6. Health and wellbeing	32
7. Preparation for return or release	41
The work of the IMB	46
Applications to the IMB	48

Introductory sections 1 - 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

Heathrow Immigration Removal Centre (HIRC, and the Centre), the largest of its kind in Europe, is located close to Heathrow Airport on the A4. It comprises two separate adjacent sites formally known as Harmondsworth IRC and Colnbrook IRC, separated by a service road. HIRC has a total capacity 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.

HIRC is operated by Mitie Care & Custody (C&C, and Contractor) with healthcare provided by Practice Plus Group (PPG, and Healthcare Provider). There is a single management team across the two HIRC sites and some processes including 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 recreation, fresh air and team games such as football, basketball or cricket. There is also outdoor seating in each courtyard, and fixed wall lighters for smokers. There is no rain or shade cover.

Computers with internet access along with Skype 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

The Harmondsworth site has two distinct styles of accommodation which vary depending on when they were built. Cedar and Dove are two older hostel-style units usually housing detainees in twin-bedded rooms, accommodating 271 detainees. These detainees are restricted at nights to their own corridors, each of about 20 rooms. Showers and toilets are shared and provided off each corridor.

Ash, Beech, Gorse and Fir are four residential units usually housing a further 367 detainees. This accommodation was built to category B prison standard. The twin 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.

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, limited furnishings, a toilet with no seat and a wash basin. There is a shared shower facility off 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.

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.

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

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 with no seat and a washbasin in a partially screened off area and each unit has ten shower cubicles. Laundry facilities are provided on three of the units, which are shared across all four units. Colnbrook also contains a separate unit of 49 single rooms, which was used for medical isolation purposes during the pandemic.

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, as well as 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.

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 and managed by the Contractor rather than the Healthcare Provider.

There is a CSU with sixteen single rooms, six each on the ground and first floors, and four on the second floor. These rooms have basic facilities comprising a bed, toilet with no seat and washbasin. These rooms are only designed for very short stays, in line with Detention Centre Rules 40 and 42.

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

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

3. Executive summary

3.1 Background to the report

3.1.1 The Board visited each site every week of the year. A major incident on the Harmondsworth site in November 2022 led to the site being closed for over five weeks, reducing the total capacity of HIRC to 330. In the Board's view, whilst elements of the evacuation were effectively handled, the incident laid bare certain shortcomings at the Centre relating to contingency planning and communication. The site was partially reopened on 15 December when Board members were able once more to visit. The site was not fully reopened until mid-January 2023. The impact on the Centre was considerable and is detailed in a Case Study in Section 5.

3.1.2 The atmosphere in the Centre during Q2 2022 was significantly impacted by the Government's Migration and Economic Development Partnership (MEDP Policy) and the subsequent failed removal of six HIRC detainees to Rwanda. Further details are provided in Section 7.4.

3.1.3 As in previous years, members visited at least once per week per site, and more usually three or four times. Some detainees made use of alternative means of communicating with the IMB through the dedicated 0800 number and the IMB central email address. However, contact remained overwhelmingly through face-to-face discussions whilst visiting the Centre.

3.1.4 2022 saw numbers in the Centre grow to pre-Covid capacity, with staffing remaining steady. As there had been no reduction in staffing during the lockdowns, the staff / detainee ratio had been exceptionally high for the past couple of years. Centre numbers returning to a 'steady state' meant the staff / detainee ratio fell to contracted levels, which was difficult for some detainees to accept.

3.1.5 Mitie C&C introduced a programme called "Make Heathrow Great" during the year, with the aim of aiding retention and improving recruitment. The programme gave staff a say in how they are managed and input into how the Centre is run.

3.1.6 Whilst the number of South Coast Arrivals (SCA) declined sharply in 2022, 1273 were still processed in HIRC between 1 January and 18 October 2022.

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 2022.

3.2.1 In our view, the situation with respect to the arrival and management of SCAs in the Short-Term Holding Facility (STHF) area severely compromised safety for the SCA men and women, for existing detainees and for staff. Overcrowding on arrival and truncated health assessments were particularly evident and created unacceptable pressures. The Board raised its concerns with the Minister in

November 2021 but was disappointed by the response it received in January 2022. Since October 2022 HIRC is no longer used to house SCA men and women.

3.2.2 We remain concerned that people who are mentally unfit for detention are still assessed and approved by the Home Office Gate Keeper for detention. Furthermore, the IMB feels that failings of the detention engagement team (DET) to engage effectively may have contributed to feelings of frustration and powerlessness for some detainees, potentially leading to incidents of self-harm. While the increase in population will have contributed to an increase in the number of acts of self-harm in 2022, up from 104 in 2021 to 150, 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 unfit for detention.

How fairly and humanely are detainees treated?

The Board concludes that there was an increased number of areas and circumstances in which detainees were not treated fairly. These are set out in detail in Section 5 below.

3.2.3 The fairness and humanity with which detainees are treated is severely tested by the dilapidated nature of the infrastructure in which they are expected to reside. The Board notes, in particular, the frequency of loss of services (power, gas, water and communications) throughout the year (over 30 incidents, culminating in a 42-hour power and water outage which forced the evacuation of the entire Harmondsworth site), the state of the ventilation and heating systems and the hostel-style units on the Harmondsworth site which require considerable updating to be fit for purpose.

3.2.4 We are of the opinion that if the Centre is to continue to exist in its present location significant investment is required to ensure its continued viability and provide for the safety and security of the detainees and all those who work within it. We trust that the new contract in 2023 will recognise these challenges and will provide the opportunity to deliver the infrastructure improvements so badly needed at the Centre.

3.2.5 The Board recognises the difficulties encountered in catering for a diverse population of detainees on a limited budget but remains concerned about the effect the variety, quantity and quality of the food on offer is having on detainee physical and mental wellbeing, as well as on the safety and security of the Centre.

3.2.6 The Board notes that the CSU was used 38 times in the year to facilitate removal directions, in some cases a number of days in advance of flights which were then cancelled. We also note that the CSU was used to house detainees who refused, for whatever reason, to share a room when the Centre was nowhere near full capacity. Given the directions included in Rules 40 and 42 of Detention Services Order 02/2017 the Board does not believe that the CSU should be used for these purposes.

3.2.7 The Board remains extremely concerned about the lack of DET engagement with residents throughout the year, frustration with which resulted in a number of incidents of concerted indiscipline. While the Board is well aware of the recruitment

issues faced by DET, we continue to encourage the team to redouble their efforts to improve both the means and the frequency of their communications with detainees.

3.2.8 We have been told repeatedly by detainees that there is no point making complaints regarding contracted services because they will not be properly investigated. The statistics for 2022, whereby 85% of all official complaints relating to the Contractor were ruled 'unsubstantiated' would seem to lend some credibility to these concerns. The Board considers that this is an area which could benefit from greater arms-length investigation. In our view, complaints should not in the first instance be investigated by Contractor officers based in the Centre. This would, we believe, help to build trust in the system amongst detainees.

How well are detainees' health and wellbeing needs met?

The Board concludes that in general, detainees' health and wellbeing needs at HIRC are being met.

3.2.9 The Board notes the smooth transition of healthcare provision from CNWL to PPG in April 2022 and welcomes the gradual reintroduction of wellbeing initiatives to the Centre (many of which were put on hold during the pandemic).

3.2.10 The Board notes that applications about healthcare issues increased for the first time in two years during 2022. Our hypothesis is that during Covid, staff numbers remained steady, so with the massively decreased detainee numbers, the staff / detainee ratio was unusually high. Since the Centre's capacity has returned to normal, a vastly increased number of detainees is trying to engage with a broadly static number of healthcare staff, fuelling a feeling of frustration.

3.2.11 While recognising the nationwide challenge related to healthcare recruitment, the Board has major concerns about ongoing personnel gaps being experienced by PPG and the potential impact on detainee care.

How well are detainees prepared for return or release?

The Board concludes that, with the exception of Operation Arcwood (see Section 7) and certain recurring issues relating to bail accommodation, detainees were generally well prepared for return or release.

3.2.12 The Board repeats its concern for the third year running that too many detainees are held for unacceptably long periods of time with no chance of imminent removal. Five men were held in HIRC for over 180 days each in 2022, with the longest stayer having spent 1,177 days in detention.

3.2.13 The Board repeats once more concerns about the time taken to find suitable bail accommodation once bail has been granted in principle, particularly for time served foreign national offenders (TSFNO). On top of the apparent lack of constructive communication between the Home Office, Probation Services and local authorities, the Board observed poor communication with the detainees themselves about the status of their bail situation.

3.2.14 The Board commends the Contractor for the range of training and educational facilities within HIRC; even though we suggest more could be done to encourage detainees to make use of the available opportunities.

3.3 Recommendations

TO THE MINISTER

3.3.1 In our 2021 annual report, we recommended that the Home Office fund a complete overhaul of the heating and ventilation systems on both HIRC sites. This recommendation was partially accepted, yet we are unaware of any attempt to deliver on this recommendation in any meaningful way. Given the significant impact of outages during 2022, culminating in the evacuation of the entire Harmondsworth site in November, we urge the Minister in the strongest possible terms to fund a major utility infrastructure programme to ensure that the November event is not repeated.

3.3.2 It is our view that the Cedar and Dove units in Harmondsworth, hostel-style units with showers and toilets at the ends of corridors, need significant investment to bring them into line with the rest of the Harmondsworth estate. We understand that these units are slated for an overhaul in 2025-2026 but consider that this timing is too protracted and that the works should be brought forward.

3.3.3 In our 2021 annual report, we recommended that the Home Office fund a complete replacement of the core lift in Harmondsworth, a lift which is essential for enabling detainees with mobility issues to access healthcare. A replacement lift was not commissioned and during 2022 the central lift was out of order on numerous occasions over a five-month period. We continue to urge the Minister to fund a replacement to this vital lift

3.3.4 Based on our exposure to June 2022's failed Charter to Rwanda, we would urge the Minister to note our concerns about timings, general transparency, and the quality & availability of information for detainees. In our view, every effort should be made to minimise the stress, upset and increased chances of self-harm caused by the MEDP Policy, for both the affected detainees and the wider IDE community.

3.3.5 In our 2021 annual report, we urged the Minister to review the policy which results in people with severe mental health issues being held in IRCs. The Board repeats its recommendation: The role of the Home Office Gate Keeper and accountability for their decisions, in particular, needs to be urgently reviewed.

