

Report on an unannounced inspection of

Harmondsworth Immigration Removal Centre

by HM Chief Inspector of Prisons

5–16 August 2013

Glossary of terms

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Introduction

Harmondsworth is an immigration removal centre (IRC) adjacent to Heathrow Airport. Operated under contract by GEO, the centre is capable of holding just over 600 male detainees. When we last inspected Harmondsworth we found an IRC that was working hard to sustain improvements after the opening of a significant amount of new accommodation. This report is more mixed. The evidence suggested to us that improvement had slowed and that some outcomes had clearly deteriorated, notably in safety. A major concern is an inadequate focus on the needs of the most vulnerable detainees, including elderly and sick men, those at risk of self harm through food refusal, and other people whose physical or mental health conditions made them potentially unfit for detention.

Most living units remained settled and in our survey, across a range of safety indicators, the perceptions of detainees were reassuring. Violence was reasonably low and arrangements to tackle anti-social behaviour were generally effective. However the way detainees were received into the centre was in many respects poor. Detainees were kept in vehicles waiting to disembark, sometimes for hours, and reception procedures were completely inadequate. Detainees reported negatively about their initial experiences and too few felt safe over their first night, despite reasonably robust first night arrangements and a mostly adequate induction.

There had been an increase in the number of self-harm incidents since our last inspection but the care for those in crisis was good, despite some quite weak case management. The centre had also been managing well a significant number of detainees who were refusing to accept food, although we were concerned that immigration enforcement requirements were interfering with the contractor's attempts to focus on the care needs of some very sick and vulnerable individuals.

The centre was now holding fewer ex-prisoners but a number of security procedures lacked proportionality. Separation was being used excessively and was not in line with the Detention Centre Rules. Disturbingly, a lack of intelligent individual risk assessment had meant that most detainees were handcuffed on escort and on at least two occasions, elderly, vulnerable and incapacitated detainees, one of whom was terminally ill, were needlessly handcuffed in an excessive and unacceptable manner. These men were so ill that one died shortly after his handcuffs were removed and the other, an 84 year-old-man, died while still in restraints. These are shocking cases where a sense of humanity was lost.

The number of legal advice surgeries had increased but fewer detainees than we typically see had a lawyer. The role of peer supporters needed to be better regulated: we found evidence that some were filling the gap in legal support by providing advice about bail applications and other issues, something they were neither trained nor competent to do. The contact management team that interfaced between detainees and enforcement case workers was stretched and not fully meeting need, and the Rule 35 procedure that identified victims of torture and others with special conditions, was failing, as we often see, to safeguard possible victims.

The centre environment was divided between two older wings and newer accommodation that was prison-like in character. Some rooms were overcrowded and much of the centre was dirty and bleak. Engagement between detainees and staff was just adequate and too many staff seemed confined to their offices. In our survey too few detainees felt respected. Structures to support and encourage equality and diversity were not effective and poorly promoted, with the exception of some good support for lesbian, gay, bisexual and transgender (LGBT) detainees. Provision for faith and religious activity was strong. However, some significant gaps in health care remained and we were concerned that the continuing uncertainty and disruption likely with the imminent change of health provider meant there was significant risk and potential for deterioration in this service. The clinical management of substance misuse was, in our view, unsafe.

The range of recreational activity had improved since our last inspection, as had the number of paid work places, although many of these were mundane. Participation in education had similarly improved but remained low. Although more detainees felt they had enough to do, attendance, punctuality and access was constantly undermined by needless security and control impediments which served little discernable purpose. There was little that was formal or meaningfully accredited about learning provision.

Preparation for release was underpinned by some reasonably good welfare support and communications such as visits, and access to IT and telephones were satisfactory. Charter removals were generally well managed, although more could have been done to reduce the potential for conflict escalation during what is a tense and stressful moment in the deportation process.

It was hard to dispel the feeling that Harmondsworth was in a state of drift. There was some uncertainty about the future of the management contract. The centre did not seem to be progressing and some services were being poorly managed. Routines were maintained, but there had been, for example, little consideration of the changing nature of what was a potentially lower-risk population. A more careful and thoughtful analysis of need, identifying new priorities and new ideas, was required. Also needed was greater management energy and thought in implementing change and driving improvement. Most importantly, there needed to be a refocusing on individual needs of the most vulnerable people in detention, some of whom had been utterly failed by the system.

Nick Hardwick
HM Chief Inspector of Prisons

January 2014

Fact page

Task of the establishment

IRC Harmondsworth accommodates adult men detained by the Home Office's Immigration Enforcement division (formerly the UK Border Agency).

Location

Harmondsworth, West Drayton

Name of contractor

The GEO Group

Number held

570

Certified normal accommodation

615

Operational capacity

615

Last inspection

14–25 November 2011

Brief history

IRC Harmondsworth opened as a purpose-built facility in September 2000. In 2006, following a second major disturbance, two of the four original residential units were out of commission pending a substantial rebuild, reducing the operational capacity to 259. The GEO Group became the operating contractor in June 2009. In August 2010, five new residential house blocks, built to category B prison specifications, were officially opened, increasing operational capacity to 615.

Name of centre manager

Alan Hunt

Escort provider

Tascor

Short description of residential units

Cedar House and Dove House are the remaining residential units from the original building, housing 143 and 100 residents, respectively. Ash, Beech, Gorse and Fir Houses are new units, opened in August 2010, holding approximately 90 residents each. Elm House is a six-cell unit certified to hold residents removed from association and temporarily confined.

Health service commissioner and providers

Primecare

Learning and skills providers

OCR

Independent Monitoring Board chair

Eleanor Griffiths

About this inspection and report

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:

Safety	that detainees are held in safety and with due regard to the insecurity of their position
Respect	that detainees are treated with respect for their human dignity and the circumstances of their detention
Activities	that the centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees
Preparation for removal and release	that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the United Kingdom Border Agency.

- **outcomes for detainees are good against this healthy establishment test.**
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.
- **outcomes for detainees are reasonably good against this healthy establishment test.**
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for detainees are not sufficiently good against this healthy establishment test.**
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for detainees are poor against this healthy establishment test.**
There is evidence that the outcomes for detainees are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

- in a relaxed regime
- with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment
- to encourage and assist detainees to make the most productive use of their time
- respecting in particular their dignity and the right to individual expression.

The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

- the particular anxieties to which detainees may be subject and
- the sensitivity that this will require, especially when handling issues of cultural diversity.

Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

Five key sources of evidence are used by inspectors: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

This report

This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.

Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1 *There had been several cases of unnecessary and inhumane handcuffing during hospital escorts. The reception area was not fit for purpose and detainees waited for excessive periods before moving to the units. Violence reduction work was reasonably effective. Those at risk of self-harm were generally well cared for but assessment, care in detention and teamwork (ACDT) case management documentation was poor. Security was generally well managed but restrictions on movement appeared largely unjustified. The level of use of force was not high and governance was good. Detainees spent too long in separation without evidence of continuing risk. There were more legal surgeries, but legal visits arrangements were inadequate. The on-site immigration team was overstretched. Rule 35 procedures were not sufficiently robust². **Outcomes for detainees were not sufficiently good against this healthy establishment test.***
- S2 *At the last inspection in 2011 we found that outcomes for detainees in Harmondsworth were reasonably good against this healthy establishment test. We made 47 recommendations about safety. At this follow-up inspection we found that nine of the recommendations had been achieved, 13 had been partially achieved, 23 had not been achieved and two were no longer relevant.*
- S3 Escort vehicles routinely queued up outside reception, and detainees reported having to wait in vehicles for up to two hours before being allowed to disembark. Not all escort staff telephoned the centre in advance, and some movement orders were either not received or gave minimal notice. Detainees were transferred from other centres overnight for reasons of administrative convenience. Those under escort had handcuffs applied, even when they had been assessed as low risk. A wheelchair-bound detainee had recently been handcuffed on a journey to a hospital for no obvious reason. We noted other cases of grossly excessive use of restraints during hospital escorts: in one, a dying man remained handcuffed while under sedation in hospital; in another, an 84 year-old man who had been declared unfit for detention was still in handcuffs at the point that he died. Neither had been in any way resistant or posed any current specific individual risk.
- S4 Many detainees reported a poor experience of their arrival at the centre. Too few said that they were treated well in reception and felt safe on their first night. The reception area was too small to cope with the volume of detainees passing through it, who were regularly held there for at least five hours. Reception interviews were conducted in the presence of other detainees. We observed a detainee taken into GEO custody without an authority to detain (IS91) document. First night checks were undertaken, but staff on the induction unit were not always told of imminent arrivals. Induction was delivered in a noisy environment in Fir House, with little privacy. Those we saw were generally conducted well but professional interpreting services were not always used as needed.
- S5 In our survey, detainees reported more positively across a range of safety indicators than at the time of the previous inspection. The number of assaults on staff and detainees was fairly low. Investigations into violent incidents were good and cases were referred to the police when appropriate. The monitoring of trends was good but attendance at weekly and monthly safer detention meetings was poor.

² Detention Centre Rule 35 requires notification to the Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

- S6 The number of self-harm incidents and assessment, care in detention and teamwork (ACDT) case management documents opened for detainees at risk of suicide or self-harm had increased. Detainees on ACDT case management documents were well supported by staff but the quality of documentation was weak and case reviews were insufficiently multidisciplinary. The number of food and fluid refusals was high; these were managed reasonably well. However, some such people were subject to excessive monitoring unrelated to their care needs, as a result of the requirements of a new Home Office Detention Services Order on food and fluid refusal.
- S7 There was no centre-wide safeguarding adults policy, and no links with the local safeguarding adults board. Detainee individual support plans were opened to support at-risk and vulnerable adults, but the quality of these documents was poor.
- S8 Since the beginning of 2012, 40 detainees had claimed to be under 18. Not all applicable age dispute cases underwent a Merton-compliant age assessment. The time taken for assessments to be completed was excessive. Child protection and age dispute policies were robust but had not been agreed in conjunction with the local safeguarding children's board. Not all staff had completed the annual child protection training.
- S9 The flow of security information had increased considerably, and actions were carried through effectively, but trends and patterns were not systematically analysed. Detainees were allocated to one of three distinct sections of the centre on the basis of a security risk assessment but the criteria used to divide detainees in this way were unclear. This division had disproportionate effects on limiting regime opportunities and appeared largely unnecessary for the current population.
- S10 Force was used sparingly, with suitable monitoring and governance, and lessons were drawn from practice. Those restrained in the centre were in most cases not handcuffed.
- S11 There was high use of separation and detainees were not allowed back to normal location at the earliest possible time. Most uses were over a single night, with a move to the induction unit on the following day. The length of separation was not on the basis of ongoing risk in every case and in many cases the unit was used effectively as a 'cooling off' facility, contrary to Detention Centre rules.
- S12 Those removed from association under Rule 40 (removal from association in the interests of security or safety) were allowed out of their cells all day with reasonable facilities, but the cells were bleak and under-furnished. Temporary confinement under Rule 42 was used around five times a month, and the average period of such confinement was too long, at around 17 hours.
- S13 Access to legal surgeries had improved but too many detainees did not have a lawyer. The detainee peer mentoring role seemed to have evolved into provision of assistance with cases, a role for which detainees were not qualified. There was a helpful monthly Bail for Immigration Detainees workshop. Legal representatives reported difficulties in booking visits and long waits for detainees to be brought to the visits corridor. The legal visits holding room was in poor condition and detainees were unnecessarily locked in the rooms. Access to legal textbooks and country of origin information was adequate.
- S14 Some detainees had been detained for unreasonable periods of time and there was evidence that some cases were not progressed with due diligence. The local contact team management team did not monitor monthly progress reports and some were late or missing. Some reports merely repeated the contents of previous reviews. The on-site Home Office team was overstretched and detainees reported negatively on contact with them. Despite some releases in 2013, the Rule 35 process failed to provide an adequate safeguard for many

vulnerable detainees. Reports contained body maps but not all provided a clinical opinion, and a number of replies were late. Some detainees refusing food had been declared unfit for detention by a centre doctor and should have been released. Some detention reviews did not demonstrate a balanced consideration of factors for and against detention. We observed generally very good detained fast-track induction interviews, but on-site contact management team induction interviews were too generic and lacked detail related to the individual's circumstances.

Respect

*S15 Standards of repair and cleanliness were variable across the establishment. Some accommodation was overcrowded. Staff-detainee relationships were reasonable overall, but staff did not have enough time to engage with detainees. The strategic management of diversity was weak and, with some notable exceptions, work with diverse groups was poor. Faith provision was very good. Complaints did not always address substantive issues. Despite some improvement, there were still areas of substantial risk in health care provision. Food and shop provision was adequate, but plans for a cultural kitchen had not been implemented. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S16 At the last inspection in 2011 we found that outcomes for detainees in Harmondsworth were not sufficiently good against this healthy establishment test. We made 70 recommendations about respect. At this follow-up inspection we found that 15 of the recommendations had been achieved, 24 had been partially achieved and 31 had not been achieved.

S17 The site was divided between austere prison-like accommodation and run-down accommodation. Despite some refurbishment, Cedar House and Dove House had a number of showers, bathrooms and toilets in poor condition. Double rooms were used to house three men but contained insufficient furniture. Consultation meetings took place, with some evidence of actions being followed up, but with limited staff attendance. There was a good supply of clothing, but some detainees did not have a full set of bedding, including pillows. Showers were excessively hot.