TO HOME OFFICE IMMIGRATION ENFORCEMENT

3.3.6 The Home Office needs to prioritise communication between the various teams working within immigration enforcement, as well as probation staff, to ensure, amongst other things, that delays in decisions regarding 'approved' accommodation and delays in the removal of TSFNOs willing and able to return to their countries of origin are reduced to a minimum.

3.3.7 The Home Office should minimise use of the CSU in anticipation of the removal of detainees, and in particular where this residence extends to more than 24 hours.

3.3.8 The Home Office needs to consider different ways of dealing with detainees who, for physical or mental reasons, feel incapable of sharing a room and should avoid using the CSU as a punishment for detainees who resist a request to share.

3.3.11 The Home Office should improve the access and capacity of the interpreting and translation services in HIRC; this is especially important given the number of detainees in HIRC whose first language is not English.

3.3.12 In light of the problems experienced during the November 2022 evacuation of Harmondsworth, e.g. lost possessions, inadequate emergency clothing and inadequate communication with detainees, we would urge the Home Office to ensure that the HIRC Contingency Plan is reviewed and is truly 'fit for purpose'.

TO THE DIRECTOR / CENTRE MANAGER

3.3.11 It is our view that official protests about food, coupled with complaints to the Board, are a serious cause for concern, not just in relation to the fair and humane treatment of detainees, but also in respect of the safety and security of the Centre. We urge the Contractor to remain vigilant and responsive to all feedback from detainees regarding the food offering and to do whatever it can to improve its variety and quantity.

3.3.12 It is our view that the complaints process whereby the Contractor leads investigations against their own staff should be improved by - at a minimum - ensuring that complaints are investigated by officers based outside the Centre. Absent of such a change, detainees will continue to distrust the system and avoid using it.

3.3.13 We would support broader use of the Colnbrook care suite for short term respite, particularly for detainees with deteriorating mental health conditions. We also urge the Contractor to replicate the Colnbrook care suite facility in Harmondsworth.

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 We would urge the Healthcare Manager to undertake a review of the use of the extensive inpatient healthcare wing in Harmondsworth to relieve pressure on local community services.

3.3.16 The Board found feedback from the healthcare team to the weekly questions and concerns set out in our Rota Reports very disappointing. We would therefore urge the Healthcare Manager to provide a 'point person' to respond in a timely manner to our concerns about detainee care.

3.4 Progress since the last report

3.4.1 Our 2021 Report was published on June 28 2022 and a response was received from the Minister on August 9 2022. The Board welcomed the swift review and response.

The table below sets out the recommendations from our 2021 report and progress on each.

To the Home Office:

2021 Issue / Concern	Response	Progress during 2022
DET should immediately restore face-to-face contact by the Engagement Officers and systematically track their occurrence.	Accepted	Most engagement is now completed face-to-face, although the pace of change was slow. We are yet to see a formal tracking system for this approach.
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.	Accepted	Most engagement is now completed face-to-face, although phone conversations are still held in addition to this. Surgeries are also now up and running across both sites.
The Home Office must find ways to stop using the CSU as a way of managing vulnerable detainees with mental health issues.	Not accepted	We recognise that our 2021 recommendation was not accepted. We are therefore not surprised that the inappropriate use of CSU continues.
The policy which results in people with severe mental health issues being held in IRCs should be reviewed.	Partially accepted	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.
DET needs to review the process for providing mobile phone numbers for Engagement Officers to ensure detainees are guaranteed access to a human being.	Not accepted	Unsurprisingly, the problem remains with too many numbers routinely going to a 'dead' line or left unanswered.

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.	Partially accepted	Some progress has been observed in this area, although spatial limitations within both CSUs limits what is possible.
The Home Office should fund a complete overhaul of the heating and ventilation system on both sites.	Partially accepted	Despite strong support from the Contractor, nothing was done in the year resulting in numerous on-site critical incidents.
The Home Office should fund a complete replacement of the core lift in Harmondsworth – vital for enabling detainees with mobility issues to access healthcare.	Partially accepted	A dilapidation survey was carried out with a response due in June 2022. To date (Jan 2023) the IMB has not observed any action on this topic.

To Mitie Care and Custody:

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.	Accepted	Some progress has been observed in this area.
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.	Not accepted	The issue remains an area of concern for the Board.
C&C should review the translator service from Big Word to one which enables access to a wider pool of translators.	Partially accepted	A review was conducted and a register of staff interpreters developed.
C&C should be more nimble regarding food selection to accommodate the varying detainee population, and better anticipate changing legislation on food safety (e.g., 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.	Partially accepted	There has been some progress on this with better visual representation of meals and the reinstatement of a detainee catering forum. However, issues with the diverse 'likes' of the population continue to build.

To Practice Plus Group (PPG):

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.	Accepted	Still significant gaps in important roles.
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.	Partially accepted	There has been good progress in reviewing and translating materials during the year, although staff shortages have hampered further changes.
The Healthcare Provider should review the high level of ambulance call outs given they have a 24/7 fully serviced medical suite on site.	Partially accepted	We continue to have concerns about the high level of ambulance call outs and potential underutilisation of the inpatient facility.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 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 Section 6.

4.1.2 The approach to the care and management of detainees who are at risk of self-harm and/or suicide is set out in Detention Services Order (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 Adult at Risk (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. The updated ACDT DSO implemented in August 2022, introduced new obligations for the Contractor and an overall strengthening of the care element. ACDT case coordinators must be on site at all times. The Contractor seemed well prepared for all the changes; however, early feedback on the new ACDT forms from staff has not been universally positive. The Board will continue to monitor their effectiveness.

4.1.3 Like other officers with decision-making roles, members of the Contractor's reception team are trained to level 3 safeguarding to enable them to identify issues which may need further care. Given an appropriate time allocation for each reception interview, therefore, it should be possible to achieve reasonably accurate assessments at this very early stage.

4.1.4 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.

4.1.5 During 2022, the Contractor's induction process continued to make use of Virtual Reality (VR) headsets for the induction, which it started during the pandemic, but face-to-face inductions were reintroduced.

4.1.6 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 welcomed the advertising of the facilities and the many competitions available and was pleased about the buzz which has returned to the education and sports facilities. The offer of the cultural kitchen was not taken up by all groups of detainees. The shops on both sides have expanded their offer of fresh food, like onions, lemons and lettuce, to allow detainees to supplement their diet with food familiar back home.

4.1.7 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. Though throughout the year the DET service was improving, the Board still came across a number of cases where detainees fell through the net and were not inducted for several weeks. Detainees also continued to struggle to contact their allocated EOs, with calls going unanswered or to 'dead' numbers.

4.1.8 The Board raised concerns in both 2020 and 2021 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. Most contacts now take place face to face and we therefore generally consider these concerns have been addressed.

4.1.9 Any review of the reception and induction processes in play in HIRC during 2022 needs to reflect the impact that its designation as an STHF, tasked with processing SCAs, had on Centre staff and the Centre more generally, as well as on the welfare of actual SCAs. While designation of the Centre as an STHF ended in October 2022, when other facilities were identified, between 1 January and 18 October 2022 a total of 1273 SCA men and 15 SCA women arrived at HIRC. The arrival was better managed than in 2021 with the arrivals mostly confined to specific units (although sometimes they were mixed with the general population).

4.1.10 The Board was horrified when men from the SCA cohort arrived in HIRC with concealed knives. These were found during the induction process but raised serious concerns as to the process for checking property at the port.

4.1.11 The Board raised a concern regarding the wellbeing of staff in the wings housing the SCA men. A number of staff members had approached the IMB to share their concerns about the behaviour of the men towards younger female staff, especially during the night. The situation was discussed in length at the Board meeting and C&C management agreed to consider the mix and level of staffing during the night shifts.

4.2 Suicide and self-harm, deaths in custody

4.2.1 A total of 523 ACDTs were opened throughout the year, up from 486 in 2021, which was indicative of the increase in detainee numbers in total.

4.2.2 There were 150 acts of self-harm during 2022, up from 104 in 2021. Most detainees cited frustration, either with their immigration case or at not being released, as the primary cause for their action.

Case study #1

Mr A, a detainee with some health issues, was a prolific self-harmer at Colnbrook. He was put on hourly observations and yet still self-harmed. He was moved to the care suite under constant watch and yet still self-harmed. He was moved back to one of the units with four observations a day only to be moved back to the care suite when found wandering around with a ligature around his neck. He was observed every thirty minutes and yet continued to self-harm. He managed to slit a drinking can to create a sharp edge. He bit himself. Mr A just tried everything to harm himself.

The IMB was not confident that all avenues were deployed within the multi-agency meeting to identify what was driving these repeated self-harm incidents. The Board acknowledges that it can be difficult to prevent someone from self-harming at all times and that constant observations aimed at protecting the detainee can also amount to an intrusion into their privacy. Still, despite the obvious drain on the resources of the Contractor, good quality mental health provision and the appropriate measures of observations can undoubtedly help to reduce self-harm.

4.3 Violence and violence reduction

4.3.1 In 2022, there were 125 instances of violence in HIRC, of which 83 were recorded as assaults. Of these, 58 were detainee on detainee, of which two were judged to be 'serious'. Twenty-two were detainee on staff, of which one was judged as 'serious'. This represents a notable increase from 2021, when there were altogether 68 instances of violence between detainees and 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. Mediation and restorative justice are tools used frequently and successfully.

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. The policy was updated in August 2022 and is supported by the Centre's Anti-bullying Strategy which is also reviewed annually and was last updated in December 2022.

4.3.4 Detainees' verbal and written applications to the IMB about staff behaviour, including bullying, represented 4.1%, of total complaints made throughout the year, an increase of 0.7% on 2021. While any incident is unacceptable, we do not judge 4% as excessive. On the whole they related to incidents where detainees were not happy with the 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 official complaints, including those relating to bullying by staff, through a Home Office DCF9 form. There were 149 DCF9 forms submitted during 2022, 51 fewer than in 2021. Fifty-two forms related to minor misconduct / racism / bullying on the part of staff. Of these only seven were partly substantiated. There were also five serious complaints, of which one was partially 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 1,886 IRs in 2022 compared with 1,987 in 2021.

4.3.7 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 1,042 SIRs raised in 2022 compared with 1,171 in 2021.

4.4 Detainees with specific vulnerabilities, safeguarding

4.4.1 HIRC has provision for those with mental health problems although the recruitment of mental health nurses was particularly challenging for the Healthcare Provider throughout the year. Through the Healthcare Provider there is access to psychiatric evaluation and to specialist nurses. However, we continue to maintain, as in the past four 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 2022. There were, however, 1,536 mental health referrals in 2022, many of which related to individual detainees being referred multiple times. Of these, 33 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 Board was concerned when a man presenting as a woman was housed in the female (Sahara) unit. Staff worked hard to ensure that all the women were spoken to beforehand and that everyone was comfortable with the situation. The incident triggered a more general discussion with C&C regarding what would happen

if a detainee objects, for personal or cultural reasons, to having a trans detainee on a unit. C&C confirmed that under those circumstances, accommodation would be found elsewhere for the trans person, most likely in the top floor of CSU.

4.4.5 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 2022 it was used nine times; on each occasion the occupant was placed on an ACDT. Examples of trigger situations for an ACDT include family bereavement.

4.4.6 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 and women with mental health issues is such that we would support its more flexible use in a broader range of situations.

Case study #2:

Ms B, a highly vulnerable transgender detainee, was picked up in the community and brought to HIRC despite very obvious signs of serious mental health issues. Whilst in the Centre she moved in and out of the CSU, did not communicate and was aggressive to staff at times. She was also held in Colnbrook's care suite and taken on occasional emergency trips to hospital, for rehydration and sustenance as she frequently refused food and drink at the Centre. Board members visited her on numerous occasions; the last time we saw her was through a glass door in the care suite, partly clothed, in nappies, rocking backwards and forwards chanting to herself. A bed in a mental health hospital was finally found for her. She spent a total of 23 days in HIRC.

The Board questions why someone like Ms B was detained in such a mental state in the first place, but even more so, why the gatekeeper maintained continued detention when it was obvious for all stakeholders that this vulnerable person was not fit for detention.

4.4.7 The approach to ensuring 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 a) their health could be significantly affected by continued detention, b) a suspicion that they have suicidal tendencies, or c) a concern that they may have been a victim of torture. In 2022 there were 2,093 Rule 35 applications in HIRC. (See also Section 6.1.9)

4.4.8 In 2022 the Centre looked after five detainees with physical disabilities, all of whom had VACPs raised and related personal emergency evacuation plans (PEEPS) put in place.

4.4.9 In reviewing the Contractor's monthly reports and in speaking with officers, the Board 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. 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. There were 58 use of force incidents in 2022, down from 122 in 2021 (handcuffs 20 times and guiding hold 38 times). This trend of reduced use of force is welcomed by the Board.

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 2022 were almost entirely in line with their representation as a percentage of the Centre's population.

4.5.3 The command suite was opened 20 times in 2022 (up from six in the previous year). Of these, the majority were linked to numerous power outages, some incidents at height or concerted indiscipline. Apart from the serious incident at Harmondsworth in November, where the National Tactical Response Group (NTRG), Police, and Fire Service were called to assist, all other incidents were resolved peacefully locally without the involvement of national teams. There was particular dissatisfaction among the Albanian detainee population. This led to a few courtyard protests and the command suite was opened four times in three weeks due to unrest. 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.

4.5.4 The disproportionate size of the Albanian population (at times representing more than 50%) led to some tensions among the broader population, which resulted in some safety incidents. Examples included concerted acts of ill-discipline (repeated damage to property e.g., washers/driers) the above-mentioned courtyard protests about food and DET engagement and concerns about the lack of availability of literature in Albanian.

4.6 Substance misuse

4.6.1 There were 58 drug finds in the Centre in 2022, up from 40 in the previous year. 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 were used throughout the Centre on a regular basis, with three visits in 2022. 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 2022 all new staff members (122 staff) completed the security training which covers generic security procedures and 219 existing staff attended their MOCR training which covers generic security procedures

5. Fair and humane treatment

5.1 Escort, transfer and transport

5.1.1 C&C Centre staff manage escorting arrangements for such things as routine hospital appointments. Detainee movements beyond HIRC to other IRCs are organised by the Home Office's Detainee Population Management Unit (DEPMU) and managed by Mitie Escorting Services (ES) using ES vehicles

We are not aware of any particular concerns regarding these movements, with one significant exception, namely evacuation of the Harmondsworth site over the weekend of 4 – 6 November 2022. A power outage in the area around the Centre eventually led to 506 detainees being transferred to five different centres across the country. Eleven coaches were used to move the detainees to the various centres, including next door to Colnbrook. No force was used to remove the detainees and Healthcare staff worked well to ensure that detainees in need left the Centre with their medication. However, many detainees were transferred without their possessions, with which they were not reunited for some time. We also heard of detainees remaining on coaches for lengthy periods of time before they were rehoused.

Case Study #3

At 2am on Friday 4 November there was a power outage in the area around HIRC. While the Colnbrook standby generator successfully kicked in, the Harmondsworth one failed, eventually prompting the evacuation over the weekend of 506 detainees to five different centres across the country. Harmondsworth was finally declared empty at 3.30pm on Sunday 6 November.

An initial plan to evacuate the site on the Friday was halted when management incorrectly anticipated imminent resolution of the issue. A more limited Contingency Plan was instead actioned. It included the provision of bottled water and the setting up of a barbeque to provide detainees with hot food. Nevertheless, with sporadic power, heating and (at least for part of Friday) water, the atmosphere at the Centre was increasingly tense. As the day progressed, detainee frustration grew and resulted in damage to parts of the Centre. Concern for the safety of both staff and detainees was such that the NTRU was called on to assist (although deployment was delayed because the request was initially sent to the wrong person). At around 6pm on the Friday, some detainees who had gathered in one of the courtyards started a fire in a bin. It was quickly extinguished by officers and around 100 detainees were locked out, unable to return to their rooms. No attempt was made to explain the situation to them. As it became increasingly cold, the detainees, some in T shirts and flip-flops, set fire to rubbish and later mattresses in an attempt to keep warm. At around 2am on Saturday, they were finally able to get back inside the Centre by breaking a ground floor window to facilitate access.

A decision to evacuate Harmondsworth was finally taken on the morning of Saturday 5 November, with a total of 11 coaches lined up to transport the detainees across the country, including next door to Colnbrook.

Management of the evacuation seemed mixed. The Healthcare Team worked well to ensure that detainees in need left the Centre with their medication. There were however issues with some detainees – especially those who were the first to leave the Centre – being moved without their possessions. The situation was later exacerbated when there were long delays in returning belongings to the impacted detainees; although we recognise that the Police decision subsequently to declare Harmondsworth a crime scene and therefore limit access by C&C to recover property, didn't help. A number of ACDTs were also destroyed during the evacuation, creating potential issues for the receiving centres with regard to the nature and needs of some of the evacuated detainees. We also heard reports of low stocks of 'destitute' clothing for those detainees moved from Harmondsworth to Colnbrook.

The first coach left at 11.35am on 5 November and the last coach at 2.58pm on 6 November. No force was used to remove the men.

There was an IMB member on site for most of Friday and over the weekend. We were therefore able to see events unfold in real time. We recognise that the incident threw up some significant challenges and we commend the agencies for many of their efforts in response. However, despite their best efforts, pressure grew throughout the weekend, much of which we would put down to a lack of effective communication with the affected detainees. Subsequent discussions between the IMB and detainees evacuated to Colnbrook suggest this was a major frustration; many detainees simply didn't know what was happening. As noted above, care for the removal of personal possessions, for ACDT documentation and the basic provision of warm clothing, suggest that contingency planning for the event could have been better.

The IMB submitted many of these points to C&C and to the Home Office in the days immediately following the evacuation and we would have welcomed the opportunity to expand upon them at the Lessons Learnt exercises run by the Home Office and by C&C. Unfortunately, despite assurances, an administrative error meant we were not invited to the C&C event. We never received an invitation to the Home Office one. This was disappointing.

5.1.2 The IMB's charter flight monitoring team (CFMT) monitors and reports on the conditions and treatment of 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. As noted in Section 7.4 below, the CFMT 2022 annual report will report on the detainees' welfare en route from HIRC to Boscombe Down for a flight to Rwanda on 14 June 2022 and reaction to the subsequent cancellation of the flight.

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.

5.2.2 Covid restrictions were followed for a considerable part of the year, resulting in units in and out of isolation for weeks during January to May as asymptomatic positive-testing detainees were kept in isolation / quarantine for prolonged periods, and therefore had limited access to fresh air and to the regimes. Mandated Covid-related restrictions were only lifted in August 2022. The mismatch between community guidelines and IDE guidelines caused considerable confusion and distress to detainees, who could not understand why there were still restrictions in place.

During the first quarter, Covid restrictions also resulted in relatively low numbers of detainees in longer term detention and meant that rooms remained single occupancy during the first few months of the year.

In November, following the power and water outage and subsequent evacuation, Harmondsworth was empty, with only a small number of residents returning to the site in December.

5.2.3 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, units which the Board considers would benefit from a significant investment to deliver a major overhaul to bring them into line with the remainder of the Harmondsworth estate.

5.2.4 Although the very considerable pressures caused by the IRC being designated an STHF in 2021 were not repeated in 2022, there were occasions during the year when an influx of SCA residents meant that some were housed in the same units as longer-term detainees, noted as a concern by members of the Board. Moreover, during May and June, when numbers began to increase substantially in Harmondsworth, residents complained about a lack of bedding, towels, toothbrushes, shampoo, and other essentials. It was clear that the numbers of arrivals and departures was putting strain on the smooth running of some of the units. In all, 1273 SCAs were processed through the Centre between 1 January and 18 October 2022.

5.2.5 Cleanliness in the units was generally of a reasonable standard, although this was not always easy to achieve given the number of residents smoking inside the Centre, contrary to regulations. Although a lockup in the middle of the day provides a useful opportunity for cleaning and many detainee workers take great pride in keeping their units clean and tidy, there were occasions when workers would complain that the debris from the smoking was so bad that they did not see the point in continuing to clean.

5.2.6 Damage to washing machines and tumble dryers remained frequent, with machines remaining unfixed for periods of time. In May and June, a number of TV channels in half of the Centre's rooms ceased to work, causing much distress to detainees for a lengthy period of time. The central lift in Harmondsworth, used to move equipment and people between three floors, was out of action at some time during five months of the year.

5.2.7 The nature of the shower provision varies according to the accommodation type in the two sites, but all are shared facilities with individual cubicles. Problems with both toilets and showers, including reports of blockages and bad smells, are not uncommon. Toiletries are available to purchase through the Centre shops, or alternatively can be retrieved from a detainee's own property delivered through a property request. During May, when the number of residents increased sharply in Harmondsworth, the queues for the shop increased exponentially, leading to arguments, scuffles and complaints. Suggestions were made as to how to improve the queuing system, which were actioned, but the shop remained a source of contention during the remainder of the second and through the third quarter of the year, with applications made to the Board about insufficient supplies and changes to working hours. These issues no longer seem problematic.