S18 Too few detainees in our survey said that they were treated with respect by most staff. We observed mainly positive interactions between staff and detainees but staff had limited time to engage with detainees. The personal officer scheme did not work effectively.

S19 The strategic management of equality and diversity was weak. Diversity meetings were poorly attended and unproductive. Some detainees were unaware of diversity officers and there was insufficient consultation with detainees from protected groups. Eight minority group meetings had taken place in the first six months of 2013 but most had been poorly attended, with no evidence of use of professional interpreting services or obvious follow-up of actions.

S20 Not all detainees with disabilities were identified and assessed. We were not assured that staff knew of the emergency evacuation needs of all such detainees. There were no paid carers and some detainees with disabilities had difficulty in moving around the establishment.

S21 There was reasonably good use of professional telephone interpreting, and there were several multilingual staff. However, in our survey, non-English speakers reported a worse experience than English speakers across a range of issues and we saw examples where interpreting was needed but not used.

- S22 Provision for some isolated older detainees was very limited and there was no particular attention to the needs of younger detainees. Excellent support was given to gay and bisexual detainees.
- S23 There was very good faith provision and pastoral care was strong. The faith team organised foreign language worship for groups with high numbers of non-English speakers. Major religious events were celebrated and detainees spoke highly of the arrangements for Ramadan and Eid Mubarak.
- S24 Most complaints were about relatively low-level issues. Replies were polite but did not always address all the issues raised. Most complaints were considered unsubstantiated, including some that should have been upheld.
- S25 Some health services had improved but several key areas were unacceptably poor and most detainees reported poor experiences of health services. Waiting times for primary care clinics were short but the non-attendance rate was high. Detainees were held in the waiting room for excessively long periods. Most interactions between health services staff and detainees were good, but staffing levels were too low and the nursing team lacked skill in key areas. Residents on the inpatients unit received good care but the environment was stark and untherapeutic. There was no regular on-site pharmacist input and medicines management was weak. Mental health services were limited but those available were good.
- S26 The clinical management of substance misuse was unsafe and the lack of any psychosocial interventions reduced the likelihood of recovery. Discharge planning was weak and this meant an increased risk of men being removed without their clinical needs being met. There was no drug strategy, no needs assessment, no action plan and no overarching strategic drug and alcohol strategy committee.
- S27 The food provided was adequate for most detainees but some had been critical of the variety. Plans to have a cultural kitchen had not been implemented. Kitchen hygiene levels were variable and food trolleys were not properly cleaned. The centre shop sold a reasonable range of products but detainees did not have access to a catalogue ordering system.

Activities

S28 *The range of recreational activity had improved. More detainees than at the time of the previous inspection said that they could fill their time while at the centre. Education provision was underused and affected by the restricted unit activity periods. There was an improved range of work for the population. PE and library provision were reasonable. **Outcomes for detainees were reasonably good against this healthy establishment test.***

S29 *At the last inspection in 2011 we found that outcomes for detainees in Harmondsworth were not sufficiently good against this healthy establishment test. We made 16 recommendations about activities. At this follow-up inspection we found that six of the recommendations had been achieved, eight had been partially achieved and two had not been achieved.*

S30 Most detainees were out of their rooms for an average of nearly 15 hours, but it was not clear why they should have been locked in rooms at all. In our survey, about half of detainees, substantially more than at the time of the previous inspection, said that they had enough to do to fill their time. There was an improved and good range of recreational activities. There were sufficient computers for detainee use and well-supported arts, craft

and music provision. However, the regime restricted detainee access to the main activities areas to around three hours a day for most and just over an hour for those in Fir House, which did not allow sufficient time for detainees to participate in education while completing other tasks such as going to the shop, gym, barber salon and library. Quality assurance arrangements and the analysis and use of data were weak and targets for improvements were not clearly identified.

- S31 Participation in education had improved but remained low, particularly for non-English-speaking detainees. Evening and weekend classes were offered and included music, yoga and meditation. There was no systematic initial assessment of literacy, numeracy and language support needs on entry to the centre. The range of education provision included English for speakers of other languages, art, and information and communications technology. Attendance and punctuality were poor. There were few achievements of recognised qualifications and there was no numeracy provision. Basic food hygiene qualifications were offered to all kitchen and servery workers and an 'introduction to employment' was provided for all detainees before starting work.
- S32 The centre offered an improved and reasonable choice of paid work, with 160 work places, and most detainees in our survey said that they could work if they wanted to. Waiting lists were short, but around 120 jobs were mundane cleaning, kitchen and servery roles. Some detainees were inappropriately blocked from work for non-compliance with the Home Office.
- S33 The library was open during the day, in the evenings and at weekends. It provided a wide range of books, music CDs, DVDs, newspapers, magazines and periodicals.
- S34 There was good use of outside areas for sports and occasional use of the sports hall. Gym equipment in the main area was used reasonably well but some of it was in a poor state of repair. Detainees using the main gym received a good induction but there was no induction to the unit equipment and no supervision. Information about detainees with health issues was not considered before participation in fitness activities.

Preparation for removal and release

S35 *Welfare work was effective and reached most detainees. Visiting hours were good but the visitors centre was unwelcoming and the facilities in the visits hall were inadequate. There was generally good access to various means of communication. There were weaknesses in the management of overseas removals. **Outcomes for detainees were reasonably good against this healthy establishment test.***

S36 *At the last inspection in 2011 we found that outcomes for detainees in Harmondsworth were reasonably good against this healthy establishment test. We made eight recommendations about preparation for removal and release. At this follow-up inspection we found that two of the recommendations had been achieved, five had not been achieved and one was not possible to inspect.*

S37 The welfare team provided a daily service, supporting detainees across a wide range of issues, but they did not participate in the induction process. Queues outside the welfare office were often very long and some detainees gave up before seeing someone. Almost all detainees were seen before discharge for a check on last-minute practical issues. The provision of information packs on destination countries was very limited. The community

group Hibiscus provided welfare support and complex needs assistance, but the availability of this service was limited during the inspection.

- S38 The visitors centre was uninviting, with grubby furniture, graffiti on the walls and no facilities for children. Visiting times were good, booking was not required and we observed welcome flexibility around normal visiting times for those being removed. The visits hall was reasonably welcoming, but the play area for children was poorly stocked, the shop no longer operated and visitors told us that the vending machines frequently broke down. Some rules in the visits hall were disproportionate, such as not allowing children to remain with detainees when visitors went to the toilet. We were concerned that the Home Office was using visitor details to work on cases without making them aware of this.
- S39 Telephone access was good and detainees without a mobile telephone were given one. Some detainees reported problems with the mobile telephone signal in parts of the centre, but staff allowed them to use office telephones when such problems persisted. There was reasonably good access to email and the internet, and most useful websites were available. However, there was no access to social networking or Skype. In spite of a clear system for accessing incoming faxes and letters, detainees consistently reported problems in obtaining these.
- S40 An overseas charter removal was generally well managed, although the handover from centre health services staff was poor and the unnecessary use of light-touch restraint by the escort contractor escalated a tense situation. The removals area used for charters was too small, leading to detainees being surrounded by several escorts in a cramped environment, which also exacerbated tensions. Multidisciplinary meetings were held for some complex removals of vulnerable and high-risk detainees. The unacceptable practice of taking 'reserves' to charter flight removals was still in place.