5.2.8 During the course of 2022 issues relating to heating and ventilation remained to the fore, culminating in the major power and water outage at the beginning of November (see Case Study 3 above). During the year, there were 22 instances of loss of power recorded within the Centre, as well as seven instances of loss of water, five instances of loss of gas, and three instances of loss of communication. Remedial works have been in evidence throughout the year, but the case for a major renovation programme in the Centre in order to deal with systemic issues regarding power, heating, cooling and communication cannot be clearer. The Board has repeatedly raised concerns regarding the Centre infrastructure, and would urge the Home Office to undertake a major programme to provide for a reliable and safe environment for all who live and work in the Centre at the earliest opportunity.

5.2.9 Although Board members are aware of a few bed bug incidents, staff do aim to act quickly on any suggestion of bed bugs and have moved detainees out of potentially infested rooms until cleaned.

5.2.10 Detainees have 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).

5.2.11 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.

5.2.12 The multicultural, ethnically diverse and changing nature of the population makes it difficult to cater to all tastes. Many special diets were catered for, and celebratory meals provided for occasions such as Christmas, Eid and Guru Nanak Gurmurb, as well as St. David's Day and Pancake Day. During the hot summer

weather, ice-creams were available all day on one occasion, and at the end of August a very popular Hawaiian evening took place. For the Ramadan fast, detainees provided weekly feedback and requests were taken on board to ensure that dietary needs were met. The cultural kitchens, where detainees can cook their own meals, continued to be popular.

5.2.13 During the course of the year, Detainee Consultative Committees (DCC) meetings, where detainees can make suggestions about menu choices and ingredients, took place 36 times.

5.2.14 Detainees were also able to purchase food items from the Centre shops. This includes snacks and sweets, soft drinks, pot noodles, condiments etc. As mentioned above, complaints regarding the availability of items in the Harmondsworth shop did occur on a number of occasions, particularly during the surge in numbers in May and June, but the shops remain a very popular amenity.

5.2.15 Food does, however, remain the source of a considerable number of oral and written applications to the Board (49 in all, up from 19 in 2021) and was also the cause of protests by residents leading to the opening of the command suite on a few occasions. It also came up on 24 separate occasions during DCC meetings. In addition, there were a couple of petitions signed by a sizeable number of detainees complaining about the range and quality of the food. Food has been linked by detainees with weight loss and sickness. On a number of occasions members of the Board were approached by detainees who advised that medical requirements regarding food were not being followed; that the serveries had run out of food; and, on two occasions, an error from a catering supplier meant that Hindu detainees were inadvertently served beef instead of chicken. Feedback was given to the supplier immediately and has resulted in a new 'dimpling' effect on the patties to ensure this doesn't happen again.

5.2.16 The Board recognises ongoing efforts by the Contractor to cater for a changing and diverse population and that menus have been adapted in response to detainee requests; however, the Board's experiences during 2022, marked in particular by the protests, mean we increasingly see food as an issue not just of humane treatment but also as integral to the Centre's safety. We therefore urge the Contractor to maintain vigilance and flexibility with respect to improving the food offering.

5.3 Separation

5.3.1 Rules 40 and 42 of Detention Services Order 02/2017 (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 contain mandatory instructions and specify, 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.

The Detention Centre Rules also make 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.

In 2022 Rule 40 was implemented 105 times; Rule 42 was used three times. On a number of occasions, detainees were removed to the CSU using control and restraint.

5.3.2 In general, the Board is informed promptly about detainees being moved to CSU and members 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 segregation for a limited period of no more than 24 hours, with a few remaining in the CSU for up to three days. During the course of 2022, however, there were a number of examples of the CSU being used for reasons which, the Board considered, strayed outside the Rules. These cases related to the removal from association of detainees who advised the Centre management that they were not happy to share a room for physical or mental health reasons.

Other cases related to certain detainees who were taken to the CSU, on occasion a number of days in advance of removal directions. In 2022, the number of removals to the CSU in anticipation of removal directions represented over one third of all detainees held in CSU. Cases also related to individuals, few in number in 2022, who, for whatever reason, did not wish to reside with the general population in the Centre, who were vulnerable, and who remained housed in the Harmondsworth CSU for extended periods whilst decisions were made as to their transfer elsewhere (within the Centre, to another IRC, or to a mental health facility).

At no time during 2022 did Harmondsworth reach anywhere near capacity, and it was therefore unclear to the Board why Rule 40 accommodation was felt to be “necessary, a last resort, justified and proportionate to the risk presented”, when there did not appear to be a threat to the safety and wellbeing of individual detainees or others, and when there were rooms available for single use, as well as rooms available elsewhere in the Centre for those who did not wish to reside with the general population.

As in previous years, we have seen a small number of vulnerable detainees (adults at risk and with serious mental health problems) housed in the CSU for periods in excess of a couple of weeks. We continue to question the use of segregation at all for detainees exhibiting behaviour which appeared to be rooted in ongoing mental health issues.

Case study #4

Mr C began to express thoughts of self-harm and suicide shortly after his arrival at HIRC, thoughts which were repeatedly reported by officers. He was referred to the mental health team on a number of occasions. He made it very clear to members of the Board that he would rather die than be returned to his country of origin, which he

had not lived in for a considerable period of time and in which he feared persecution. He proceeded to self-harm and was placed in the CSU for his own protection. His stay in the CSU was not a positive experience. On his return to the unit, he continued to self-harm through food refusal, leading to a considerable deterioration in his physical health. He ended up in hospital, and a decision was eventually taken, almost a month after his stay in the CSU, to release him.

The Board questions why someone who was clearly very vulnerable, whose distress and emotional state had been recognised and reported on numerous occasions prior to the self-harm incident which led him to being removed to the CSU, should have been in detention for any length of time at all, and why the CSU was felt to be the appropriate location for him at any time.

We understand the challenges faced by HIRC in ensuring the safety and wellbeing of the detainees themselves and others, but we continue to reiterate that, in circumstances in which detained individuals present with mental health problems, we consider that the use of the CSU for prolonged periods of time can never be justified.

5.3.4 Accommodation in the CSU 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. Members of the Board did note that detainees housed for periods in excess of 14 days benefited from limited access to the regimes, including the segregated use of gym, library and other facilities.

5.3.5 Multidisciplinary reviews take place as required under the Detention Centre Rules. Board members are invited to attend if they are present in the Centre. We raised the issue of ‘overcrowding’ or overwhelming detainees during these reviews in our 2021 annual report and have observed some progress in this area, within the bounds of spatial limitations in the CSUs.

5.3.6 The Board continues to be impressed by the caring, professional and patient behaviour of specialist CSU staff and is particularly pleased to see Poppy, the emotional support and pets at therapy (PAT) dog, who was introduced to the Centre in 2021, being taken to see residents in CSU. We have observed many occasions when positive staff actions have turned potentially difficult situations around. It is not unusual to find a member of CSU staff and a detainee quietly chatting and sharing stories together in the courtyard in a genuinely friendly and supportive way.

5.4 Staff/detainee relationships

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

5.4.2 Issues with recruitment and retention are acknowledged by the Contractor, which has shared details of campaigns, benefits and incentives schemes to stabilise the workforce. In particular, the Contractor launched the 'Make Heathrow Great' (MHG) campaign during the latter part of the year, to give staff a say in the how they are managed and an input into how the Centre is run. The aim of MHG is to promote the HIRC as a great place to place to work, aiding recruitment, retention and staff wellbeing. The Board welcomed all these initiatives.

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

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

5.4.5 In 2022 detainees continued to experience a lack of engagement with the detention engagement team (DET). As in previous years, the greatest number of concerns raised with Board members related to communication regarding immigration cases, in all 42.4%. Applications included not being allocated an EO until days after detention; phones being unanswered or rooted to 'dead' numbers: being unaware of replacement EOs taking over; being left without updates on their cases for weeks on end; and that, having signed the requisite forms for voluntary return, weeks passing by with no communication regarding flights.

Case study #5

The Board came across a detainee who went on hunger strike in order to draw Home Office attention to his plight. He had come to the UK to do a Masters' Degree and after a year of hard work and full attendance, he was looking forward to the graduation ceremony, for which he hired a gown and hat online. However, because of a suspicion that he worked more than the allowed time during term time he had been taken into detention. The Home Office did not provide any proof to substantiate their suspicion to the detainee's solicitor. They also ignored the detainee's four handwritten, heartfelt and increasingly desperate letters, which set out why attendance at his university's graduation ceremony was so important to him. In the end, the detainee was released one day after the graduation ceremony took place.

*When we raised this case at a monthly meeting, the Board was informed that caseworkers were inundated with messages from detainees and had simply no time to respond to individual letters. The Board is disappointed, not only by the late release but also that the local EOs, who had forwarded the detainee's letters to the caseworker, and whose role it is foremost to **engage**, did not even acknowledge the receipt of the correspondence as a matter of common courtesy, to give the detainee the feeling he would be taken seriously.*

Aside from causing considerable anxiety, frustration and distress to individual detainees, poor communication can have a significant impact on other detainees. On one occasion, the action of one detainee who climbed on netting and refused to come down until a plane was organised to take him back to his country of origin, led to the command suite being opened for a protracted time period. This prompted two residents to damage Centre property out of frustration at being confined to their rooms while the impasse was resolved. They were relocated to the CSU.

The lack of engagement by the DET was mentioned in every incident of concerted indiscipline during the year. Attempts were made by DET to meet with the individual protesters following these incidents but it remains clear that more needs to be done to ensure adequate engagement for detainees if these protests are not to be repeated at regular intervals.

During September, a number of SCA residents were detained in the Centre for between 18 and 20 days, with some reporting that they had not been interviewed for 10 days, periods way in excess of the seven-day maximum detention period allowed by the Rules.

5.4.6 The degree to which all aspects of the asylum process were communicated to detainees, the quality and quantity of information provided to those at risk of removal to Rwanda under the MEDP, were all areas discussed on a number of occasions at Board meetings.

5.4.7 Of particular concern to the Board was the level of communication regarding case progression, and particularly delays regarding the provision of 'approved' accommodation. There were frequent approaches to the Board regarding the delays experienced by detainees who had been granted bail and remained in detention for weeks, indeed months, awaiting decisions on accommodation. The impact on the mental health of these detainees was appreciable.

5.4.8 As noted above, all of these issues were flagged repeatedly in our rota reports and monthly reports throughout the year. We recognise continued recruitment challenges faced by the Home Office over the past year, but we continue to urge DET to do more to ensure adequate engagement for detainees.