Main concerns and recommendations

- S41 Concern: Detainees under escort had handcuffs applied, even when they had been assessed as low risk. We noted several appalling cases of disproportionate and inhumane use of restraints during hospital escorts.

Recommendation: Detainees should not be routinely handcuffed during escorts or during hospital appointments. Restraints should be applied only if a risk assessment indicates a specific risk of escape or to the safety of the public or staff.

- S42 Concern: Rule 35 reports were poorly completed, and many did not add diagnostic judgements, thereby providing little safeguard for the most vulnerable detainees. A number of case owner replies were late.

Recommendation: Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. Case owner replies should be timely and address all relevant factors.

- S43 Concern: The strategic management of equality and diversity was weak, and outcomes for many detainees with protected characteristics were poor.

Recommendation: Strategic planning for diversity should consider the specific needs of the population at Harmondsworth, set objectives and clearly set out how these will be achieved. Monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics.

S44 Concern: Detainees reported very negatively on the quality of health care services provided. Staffing levels were low and the nursing team lacked skill in key areas.

Recommendation: Health care services, staffing levels, skill mix and training should meet the care needs of detainees, informed by the health needs assessment.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

Detainees travelling to and from the centre are treated safely, decently and efficiently.

I.1 *Escort vehicles used to transport detainees were clean and fit for purpose. Relationships between escort staff and detainees were generally respectful. There were some long waits in vehicles outside reception. Detainees being transferred to other centres did not always receive adequate notice of the move and others were subject to tiring overnight journeys from other centres. Most detainees were routinely handcuffed on external appointments and we found several cases of unnecessary and inhumane handcuffing during hospital escorts.*

I.2 Escort vehicles were clean and fit for purpose. In our groups, detainees said that they had been offered refreshments and regular comfort breaks during their journeys, and person escort records confirmed this. Relationships between escort staff and detainees were respectful, and 65% of respondents to our survey said that they had been treated well by escorts, against the 59% comparator. There were some long waits in vehicles outside reception, with up to two hours reported by detainees, and we saw vehicles routinely queuing up. Staff told us that not all escorts telephoned in advance with an estimated time of arrival, and some movement orders from the Detainee Escorting and Population Management Unit were either not received by reception or received at very short notice. One consequence was that detainees being transferred to other centres did not always receive adequate notice of the move. Detainees were still arriving from other centres overnight for reasons of administrative convenience.

I.3 Although we found a small number of exceptions, most detainees were handcuffed on external appointments, even though they all underwent individual risk assessments. This included some detainees assessed as low risk. A detainee who was wheelchair bound following a stroke had recently been handcuffed on a journey to hospital, for no obvious reason. He had been assessed as low risk. We noted other cases where use of handcuffs was grossly excessive. In November 2012, a dying man had remained handcuffed while sedated and undergoing an angioplasty procedure in hospital; his restraints had only been removed seven hours before his death. The Home Office's professional standards unit had completed a critical investigation report into this case. In another case, an 84-year-old man who was considered frail and was suffering from dementia died while still in handcuffs, having been kept in them for around five hours. Only after his heart had stopped and cardiopulmonary resuscitation started were the handcuffs removed (see main recommendation S41 and section on casework). This case was being investigated by the Prisons and Probation Ombudsman.

Recommendations

I.4 Vans arriving with detainees should be admitted to the centre without delay. (Repeated recommendation I.10)

I.5 Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying. (Repeated recommendation I.5)

- 1.6 Detainees should be given adequate notice of any transfer, and should not be transferred between centres overnight.** (Repeated recommendations 1.1 and 1.6)

Early days in detention

Expected outcomes:

On arrival, detainees are treated with respect and care and are able to receive information about the centre in a language and format that they understand.

1.7 *Many detainees reported a poor experience of their arrival at the centre. The reception area could not cope with the volume of detainees passing through it. Detainees were regularly held in reception for at least five hours and delays in waiting for health care screening were excessive. Detainees were not routinely offered a free telephone call. Reception interviews were not private and we had concerns about the robustness of risk assessments. There was a robust first night procedure. Induction was delivered in a noisy environment with little privacy.*

- 1.8** In our survey, only 52% of respondents said that they had been treated well in reception, against the 63% comparator, and 51% said that they had felt safe on their first night. The reception area was small, often chaotic and could not cope with the volume of detainees passing through it, which over the previous six months had averaged 100–150 arrivals per week. On one occasion during the inspection, the area was very dirty, with coffee spilt across the floor and food debris on the tables and chairs. On another, we observed a detainee, who had been brought to the centre by a Home Office Immigration Enforcement team, inappropriately taken into GEO custody without the legal authority of an authority to detain (IS91) document. Records indicated that detainees were regularly held there for at least five hours. All detainees underwent a health care screening in reception but delays were excessive; one detainee arrived at 3.30pm and was still waiting to be seen at midnight. None of the detainees we saw arriving was offered a free telephone call.
- 1.9** Reception interviews, comprising a booking-in process and a room sharing risk assessment, were undertaken in the presence of other detainees. Health services staff assessed the risk of self-harm. Some staff were not familiar with the room sharing risk assessment paperwork and there was confusion as to whether the assessment was undertaken in reception or on the induction unit. In addition, when prison files accompanied the detainee, they went directly to the security department and did not inform the initial risk assessment. As a result, we had concerns about whether the reception risk assessment process was consistently robust; we spoke to one extremely distressed detainee who had made it to the induction unit without his vulnerability being identified. There was a good stock of clothing for detainees requiring it, provided by the charity 'HISchurch'. A 'buddy' system – that is a detainee peer support system- operated in the centre, but buddies did not attend reception to meet new arrivals.
- 1.10** Most detainees went from reception directly to the induction unit (Fir House). A helpful information booklet was provided, although it was translated into only four languages other than English (see recommendation 2.35). There was a robust first night procedure. However, staff in Fir House were not routinely told about imminent arrivals; on one occasion, night staff were not aware of the 11 detainees in reception who would be moving to the unit that night. Induction involved staff going through a comprehensive checklist with detainees, usually individually. It was delivered in a noisy environment on the unit, with little privacy, and did not include a tour of the facilities available off the unit. Those we saw were generally conducted well, but at least one detainee clearly did not understand everything being said and should have been provided with a translation (see section on diversity and equality).

Recommendations

- I.11** The reception area should be adequately staffed and large enough to manage the throughput of detainees efficiently, with minimal delay.
- I.12** Detainees should not be accepted into the centre without an authority to detain (IS91) document.
- I.13** Reception interviews should be private and include a thorough risk assessment which takes account of all documentation arriving with detainees, including prison records. (Repeated recommendation I.31)
- I.14** Buddies should meet and reassure all new arrivals in reception. (Repeated recommendation I.32)
- I.15** Induction should be delivered in a dedicated room with no external distraction and should include a tour of the facilities available off the unit.

Housekeeping points

- I.16** The reception area should be kept clean and tidy.
- I.17** All detainees should be offered a free telephone call on arrival and this should be documented. (Repeated recommendation I.15)
- I.18** Staff in Fir House should be made aware of detainees in reception at the earliest opportunity, in order to prepare for their arrival on the unit.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation. Detainees at risk or subject to victimisation are protected through active and fair systems known to staff and detainees.

I.19 *Safer detention meetings were productive but poorly attended. Monitoring of trends was good. Our survey results on safety had improved since the previous inspection. The number of fights and assaults was fairly low and they were of a relatively minor nature. Investigations into bullying and violent incidents were good.*

- I.20** Two safer detention managers working alternate shifts were responsible for managing bullying, violence reduction, and self-harm and suicide prevention. Safer detention meetings were held weekly and monthly. They were generally productive, but were sometimes poorly attended; health services and immigration staff did not always attend. A safer detention report covered a wide range of data and was analysed at the monthly meetings to identify trends. The anti-bullying strategy was up to date but had not been informed by a safety survey. A violence reduction training package was available but about 50 staff had yet to undergo the training. A helpful safer detention newsletter was distributed to staff.
- I.21** In our survey, fewer detainees than at the time of the previous inspection said that they felt unsafe (30% versus 44%), had been victimised by other detainees (19% versus 37%), had been

victimised by staff (14% versus 28%), felt threatened or intimidated by other detainees (7% versus 28%), or felt threatened or intimidated by staff (11% versus 18%). The reduced number of ex-prisoners was thought to be one reason for these improvements. Managers believed that better staff–detainee relationships and the efforts of the welfare team and external support organisations were also contributory factors.

- I.22** The number of assaults on staff had reduced, with 13 in the previous six months. However, the number of assaults on detainees had increased, with 22 in the previous six months. Given the size of the population at the centre, these numbers were fairly low and incident reports showed that they were of a relatively minor nature.
- I.23** Fights and assaults were quickly and thoroughly investigated, with referrals to the police where necessary. The anti-bullying policy provided a four-stage process for managing violence, ranging from challenging the perpetrator through to segregation. Most incidents were resolved by challenging the bully, and a few had involved detainees being moved to a different wing. We spoke to one victim of assault who said that he felt safe as a result of staff intervention. Two victims in the previous six months had been supported through detainee individual support plans. These were used and meant to help a variety of detainees, including those with a disability, those subject to age disputes, segregated detainees and those held on the health care unit. Detainee individual support plans however added little value to detainees' care and most merely entailed daily observational entries.

Recommendation

- I.24 A safety survey should be conducted, the results of which should be analysed and the findings used to inform policy and practice.**

Housekeeping points

- I.25** All relevant departments should attend the safer detention group meetings. (Repeated recommendation 4.14)
- I.26** All staff should receive the violence reduction training package.
- I.27** Detainee individual support plans should contain meaningful actions tailored to individual needs.

Self-harm and suicide prevention

Expected outcomes:

The centre provides a safe and secure environment that reduces the risk of self-harm and suicide. Detainees are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.28** *There had been an increase in the number of self-harm incidents and of assessment, care in detention and teamwork (ACDT) case management documents opened. Men subject to ACDT documents were well supported by staff but the quality of some documentation was poor. Attendance at case reviews was insufficiently broad and some lacked professional interpretation. The high numbers of detainees refusing food or fluids were well cared for but some were subject to excessive monitoring unrelated to care needs.*
- I.29** The number of self-harm incidents had increased from four or five a month at the time of the previous inspection to an average of seven a month. Similarly, the number of assessment, care in detention and teamwork (ACDT) case management documents opened for detainees at risk of suicide or self-harm had increased slightly from 30 a month at the time of the previous inspection to 33 in each of the previous six months. During the inspection, 20 ACDT case management documents were open, and a number were due to food and fluid refusal. Safer detention managers were sighted on these trends, and appropriate actions were discussed at the safer detention meetings.
- I.30** Detainees on ACDT documents spoke positively of the care they received from staff. A manager quality checked ACDT documentation but those we examined were not of a good enough standard. Triggers were not always accurately recorded; for example, in one case removal directions had been recorded as a trigger, even though these had already been served. Some care maps did not provide meaningful actions to support and assist detainees. When a detainee in crisis was transferred from another establishment, new ACDT documentation was created rather than continuing with the existing document. This created the potential for key information to be missed. In one of the 10 ACDT booklets we looked at, an assessment interview had been conducted late. Attendance at case reviews was insufficiently multidisciplinary; most involved the detainee and two members of staff. Home Office Immigration Enforcement staff rarely attended, even though immigration was the trigger in most cases. In a review we observed, a mental health nurse attended and staff were caring, but the detainee was incorrectly advised that he could only apply for judicial review 24 hours before he was due to fly back to his country of origin. Families were not routinely invited to case reviews, although we saw one example where this had happened. We could not find evidence of professional interpreters being used in case reviews and we were told that detainees were asked if they would like a friend to interpret (see recommendation 2.35).
- I.31** A number of detainees who had displayed difficult behaviour had been held in the segregation unit while on open ACDT documents. Anti-ligature clothing was held in the centre but staff could not recall the last time it had been used.
- I.32** In the previous six months, 93 detainees had refused food or fluids. Food and fluid refusers were managed through a black, red, amber and green rating system. During the inspection, 10 detainees were refusing food or fluids, four of whom were listed in the most severe (black) category, and were held on the health care unit. These cases were generally managed reasonably well by detainee custody officers. However, three of the four had been declared unfit for detention by health services staff (see section on casework). In a number of cases,

Home Office Immigration Enforcement managers had insisted that detainees be constantly watched in line with a new Detention Services Order on food and fluid refusal; this excessive level of monitoring was unrelated to detainees' care needs and therefore unjustified.

- I.33** Buddies were not tasked with assisting vulnerable detainees or those struggling to cope with detention (see section on legal rights). Not all staff had received training in self-harm and suicide prevention.