5.4.9 The Board was pleased to see the introduction of surgeries on both sites, during which DET members made themselves available to detainees in the Welfare Office. The Board observed that the surgeries were generally well attended, and often oversubscribed, as detainees recognised that this was an opportunity for an update on their case. When we asked whether the number of surgeries could be increased, we were told that additional officers could not be spared. The surgeries ceased in Harmondsworth when the site was evacuated in early November and did not return when the site reopened in December. We would encourage DET to reopen and expand this additional method of communication.

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.

5.5.2 There are numerous noticeboards throughout the Centre which describe the work of the diversity team and give information on how to reach out for support. The treatment of transgender detainees has been discussed in Section 6.4.4.

5.5.3 Physically disabled detainees can be, and are, accommodated within the Centre. Both sites have specialist disabled rooms which are larger than standard and have a wet room area within. Most stairwells have signage to remind any detainees who struggle with mobility to ask for help. Both sites have lifts (only accessible if accompanied by a staff member with a pass) to enable access to different regimes on different floors for detainees with mobility issues. During the course of 2022, as described in 5.2.6 above, the main lift in Harmondsworth from the ground floor to the Healthcare departments 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.

5.5.4 In 2022, five detainees were recorded as having a disability. Disabilities are identified through a variety of means such as interviews with the resident, 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).

5.5.6 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), the Big Word (telephone interpreter service) is available for detainees.

The Board notes that in the Independent Chief Inspector of Borders and Immigration's report: Third annual inspection of adults at risk in immigration detention, published in 2022, the third recommendation requested that the Government consider opportunities for improvement of the current interpreting and translation services used in IRCs including the provision of in-person interpreting for detainees' most common first languages (such as Albanian). The Board would welcome any improvements to access and capacity of these services, particularly as HIRC houses considerable numbers of detainees from national populations (as set out below) who have significant language interpretation and translation needs.

5.5.7 In 2022 the largest national population in the Centre was Albanian (37.9% at year-end). Other notably large populations were from India, Brazil, Romania and Vietnam.

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 the Rastafarian and Jewish faiths 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 2022, the pastoral care team continued to evolve how they carried out services due to the

varied 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 of 30, 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 that the places of worship within HIRC are well maintained and religious needs are being very well met.

5.7 Complaints

5.7.1 Detention Services Order 03/2015 about handling official complaints in immigration removal centres sets out the guidance which must be followed for the complaints process. This Order was recently updated (November 2022) to clarify the handling, investigating and escalation processes for complaints relating to different agencies or areas of service, including the new Independent Examiner of Complaints which was introduced by the Home Office on 17 October 2022.

5.7.2 Complaints regarding healthcare must follow the PPG procedure of Healthcare complaints; they may include issues such as appointments with doctors (for example; delays, waiting times or cancellations), prescribing and medication issues (for example; changes, errors, delays or refusal to prescribe), delays in obtaining referrals and staff behaviour, attitudes and communication.

5.7.3 Detainees can raise a complaint about the Contractor or DET officials 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.

5.7.4 The Compliance team collect complaints from the boxes daily. They screen the complaints, log them locally, and send these to the Detention Services Complaints team who allocate these to the appropriate person or team. If upon screening the complaint it is perceived that there is an immediate risk to the safety of individuals (e.g., self-harm intent) or to the good order of the IRC (e.g., planned protest), then the officer would immediately alert the Contractor to take the appropriate action. The standard turnaround for responses is 20 working days. If the complaint is of a more serious nature e.g. serious misconduct, it can take up to 12 weeks as such allegations will always be referred to the Home Office Professional Standards Unit, in line with the DSO 02/2020 Commissioning of Investigations. The log used to record complaints will record the topic of the complaint itself, and its outcome (substantiated or otherwise). A copy of this is shared with the Board each month.

5.7.5 If detainees are unhappy with the response that they receive they are able to escalate the situation for an independent external review. This will now include the new Independent Examiner of Complaints, whose team is tasked with providing a

case specific complaint and resolution service, available to those who have exhausted the relevant Home Office complaints process and remain dissatisfied with the outcome.

5.7.6. DSO 03/15 sets out that every effort should be made to respond to a complaint, even if the complainant has moved to a different centre, left the removal estate, or has been removed from the UK. Where no forwarding address or contact details for the complainant are contained in records accessible to the supplier or Detention and Escorting Services, the complaint response should be held on file in case of future contact.

5.7.7 Although the introduction of the new Independent Examiner of Complaints is to be welcomed, it is to be seen what impact this will have on a system which already has extremely long lead times.

5.7.8 Complaints are grouped into themes including minor misconduct, property lost/stolen, availability of service, physical environment, catering, and poor communication. In 2022, the greatest number of complaints related to minor misconduct (43, 32% of the total), followed by property lost/stolen (33, 24% of the total), availability of service (23, 17% of the total), and physical environment (16, 12% of the total). The greatest number of substantiated and partly substantiated complaints related to property lost/stolen (nine in all), which resulted in compensation of £300 paid by the Contractor to those whose property was lost/stolen.

5.7.9 These issues were also reflected in the applications received by the Board on our rota visits during 2022. The top two subjects detainees wished to speak to us about related to their immigration cases, including access to legal advice, followed by health, including physical, mental and social care. Accommodation issues, the use of force and removal from association, food and catering were also brought up frequently by detainees.

5.7.6 In all, 85% of the official complaints made during 2022 were unsubstantiated. Detainees expressed their scepticism to members of the Board regarding the process for carrying out the investigation of complaints, suggesting complaining about anything was pointless. In respect of complaints about service delivery, this was especially the case regarding food and catering, for which the Board received many more applications (49 in total) than the eight received by the Contractor, all of which were unsubstantiated upon investigation.

5.7.6 Complaints about healthcare services and provision are managed directly by PPG. 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. Official complaints totalled 16 in 2022; whilst, as a Board 23% of all concerns raised by detainees during 2022 related to healthcare issues.

5.8 Property

5.8.1 All detainees' property is kept in locked storage facilities on site. Detainees are able to take clothing, toiletries and personal items to their rooms, where they have

very limited storage space. All property is logged on entry to the Centre, and although mistakes are sometimes made, on the whole this process appears to work well. In 2022 property lost or stolen was the subject of 33 official complaints by detainees. As noted in 5.7.8 above nine were substantiated, either in whole or in part. Property loss, particularly during transfer or in another establishment or location, was brought up as a topic of concern on a significant number of occasions.

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

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

5.8.4 Property going missing can cause great anguish to a detainee. A recurring problem is property going missing between prison and HIRC where the detainee arrives, but their property doesn't. Whilst in most cases the property is eventually found and returned, it seems to us an unnecessary stress for people to go through. In one case, some very important items of a detainee's property did not transfer with him from prison. Numerous attempts were made by officers from the welfare team, as well as the Home Office, to locate the items, which were eventually traced through contact between IMB members. The property had been missing for many months and its apparent loss had caused the detainee considerable distress. The apparent lack of coordination between prisons and HIRC in the matter of detainee's property is the source of some frustration.

5.8.5 All property received into the Centre is scanned for the presence of drugs. There were 58 positive substance finds in 2022.

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

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 HIRC has the largest and most comprehensive healthcare provision in the IDE. Practice Plus Group (PPG) officially took over the management of healthcare provision at the Centre from Central and North West London NHS Foundation Trust on 1 April 2022. Healthcare delivery is now jointly provided by PPG, Barnet, Enfield & Haringey Mental Health Trust (BEH) and Forward Trust. BEH is responsible for psychiatrist and psychology provision whilst Forward Trust provides psychosocial interventions.

6.1.2 With a few exceptions, the breadth of services on offer remains broadly the same under PPG. Changes include fewer GP clinics on both sites, six not seven-day coverage by Mental Health nurses and regular phlebotomy, optician, podiatry and sexual health clinics.

6.1.3 Dentists visit the site twice a week. They offer basic care which is, on occasion, at odds with some detainee expectations. Some, rather unrealistically in the Board's view, hope for more sophisticated work such as multiple crowns. 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.

6.1.4 All detainees are given a face-to-face health screening on arrival in reception and receive a healthcare information pack. There is, in addition, good access to information about healthcare provision throughout the Centre, including information about how to book appointments on notice boards. Within the healthcare clinics themselves, there is a great deal of information translated into multiple languages alongside picture/visual notice boards.

6.1.5 An online system exists to support dispensing and to arrange appointments. There is a solid contingency plan to ensure continuity of care in the rare event of systems failure (it occurred only once during 2022 and for just a couple of hours). Of note, dispensing of medication continues without fail as healthcare immediately reverts to a paper system. Some appointments continue, and the system can be accessed by two separate laptops.

6.1.6 Dispensing errors are thankfully rare, although the Board did come across a couple of incidents in 2022 when two detainees maintained they were given medicine prescribed for a different person. Neither case was ever verified; however, in discussion with the Board, the Healthcare Provider advised us of a two-step process of identification – a 'check in' with the officer in the waiting area followed by card verification (against the online photo) at the dispensing window.

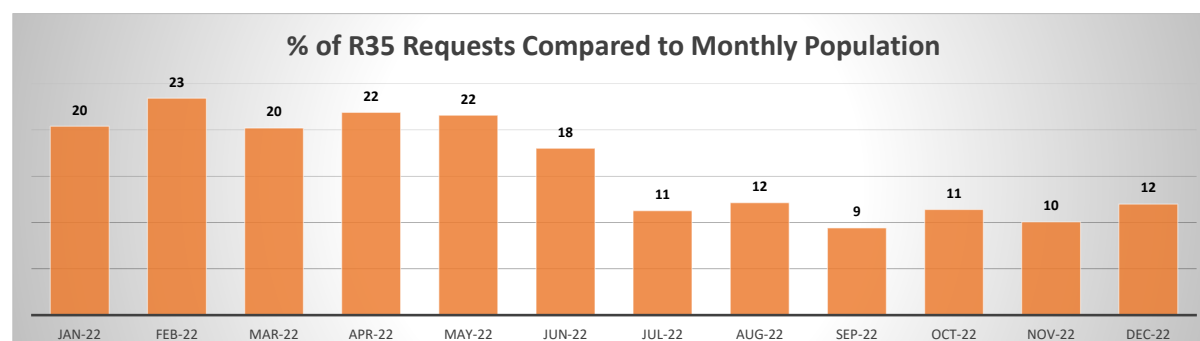
6.1.7 The IMB receives both written and verbal applications from detainees relating to a range of issues, including healthcare provision. In 2022, 23% of our caseload involved healthcare issues. Official healthcare complaints (routinely handled by the Healthcare Provider for confidentiality issues) totalled 16. None were fully upheld; only two were partially upheld.