Recommendations

- I.34** **Assessment, care in detention and teamwork (ACDT) case management documentation should be completed to a high standard and case reviews should be multidisciplinary. When Home Office Immigration Enforcement staff do not attend reviews, an immigration update should be obtained and recorded.**
- I.35** **The frequency of monitoring of detainees refusing food and fluid should be determined solely by their care needs.**
- I.36** **There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support.** (Repeated recommendation 4.13)
- I.37** **All staff should receive regular training on the prevention of suicide and self-harm.** (Repeated recommendation 4.18)

Housekeeping point

- I.38** When a detainee is transferred in on an open ACDT or assessment, care in custody and teamwork (ACCT) case management document, the existing booklet should be used rather than creating a new booklet.

Safeguarding (protection of adults at risk)

Expected outcomes:

The centre promotes the welfare of all detainees, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.39** *The health care department had a sound safeguarding adults policy but there was no centre-wide policy. Support plans for vulnerable detainees were poor. There were no links with adult social services.*

- I.40** The health care department had an up-to-date and good safeguarding adults policy. Health care staff had identified detainees who were vulnerable but did not meet the safeguarding threshold. However, there was no centre-wide safeguarding adults policy and there were no contacts with the local safeguarding adults board. Detainee individual support plans were opened for age dispute cases, bullying victims, food refusers, detainees held on the health care unit, those who required assistance in the event of an emergency, segregated detainees

³ We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

and vulnerable detainees. Of the 479 opened in the year to date, 15 were for vulnerable detainees. The quality of many of these plans was poor. They were not multidisciplinary and lacked meaningful actions, and many simply relied on observing and monitoring the detainee.

- I.41** Earlier in 2013, a doctor had declared an 84-year-old detainee with Alzheimer's disease as unfit for detention and in need of social care (see sections on casework and on escort vehicles and transfers). He had not been released and, despite his vulnerability, no referral had been made to social services to have his care needs assessed.

Recommendations

- I.42** A centre-wide safeguarding adults policy should be published, detailing how at-risk adults will be protected.
- I.43** Formal arrangements for safeguarding adults should be developed in partnership with the local authority.

Safeguarding children

Expected outcomes:

The centre promotes the welfare of children and protects them from all kind of harm and neglect.

I.44 *Since the beginning of 2012 there had been 40 age dispute cases; not all applicable cases had undergone a Merton-compliant age assessment. Home Office staff did not always deal with cases speedily and the time taken for social services to undertake assessments was sometimes excessive. Risk assessments did not allow for individual needs to be taken into account when deciding the location of age dispute detainees. The child protection and age dispute policies had not been agreed with the local safeguarding children's board. The child protection training was good but not all staff had completed it.*

- I.45** Since the beginning of 2012, there had been 40 age dispute cases. Five of these had not undergone a Merton-compliant age assessment by social services, and instead had been assessed by Home Office staff alone. The time taken for social services to undertake assessments was excessive in some cases, including one for which the period between the detainee claiming to be a minor and the assessment and subsequent release had been almost a month. In another case, a detainee had said that he was a minor at his immigration induction interview but it had taken three days for Home Office staff to check the computer system to ascertain if an age assessment had previously been completed. No detainees had been removed while waiting for an age assessment.
- I.46** All age dispute detainees were housed in a single room in Fir House, and a detainee individual support plan was opened. Fir House was relatively well staffed, but its mixed population meant that it was not a particularly good location for such detainees, although no other obvious alternative presented itself. Risk assessments did not always consider whether the detainee needed to be escorted when leaving the unit, and did not take into account individual needs, such as if the detainee had a good support network of friends on their current unit.
- I.47** All staff underwent a Disclosure and Barring Service check. There were robust child protection and age dispute policies but they had not been agreed with the local safeguarding

children's board. All staff were required to undertake annual child protection training, a high-quality internally developed package, but 36 staff had not completed it.

Recommendations

- I.48 Home Office staff should treat all age dispute cases with urgency, and liaise with local social services to ensure that all detainees whose age is in dispute are assessed at the earliest opportunity.** (Repeated recommendation 4.28)
- I.49 The child protection and age dispute policies should be regularly reviewed in consultation with the local safeguarding children board.** (Repeated recommendation 4.26)

Housekeeping point

- I.50** All staff should complete the child protection training.

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

I.51 *Detainees were allocated to one of three distinct sections of the centre on the basis of a security risk assessment, although the necessity for dividing detainees in this way was unclear. The number of security information reports submitted had increased, and these were well used and followed through, although without a thorough analysis of trends and patterns.*

- I.52** Detainees were allocated to one of three different levels of security, demarcated into distinct sections of the centre – restricted, part-restricted and unrestricted. It was unclear why this division was necessary and many staff perceived little difference between the detainees held in different parts of the centre. This practice limited the use of shared facilities and engagement in activities (see section on activities).
- I.53** On average, 75 security information reports (SIRs) had been submitted each month in the current year, a considerable increase from the time of the previous inspection. Attendance at the monthly security meeting was relatively low and occasionally included the police liaison officer. This meeting carried out a quarterly review of use of force. All actions from SIRs and incident reports were tracked, and kept open until resolved, but there was no evidence of local analysis of trends and patterns in security information. The security team provided individual risk assessments to inform escort arrangements and accommodation allocation, but these still prescribed handcuffing in some inappropriate cases (see section on escort vehicles and transfers).
- I.54** There was no routine strip-searching; it was authorised in each case by the centre manager on the basis of specific evidence of risk and appeared justified. In the current year, an average of 1.6 strip-searches had taken place per month. The frequency of drug dog visits had been reviewed, and was proportionate. No staff carried batons.

Recommendation

- I.55** The need for a risk-based division into restricted, part-restricted and unrestricted areas should be reviewed, with a view to creating a more open regime and increasing participation in activities.

Rewards scheme

Expected outcomes:

Detainees understand the purpose of any rewards scheme and how to achieve incentives or rewards. Rewards schemes are not punitive.

- I.56** *There was no rewards scheme in operation.*

- I.57** There was no rewards scheme in operation at the centre, and no adverse outcomes had been noted as a result.

The use of force and single separation

Expected outcomes:

Force is only used as a last resort and for legitimate reasons. Detainees are placed in the separation unit on proper authority, for security and safety reasons only, and are held on the unit for the shortest possible period.

- I.58** *Force was used sparingly, with suitable monitoring and governance. However, the use of separation remained high, in many cases for an apparent 'cooling-off' period over a single night, and the average length of temporary confinement under Rule 42 was too high. The separation cells were too bare for their purpose. Staff engaged well with detainees during the day. Reintegration through a period on the induction unit was not necessary in all cases.*

- I.59** The number of use of force incidents had averaged seven per month in the previous 12 months, with no trends evident. In our survey, fewer detainees than at the time of the previous inspection said that they had been physically restrained by staff in the previous six months (9% versus 17%). A total of 25 out of 83 incidents in the previous 12 months had involved the use of handcuffs.
- I.60** Use of force was correctly authorised and monitored after the event, and every detainee on whom force was used was subsequently seen by a health services professional. There was little local analysis of patterns and trends of use of force, which would have been useful for checking any possible imbalances; for example, in our survey 18% of people with disabilities said that they had been physically restrained in the previous six months, against 8% of those without disabilities.
- I.61** An average of 30 men were separated each month – a relatively high figure, although lower than at the time of the previous inspection. From 1 June to 7 August 2013, 58 had been separated, 43 (74%) overnight. Only nine of these had been separated as part of a risk-assessed planned removal or transfer. It appeared – and some staff concurred with this view – that a night in the separation unit was used as a standard 'cooling-off' period. This was

contrary to Rule 40 of the Detention Centre rules (removal from association in the interests of security or safety) which only allow separation to manage clear and immediate risk. Twenty-five per cent of those separated in the previous 12 months had been returned to normal location at exactly 10.30am, which was a further sign of a routine element in the length of separation. Reintegration through a period on the induction unit had also become standard procedure, rather than focused on those who actually needed a supported period of reintegration.

- I.62** There was little local analysis of any patterns or trends in separation, although our survey showed that this might be fruitful; for example, 16% of Muslims (the majority faith group) said that they had spent a night in the separation unit in the previous six months, against 9% of non-Muslims.
- I.63** Rule 42 (temporary confinement) was used on five occasions each month, on average. The average length of such confinement was 17 hours, much longer than is normal for a measure designed to address actively violent or refractory behaviour.
- I.64** The cells on the separation unit were bleak and bare, containing just a shelf table and built-in locker, with no television and no chair. During the inspection, a man on ACDT case management procedures was held under Rule 40 in a completely unfurnished cell. The impact of these austere conditions was only partially alleviated by the fact that cell doors remained open during the day for those on Rule 40, during which time staff engaged well with them; they were still confined to the cell for at least 10 hours a day. Education staff made daily visits, bringing up-to-date newspapers.
- I.65** Care plans had been introduced for vulnerable people, but actions tended to be generic and not focused on active support; for example, in one review 'monitor behaviour' and 'encourage to comply with centre rules' were the only actions identified. The initial 24-hour period of separation was generally authorised by a GEO manager rather than a Home Office manager, which would be acceptable only in cases of urgency. In only a few cases were Home Office signatures present on the authorisation forms held in the separation unit.

Recommendations

- I.66** **Detainees should be separated only on the basis of risk of harm, and only for as long as that risk continues. In particular, temporary confinement should be used only while the detainee is violent or refractory.**
- I.67** **Care plans should specify practical support which staff can provide to the detainee, especially when his needs are complex.**
- I.68** **Separation should only be authorised following a full examination of the facts of the case by the authorising Home Office manager.**

Legal rights

Expected outcomes:

Detainees are fully aware of and understand their detention, following their arrival at the centre and on release. Detainees are supported by the centre staff to exercise their legal rights freely.

- I.69** *The number of advice surgeries had increased but too many detainees did not have a lawyer. Unaccredited and untrained buddies attempted to compensate for unmet need by assisting with form filling. Legal representatives complained of difficulties in booking visits and delays in seeing detainees.*
- I.70** The Legal Aid Agency (LAA) funded three firms of solicitors to run detention duty advice surgeries on four days a week, which was more than at the time of the previous inspection. Detainees attending the surgery were guaranteed 30 minutes' free legal advice but only asylum claimants whose cases were judged to have merit received substantive representation. There was no evidence that the centre had consulted the LAA to ensure that the solicitors had been peer reviewed, and staff told us that some firms had a better reputation than others. Detainees whose asylum claims were being fast-tracked were offered free legal representation through LAA-funded solicitors. Too many detainees did not have substantive legal representation; in our survey, only 60% of detainees said that they had a lawyer, which was less than the comparator of 68%. Those who had a lawyer could maintain contact with them through telephone, fax and email (see section on preparation for removal or release).
- I.71** 'Buddies' attempted to compensate for unmet need by assisting fellow detainees with bail and judicial review applications; this was inappropriate as they were unqualified and unaccredited for the role. The third-sector organisation Bail for Immigration Detainees (BID) provided a bail workshop every month and the library stocked the BID handbook. Despite this, only 20% of detainees in our survey said that it was easy to obtain bail information, which was worse than the comparator (33%) and than at the time of the previous inspection (28%). This problem was accentuated for non-English speakers; in our survey, fewer non-English speakers (47%) than English speakers (64%) said that they had a lawyer.
- I.72** The library stocked adequate legal textbooks, and signs directed detainees to the nearby computer suite for access to country of origin reports. Support organisation and legal websites were accessible, with the exception of Detention Action, whose website was blocked despite the fact that representatives from this organisation regularly attended the centre to provide support to detainees.
- I.73** Legal representatives told us that it was sometimes difficult to get through to the legal visits booking line and that there were delays in bringing detainees to the legal visits corridor. The duty advice surgeries were held in the main part of the centre, reducing pressure on the 19 interview rooms in the legal visits corridor. The holding room was in a poor state of decoration and the air conditioning unit dripped water. Detainees were unnecessarily locked into the room. Posters around the centre promoted the detention advice surgeries and the Office of the Immigration Services Commissioner but not BID or Detention Action.

Recommendations

- 1.74 Detainees should have timely access to high-quality legal advice and representation, and the centre should seek peer review of the advice surgery providers, in consultation with the Legal Advice Agency.**
- 1.75 The legal visits holding room should be kept in a good state of repair, and detainees should not be unnecessarily locked into them.**

Housekeeping point

- 1.76** Detainees should be able to access the Detention Action website.

Casework

Expected outcomes:

Decisions to detain are based on individual reasons that are clearly communicated and effectively reviewed. Detention is for the minimum period necessary and detainees are kept informed throughout the progress of their cases.

1.77 *The number of detainees held for more than a year had reduced. Induction interviews for fast-track detainees were good but less so for others. The contact management team was under-resourced. The Rule 35 process did not sufficiently safeguard vulnerable detainees. Not all cases were adequately progressed. Bail summaries were not served on all detainees and some lacked relevant material information. Some detention reviews did not display a balanced consideration and some were not in accordance with the law. Some people were detained despite doctors considering them unfit for detention.*

- 1.78** The centre produced a report each month for the Independent Monitoring Board, showing accumulated length of detention for the longest-held detainees, but did not hold up-to-date figures for all detainees. The report from a few weeks before the inspection showed that 11 detainees had been held for more than a year, with the longest held for more than two and half years. This represented 2% of the population, a reduction from the figure at the time of the previous inspection, when 10% had been held for more than a year. Just under 8% of the population were ex-prisoners.
- 1.79** In addition to men being removed from the UK, the centre held 400 asylum claimants subject to the detained fast-track (DFT) process. This was almost double the number there at the time of the previous inspection. Dedicated caseworkers based nearby were responsible for all contact with fast-track detainees. The DFT induction interview we observed was well conducted, although the detainee was inappropriately asked to give consent for access to his medical records and was not given a bail application form.
- 1.80** A small on-site contact management team liaised between non-DFT detainees and their caseworkers, who were based around the UK. The team was under-resourced and struggled to meet demand. In our survey, only 16% of detainees said that it was easy to see the centre's immigration staff, which was less than the comparator (24%) and than at the time of the previous inspection (20%). The team did not monitor monthly progress reports and some were missing or late on the files we examined. Many simply repeated information from previous reports. Induction interviews were respectful and telephone interpretation used, but the advice was too generic and not tailored to the individual needs. Re-entry bans and

assisted voluntary return were insufficiently promoted. Detainees were not given bail application forms.