6.1.8 The Board is updated on staff vacancies monthly and acknowledges the work of the Healthcare Provider in trying to recruit new team members. Nevertheless, despite the switch in provider and a proposed 16% increase from PPG in overall staffing levels across the Centre, staffing remained a key concern for the IMB throughout the year.

The IMB appreciates the pressures of recruiting into a high security environment. The security clearances required take time and can significantly impact capacity. We applaud every effort to fill the gaps. However, the year-end vacancy rate of 59%, with significant gaps in mental health and primary care roles, is unsustainable, particularly as, post-Covid, the number of detainees across both sites begins to increase.

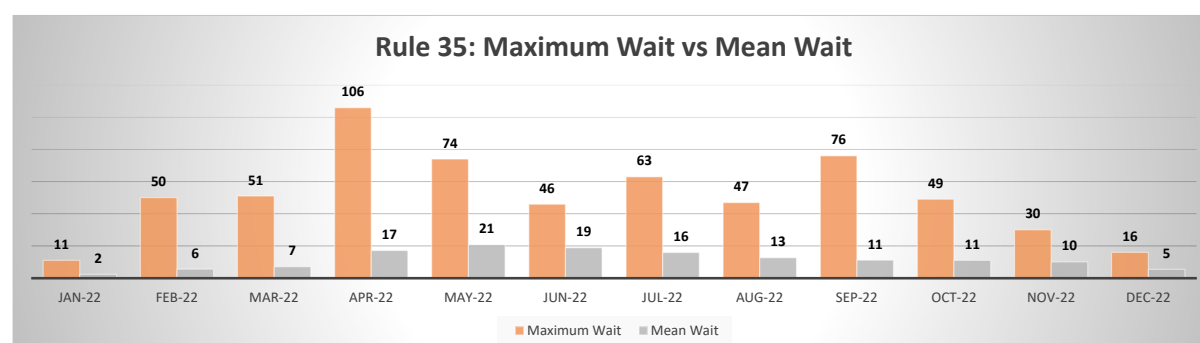
6.1.9 Detainees have often expressed concern to the IMB about the wait times for Rule 35 reviews (see Section 4.4.7). The Board monitors the situation relating to R35 applications, wait times and related application backlogs. On average throughout the year, 16% of the Centre's population at any one time requested a Rule 35 review.

Figure 1



6.1.10 We saw a marked deterioration in maximum and average wait times for a Rule 35 assessment (see **Figure 2**); one detainee had to wait 106 days for their assessment. Meanwhile the monthly average wait time throughout 2022 was 11.5 days. This was no doubt linked with the 51% increase in applications on 2021 (up from 1,385 to 2,093). The delay was, nevertheless, disappointing, particularly given that 50% of requests in 2021 were dealt with within one day. It underscores the material impact of healthcare staffing challenges faced at the Centre.

Figure 2



6.1.11 Detainees sometimes require secondary medical care. In these events they are seen at the local Hillingdon Hospital and are escorted by the Contractor's staff. *Routine* visit numbers rose to 159 during 2022 (up from 116 in 2021) reflecting the easing of Covid restrictions. As the detainee population increased so too did the number of *emergency* hospital appointments (up from 116 in 2021 to 135 in 2022). In Harmondsworth, which had the greatest number of such appointments (108 out of 135), the majority (74) took place between May and September.

6.1.12 A risk assessment is carried out prior to every hospital visit to determine if handcuffs are required for the journey. In 2022, it was deemed that 56% of all visits required handcuffs (compared with a far higher number of 81% in 2021). This reduction is welcome.

6.1.13 The IMB came across ten cases of missed hospital appointments during 2022. It transpired the causes for these were a mix of the hospital cancelling or inadequate forward planning to ensure (where required) escorts were available or taxis were booked. This was disappointing.

Case study #6

Mr D spent eight months in HIRC during which time he missed multiple hospital appointments over a number of months for a serious problem with his eye, due to ongoing failures to provide transportation. When he was finally seen in hospital and given a prescription, the appropriate medication was not available in HIRC; he therefore had to wait another week before securing his medication and getting some relief for his problem.

The Board repeatedly raised Mr D's situation at numerous Board meetings. Reasons given for the failure to deliver Mr D to hospital for his appointments included the taxi not turning up, lack of staff on shift and human error (i.e., not booking the car in the first place).

6.1.14 The IMB commends all efforts to ensure a level of emergency health care comparable to that in the community. However, though we are not medically qualified professionals, we continue to question the high number of emergency ambulance call outs particularly given the 24/7 fully equipped inpatient facility in HIRC. When challenged by the Board about this continued practice, the Healthcare Provider advised that some more risk-averse GPs will insist on emergency call outs when the nurse on duty may not agree. However, nurses cannot overrule a GP.

6.1.15 The Board accepts that statistics on 'unnecessary' call outs are difficult to collate. Some ambulances may often leave HIRC empty because the paramedics may not consider the detainee requires hospital treatment; however, this could well be because the detainee's condition has improved since the original call (not because the call was unnecessary). Some detainees also refuse to go to hospital. We understand that a review of ambulance use took place in 2021 and we welcome the Healthcare provider's willingness to repeat the exercise to see if there is any scope for improving the system to drive speedier onsite healthcare access for detainees.

6.1.16 We would also encourage a detailed review of the importance, including value for money, of the X-ray machine in Harmondsworth. It has been broken for some time, to the potential detriment of detainee care and effective use of resources. A decision should be taken about its future role at the Centre and action taken accordingly.

- Covid at HIRC

6.1.16 124 detainees tested positive for Covid during 2022.

6.1.17 A full vaccination programme was available to detainees, with 229 detainees receiving a total of 265 Covid vaccinations by year end. The Board noted the continued reluctance amongst some detainees to have the vaccine as they wrongly believed it could be used as a tool to make deportation easier. Healthcare and

Contractor staff 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, 60% of Covid vaccines had to be destroyed due to their shelf life.

6.1.18 As in 2021, VACPs were used to highlight any detainee with specific medical vulnerability to Covid.

6.1.19 As in the wider community, management of Covid at the Centre adjusted throughout the year. By August, systematic testing of new arrivals had stopped; new arrivals were instead given a personal testing kit which they were expected, but not obliged, to use and to report any positive results to healthcare. They would get reminder texts to test on day five of their detention.

6.1.18 By year end, Covid had minimal impact on the workings of the healthcare provision, with the majority of services (put on hold during the height of the pandemic) running once again. The key exception to this was the provision of group mental health activities. We understand from PPG that they hope to reinstate these during Q2 2023.

6.2 Physical healthcare

6.2.1 In July 2022, the Healthcare provider started to provide the IMB with details on average waiting times for routine/non-urgent GP appointments at HIRC. The figures are impressive, down to an average wait time of two days by December. Figures for appointments triaged by nurses were even more impressive with the delay between the nurse triage appointment and the GP appointment date in most cases between 0 and one day.

6.2.2 In general, most detainees kept to their booked appointments. A process is in place whereby patients receive a text message advising them to attend Healthcare. As necessary, the Healthcare provider also uses a 'runner' to try and contact patients to attend appointments. The runner is the DCO who is allocated to support Healthcare and is based in the waiting room.

6.6.3 The IMB monitors the levels of "did not attends" (DNAs) by appointment type each month and observed that mental health and substance misuse appointments had the best attendance records generally with only five mental health DNAs during 2022 and two substance abuse DNAs.

6.6.4 The attendance figures for nurse and GP appointments were not quite as impressive as for those with mental health and substance abuse concerns (see **Figure 3** and **Figure 4**). However, the IMB understands the comparatively high GP figures may in part be a reflection of when the data is logged and the fact that a "DNA" may be noted when a detainee had already been transferred or released (so was physically unable to attend).

Figure 3

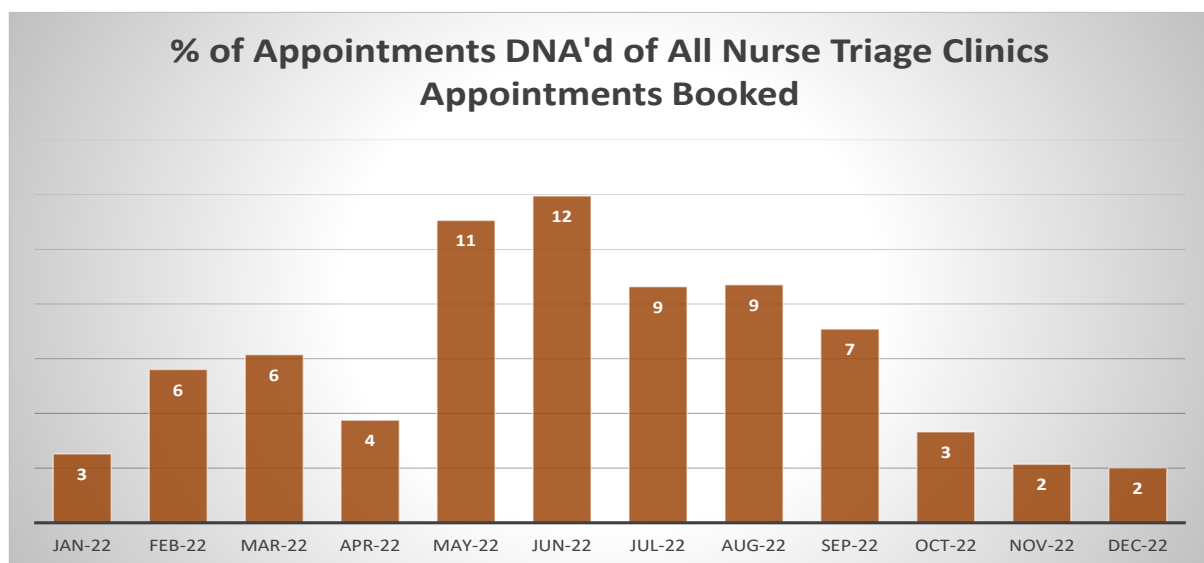
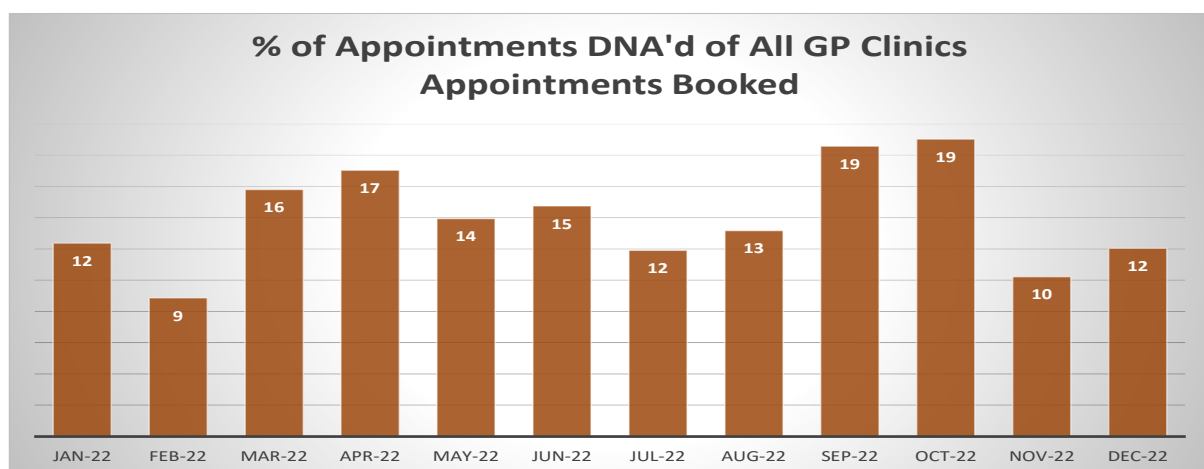


Figure 4



6.6.5 A Telemedicine Agreement was signed with Hillingdon Hospital in September aimed at minimising waiting times for planned appointments and reducing the number of hospital escorts. Discussions are currently underway to agree which conditions the Agreement will cover. The service is in addition to, not a replacement for, the current GP services provided at the Centre.

6.6.6 The offer of Blood Borne Virus (BBV) testing for Hepatitis C, HIV and Hepatitis B was introduced at Reception during 2022, along with retinal screening, as part of diabetes care.

6.6.7 In 2022, one woman was confirmed pregnant by the GP five days after arriving at the Centre and discharged six days later.

6.6.8 The Board came across a few examples of detainees not being sent the results of their blood tests. When questioned about this, the Healthcare Provider confirmed that, much like in the community, detainees will only be told of *abnormal* results, which will, in themselves, trigger a GP appointment. Detainees are advised of this by the nurse when their blood is initially taken; however, prompted by the Board, the Healthcare provider undertook to impress upon the nursing team how important it is to be clear about the process with detainees. The Healthcare provider also assured the Board that when detainees leave the Centre (either by deportation or release into the community) they will be given a printout of all the medical procedures they have had while at HIRC, including negative blood test results.

6.6.9 A number of detainees' solicitors struggled to gain quick access to their clients' medical records during 2022. The Board raised these delays with the Healthcare provider who explained that they (PPG) have reverted to the national target of a 30-day turnaround for any requests; CNWL had previously worked to their own seven day target.

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.

6.3.2 Whilst the IMB believes that the provision of support within the Centre is good, the wait times for transfer to outside mental health facilities can be extremely long, and this only adds to the distress of those already suffering. During 2022, only one detainee was referred to external mental health facilities, while others continued to be managed (in the Board's view, often inappropriately) within the Centre.

Case study #7

Mr E spent 24 days in the care suite due to severe mental health issues. He was denied medication for two weeks until a blood test established that an earlier overdose had not damaged his liver. As a result, Mr E suffered from severe withdrawal symptoms for the whole period. He saw the GP infrequently and there seemed to be little sense of urgency around progressing the blood tests. Mr E's detention was approved by the Detention Gatekeeper; however, the Board questioned this decision and also expressed concern about his care whilst in the Centre.

6.3.3 As noted above, 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.

6.3.4 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.

6.3.5 In 2022, 1,536 people were referred to the mental health team, (see **Figure 3**) down from 2,825 in 2021, of which 33 were accepted onto the mental health nurse caseload (see **Figure 4**) compared with 193 in 2021. This reduction in numbers however needs to be considered in the context of PPG taking over healthcare provision from CNWL in April 2022 and introducing new assessment processes. In this respect, the figures are not like for like.

Figure 3

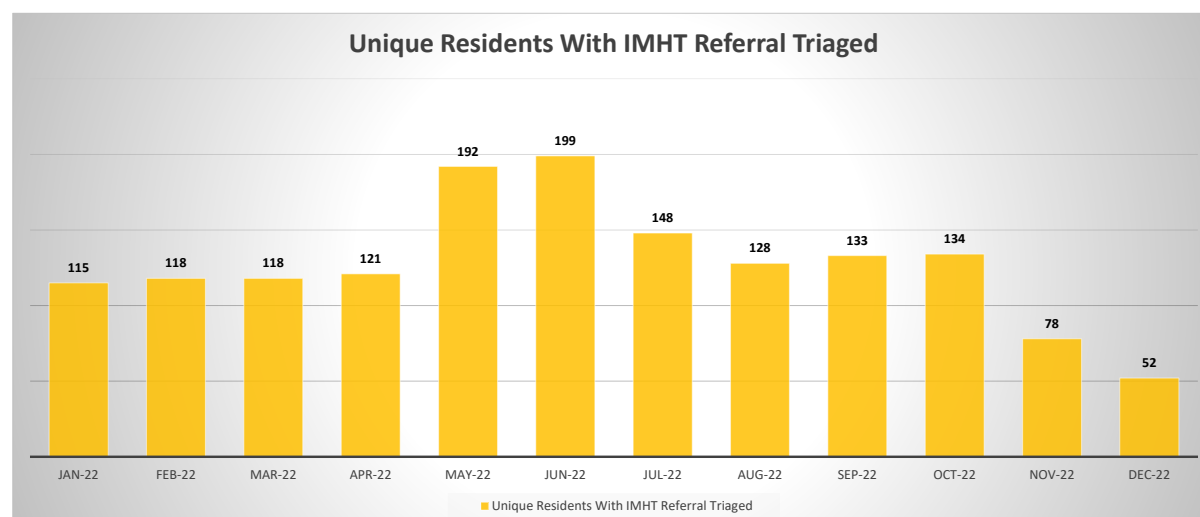
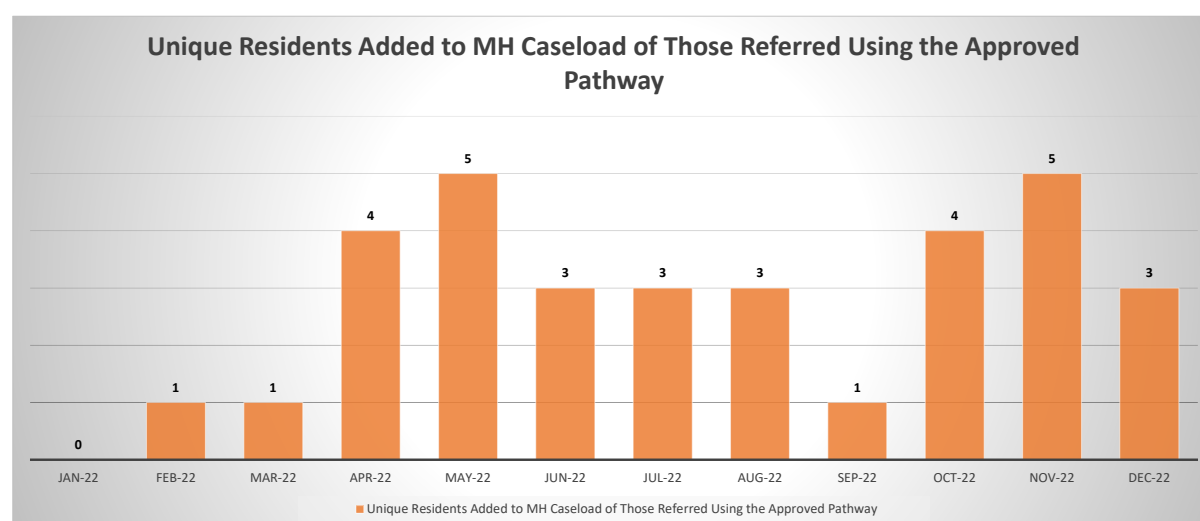


Figure 4



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 welfare rooms remained closed to detainees at the start of the year in line with the Centre's Covid protocols; however, 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 2022.

6.4.2 A number of recognised NGOs including Hibiscus, JRS (Jesuit Refugee Service) and BID (Bail for Immigration Detainees) continued to support the Centre, returning to face-to-face visits in February. The availability of the NGOs alongside details of the full offer from the welfare team is well promoted throughout the Centre. The IMB appreciates the work of both the welfare team and the NGO partners for their support of detainees.

6.4.3 There were five age dispute cases in HIRC during 2022, two of which were upheld and swiftly found accommodation in the community.

6.4.4 Detention Services Order 11/2012, implemented in February 2015, relating to the Care and Management of Transsexual Detainees, addresses issues such as living in an acquired gender role and where to locate that person in the detention estate. Five transgender detainees were held at HIRC during 2022. They were all transitioning to, or had completed their transition to, becoming women and were therefore mainly housed in Sahara, although a couple spent time in CSU and in the care suite.

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. Recreational activities include 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. Access to all the facilities in Colnbrook, including the shop, was restricted until July 2022. The Harmondsworth site also lifted restrictions in July, with the exception of a couple of units.

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 women need to be escorted out. The courtyards are suitable for team games, smoking and catching up with friends. And in 2022, pineapple furniture (specifically designed for safety and robustness and with anti-ligature features) was introduced in all units across the Centre, with the exception of the care suite.

6.6 Soft skills

6.6.1 The Board continued to be impressed by the excellent work undertaken in the art rooms. They remain a space of calm, pride and achievement. In 2022, HIRC

received recognition in the Koestler Awards, winning 26 awards. These included awards for sculpture, original singer/songwriter, computer generated music, drawing, and portraits. We commend the work in this area. Financial prizes are also offered by the Contractor to detainees for their efforts in art work, design and sugarcraft. During 2022, 2,422 competitions were held and a total of £6,641 in prize money was awarded.

6.6.2 Both sites offer a large range of wellbeing activities, including yoga and meditation groups, and the 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. Reporting processes changed mid-way through 2022 but the Board's calculations suggest the cultural kitchen was used by 615 detainees throughout the year, in order to produce around 7,000 meals for fellow detainees.

6.6.3 An impressive variety of cultural, sporting and other events were celebrated by the Contractor during 2022, 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.

6.6.4 There are a number of paid roles available for detainees to apply for including cleaning, catering and working in the barbers. Roles are advertised and interested detainees are selected on a first come first served basis once approved by the Home Office. All jobs pay £1 an hour and under Home Office rules detainees can earn a maximum of £30 a week. Detainees who frustrate their immigration case are not eligible for paid roles. A total budget of £77,109 was spent on paid work during 2022.

6.6.5 As a result of the 2016 Shaw Review into the detention of vulnerable people, the Incentives and Earned Privileges Scheme was abolished at the Centre in March 2022. The scheme had been seen as unfairly 'punishing' detainees for bad behaviour; it has been replaced by a more encouraging approach aimed at focussing on and recognising positive behaviour.

7. Preparation for return or release

7.1 Activities including education and training

7.1.1 Detainees have many opportunities for education and training. These include English language courses, health and safety, CV writing, customer service and hair cutting/styling. There are also numerous Open Learn 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 IMB was pleased to see an increase in the number and availability of publications in the Albanian language in the libraries towards the end of the year.

7.1.2 Many of the initiatives that existed in 2021 have been continued i.e. 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 barber offers a course in barbering, including advice on being self-employed. There is also the

opportunity to learn food hygiene for catering although the take-up of the cultural kitchen seemed low considering the number of complaints about the food that the IMB received. That said, in 2022 there were 2,295 meals produced via the cultural kitchen in Colnbrook and 2,165 in Harmondsworth.

7.2 Case management

7.2.1 Whilst it was good to see the face-to-face DET surgeries re-open in March after their closure during Covid, as noted above, the biggest issue the IMB was approached about during visits was the difficulty in accessing both EOs and case workers, specifically for updates on their stages of detention. IMB follow up checks were not always concluded satisfactorily as access to case workers by members is often not possible.

7.2.2 The average length of stay for detainees in HIRC in 2022 varied from a high of 57 days in February, to a low of 23 days in November. The average for the whole year was 44 days.

7.2.3 By December 2022, 67 people had been in detention for more than 60 days, and five for more than 180. The longest time for anyone in detention in HIRC had risen by the end of the year to 1,177 days, an unacceptably long time. The Board repeats our concern regarding 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 well equipped with specialist play areas and equipment. The halls are large and airy, and the spaces are as welcoming and inviting as can be expected. The children's play area is particularly impactful and would certainly help a child visiting a loved one. Hot drinks and snacks are available from a vending machine in Colnbrook; in Harmondsworth, the machine was removed and not replaced, and the Board repeatedly questioned the Contractor regarding its replacement, particularly as no alternative provision was offered. Increasingly, the serving of snacks is done by a detainee managed 'shop' stocked from the on-site shops. This gives a good opportunity for a detainee to have a purpose as well as visitors to engage with a person not a machine.

7.3.2 The visits halls were open in line with general community restrictions. Though the rule on booking in visits was not always clear, the staff at the Centre were very accommodating when unexpected / unplanned visits were needed. Overall, there were 2254 visits made to detainees in the year.

7.3.3 The Board strongly feels that visits are an important part of detainee support and wellbeing, and these areas should not be used for other activities such as in 2021 whereby SCAs were 'processed / accommodated' in them.

7.3.4 Skype calls were well used by detainees. Security approval is required prior to the call, with 457 calls approved in 2022. The calls take place in a secure area within the IT rooms.

7.4 Planning for return or release:

Case study #8

The Home Secretary signed The Migration and Economic Development Partnership with the Rwandan Government on 14 April 2022. The first flight under the scheme was scheduled for 14 June and it soon became clear that Heathrow would act as one of the main removal centres for the Charter.

IMB enquiries at the time about the selection criteria that would be used to identify deportees for the flight generally went unaddressed; Home Office officials evidently were not keen to share too many specifics with the Board. In the event, the earmarked detainees were given five days' notice of the flight (in accordance with established Removal Direction Rules) and the Board understands that, at one point, 28 HIRC detainees had been notified of their imminent removal.

Home Office support for the detainees running up to the flight seemed poor to the IMB. We noted, in particular, a lack of quality information about what the deportees could expect; an information pack talked in broad terms about the Rwandan climate, history and geography, but was extremely light on practicalities and what the deportees could expect on arrival in Kigali, which only fuelled anxiety. More generally, with the flight details kept confidential until just a few days before take-off, the atmosphere amongst all detainees across the Centre was noticeably tense, as many were nervous about their fate.

By 14 June, the number of HIRC detainees scheduled for removal had shrunk to six, as numerous appeals were lodged. All six were housed in the same HIRC unit to minimise disruption for detainees in other parts of the Centre. This seemed a sensible decision. However, tensions were undeniably high and one detainee attempted self-harm as he was being collected for the flight. All six were clear that they were unhappy with their removal. And while collections for the flight were logistically well managed, if highly charged, all six detainees were visibly upset by what was happening to them.

The Board recognises the increased security challenges associated with the MEDP Policy. Nevertheless, we would urge the Home Office to note our concerns about timings, general transparency, and the quality and availability of information for detainees. In our view, every effort should be made to minimise the stress, upset and increased chances of self-harm caused by the Policy, for both the affected detainees and the wider IDE community.

The CFMT 2022 annual report will report on the detainees' welfare on route from HIRC to Boscombe Down and reaction to the subsequent cancellation of the flight.

7.4.1 Preparation for return or release in general is an important part of the IMB's work, in that no detainee wants to be in the Centre so their removal / release is always at the forefront of our engagements. The complexities of the return or release process can confuse detainees as to the merits of their specific detention. For example, the perceived inconsistency of how SCAs are handled resulted in several discussions with detainees as to why people arriving in to the UK on small boats were housed in hotels and they were kept 'in a prison'.

7.4.2 A number of issues arise around detention release from bail and it is not always clear as to why, having been granted bail, a detainee is still in the Centre sometime later. The IMB believes that once granted bail, more effort should be made to release people in a timely manner.

Case study #9

The lack of urgency regarding the release of Mr F was particularly concerning. Once bail had been granted his deportation order was revoked four weeks later. He finished his licence three weeks after that, and the initial decision not to grant him settled status was also overturned. However, it was another eight weeks before he was finally released to emergency accommodation, found for him by the HO on the back of a Court Order. We find that detainees often misinterpret being granted bail with being released, which inevitably leads to frustration and angst. Whilst we recognise the huge pressure councils are under to find accommodation, we understand that detainees will sometimes be advised to declare themselves homeless in order to find accommodation more quickly.

7.4.3 The IMB came across too many instances where detainees who have agreed to be returned to their home nation were left waiting for several weeks. One man waited for two months to facilitate voluntary return having been brought into HIRC specifically for the purpose of returning.

7.4.4 There were several examples of paperwork being incomplete prior to removal directions being undertaken which resulted in detainees being moved back and forth unnecessarily. One detainee had numerous voluntary return flights to Spain cancelled due to all parties failing to secure his appropriate paperwork. He was woken on consecutive days at 3am for dawn flights, but with no paperwork to allow removal, his flight was cancelled. He eventually left HIRC two months later.

7.4.5 The IMB raised several concerns about the repeated transfer of female detainees between HIRC and Derwentside IRC. The distance between the two sites meant that the women were often housed overnight in Manchester, before continuing their journey in the morning. On arrival, on a number of occasions, they were

returned to HIRC for removal within 24 hours – a wholly unnecessary journey, causing disruption and anxiety to detainees.

7.4.6 One area of unintended confusion was the signage on Delta in Colnbrook which states it is an Induction Unit. Detainees assume this means their stays there would be short, whereas it is used as a standard residential unit. The Board did raise this as an issue and were advised this was National practice as every detention centre must have a formally designated “Induction” unit. We still feel this should be an easy issue to address, via some reworked signage.

8. The work of the IMB

8.1 Board members continued to carry out their work through conducting rota visits to the Centre throughout 2022. All members can be easily identified via posters which included 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. 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 PPG. The Board member follows up any actions with the detainee and maintains a confidential written record. The top two topics for discussion in 2022 were the same as in all 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 2022 we visited 221 times, in line with 2021. We spent an average of four hours per visit. Any formal incident is alerted by the Contractor to the Board member on duty by phone, email and / or text.

8.5 We dealt with 973 issues directly with detainees in 2022, an increase of 394 (or 68%) on the previous year. This is to be expected with the dramatically increased numbers in the Centre throughout the year following the full first year post lockdown. Given all the issues with the facilities detailed above (heating etc), it is not surprising to see the increase in the number of discussions raised on this topic. Applications about healthcare increased for the first time in two years. Our hypothesis is that during Covid, staff numbers remained steady, so with the massively decreased detainee numbers, the staff / detainee ratio was unusually high. Since the Centre capacity has returned to normal, a vastly increased number of detainees is trying to engage with a static number of healthcare staff, fuelling a feeling of frustration.

8.6 All Board members submit a rota report at the end of each visit as a record of actions taken. This report is circulated to all relevant parties; Home Office, the Contractor and PPG. As well as prompting action on outstanding issues, it helps drive continuity of support for 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 mandatory training in 2022. In addition, the Board continued to hold monthly training sessions via Zoom during which specific topics were covered. We were, for example, pleased to welcome guest speakers from the DET team and Hibiscus (NGO) 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. 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 disappointed to lose their very experienced Chair in 2022 owing to a potential conflict of interest relating to a new appointment. On a positive note, three new members joined during the year and further recruitment is underway. We encourage anyone reading this report to consider applying to join an IMB.

Board statistics

Recommended complement of Board members	18
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	12
Total number of visits to the establishment	HW – 110 CB – 111 TOTAL- 221

Applications to the IMB (Verbal and Written)

Code	Subject	Previous reporting year	% of total	Current reporting year	% of total	% var
A	Accommodation including laundry, showers	13	2.2	62	6.4	4.1
B	Use of force, removal from association	41	7.1	66	6.8	-0.3
C	Equality	4	0.7	1	0.1	-0.6
D	Purposeful activity including education, paid work, training, library, other activities	3	0.5	15	1.5	1.0
E 1	Letters, faxes, visits, phones, internet access	17	2.9	9	0.9	-2.0
E 2	Finance including detainees' centre accounts	2	0.3	8	0.8	0.5
F	Food and kitchens	19	3.3	49	5.0	1.8
G	Health including physical, mental, social care	119	20.6	225	23.1	2.6
H 1	Property within centre	16	2.8	15	1.5	-1.2
H 2	Property during transfer or in another establishment or location	4	0.7	27	2.8	2.1
I	Issues relating to detainees' immigration case, including access to legal advice	292	50.4	413	42.4	-8.0
J	Staff/detainee conduct, including bullying	20	3.5	40	4.1	0.7
K	Escorts	5	0.9	2	0.2	-0.7
L	Other	24	4.1	41	4.2	0.1
	Total number of applications	579	100.0	973	100.0	



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