- I.81** The Rule 35 process did not provide assurance that the most vulnerable would be protected against the effects of detention (see main recommendation S42). Of the 254 Rule 35 reports submitted in 2013, 5% had subsequently led to release. Some replies were late, despite diligent chasing by the on-site immigration team. All 11 reports that we examined in detail concerned torture and contained body maps but many were of poor quality. Seven reports contained no diagnostic findings and did not comment on whether the medical evidence was consistent with the reported ill-treatment. In five of the seven cases, the Home Office referred to the lack of diagnostic comment as a reason for maintaining detention. The Home Office had accepted that torture had occurred in two cases, and one of these detainees had been released. Detention had been maintained exceptionally in the other case because the Home Office had been removing to a third country. In another case, the Home Office had maintained detention because torture had been committed by non-state actors rather than by officials of the state.
- I.82** Some decisions to maintain detention were clearly not in accordance with the law.⁴ In one review for a detainee who had been held for more than a year, the Home Office had conceded that ‘removal is not a realistic prospect within a reasonable timescale’ yet detention had been authorised for a further 28 days.
- I.83** We were not confident that the Home Office progressed all cases with due diligence. One man had been detained for almost two and half years and the Home Office had been trying to obtain travel documentation for him since May 2006. He was willing to return to his country but unable to obtain evidence of his identity or nationality because he had lived in the UK for 22 years and lost contact with his family. The Home Office believed that he was failing to cooperate but had not considered prosecution to test this assertion or motivate compliance. It was difficult to see how his removal could ever be effected.
- I.84** Some detention reviews failed to demonstrate a balanced consideration of factors for and against detention. In one case, a detainee had won his appeal against deportation – a very strong factor in favour of release. Despite this, his next progress report had listed factors in support of detention that were identical to those in previous reviews. In another case, the review of a detainee with two children and a pregnant partner had documented his offence and immigration history in detail; yet it had given no information about his existing children, or the strength or duration of his relationships in the section on compassionate circumstances.
- I.85** Bail summaries did not always contain all relevant material facts. In one case, a food refuser had been declared unfit for detention by doctors on two different occasions, yet the bail summary had only mentioned one. As a result, the immigration judge may not have been fully informed of the facts of the case. The on-site immigration team did not monitor bail summaries and we met an unrepresented detainee minutes before his bail hearing who had not been given his summary.

⁴ The Home Office must follow the Hardial Singh principles when using their power to detain. The principles, reiterated by the Supreme Court in the case of *Walumba Lumba (Congo) v SSHD* [2011] UKSC 12, are:

- (i) The Secretary of State must intend to deport the person and can only use the power to detain for that purpose;
- (ii) The deportee may only be detained for a period that is reasonable in all the circumstances;
- (iii) If, before the expiry of the reasonable period, it becomes apparent that the Secretary of State will not be able to effect deportation within a reasonable period, he should not seek to exercise the power of detention;
- (iv) The Secretary of State should act with reasonable diligence and expedition to effect removal.

I.86 Insufficient weight was given to doctors' opinions as to fitness for detention. During the inspection, four detainees, including three food refusers, had been declared by a doctor as unfit for detention. In a separate and very concerning case, detention seemed to have been used as an inappropriate default for a man who required social care. The 84-year old Canadian man had been refused entry to the UK at Gatwick Airport on 23 January 2013. After a stay in hospital, he had been detained at the establishment, where on 30 January a doctor had declared him unfit for detention. The doctor's Rule 35 report had stated 'Frail, 84 yrs old, has Alzheimer's disease ... demented. UNFIT for detention or deportation. Requires social care'. The on-site immigration team had also expressed their concerns to the caseworker. The caseworker had failed to respond to the Rule 35 report on time and had had to be chased twice before he had replied on 5 February, acknowledging the man's vulnerability and lack of contacts in the UK. The next day, an attempt to remove the detainee had been called off after a doctor had declared him unfit to fly, and he had been returned to the establishment. On 8 February, the man had been taken to hospital in handcuffs. He came back to the centre before a return visit to hospital on 10 February. He had been in handcuffs for approximately five hours when he died, still wearing them (see also section on escort vehicles and transfers).

Recommendations

- I.87** There should be sufficient on-site immigration staff to induct and respond to detainees' queries within 24 hours. Non-fast-track induction interviews should inform detainees of voluntary return and re-entry bans and they should be given this information in writing, along with a bail application form.
- I.88** All casework should be progressed promptly. The Home Office should take proactive action when detainees cannot be removed because of their failure to comply with re-documentation, either prosecuting them or releasing them if there is no realistic prospect of removal within a reasonable timeframe.
- I.89** Detention reviews and bail summaries should demonstrate a balanced consideration of factors for and against detention and contain all relevant material facts.
- I.90** Monthly review letters to detainees should be timely, consider all factors relevant to continuing detention and state the reasons for any lack of progress since the last letter. (Repeated recommendation 3.17)
- I.91** For non-fast-track detainees, bail summaries should be sent via the on-site immigration team and there should be a system to monitor their receipt and timeliness.
- I.92** When a doctor declares a detainee unfit for detention, the detainee should be released unless there are very exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor.

Housekeeping points

- I.93** Detained fast-track officers should not routinely ask for consent to access detainees' medical records.
- I.94** The immigration team should be able readily to access figures for all detainees' accumulated length of detention.

Section 2. Respect

Residential units

Expected outcomes:

Detainees live in a safe, clean and decent environment. Detainees are aware of the rules, routines and facilities of the unit.

- 2.1** *The newer accommodation was bleak and unwelcoming, in spite of some improvements, with Ash House looking particularly neglected. The older wings were run down and many of the showers and toilets remained in poor condition. A number of rooms designed for two were still inappropriately used for three men. There was a good supply of clothing but not of bedding. Consultative meetings were held, but often with inadequate staff presence. Wing staff had little time to engage with detainees, other than on routine matters.*
- 2.2** The residential buildings comprised older and newer types of accommodation, both of which were unsatisfactory. The newer buildings remained bleak and prison-like, although were reasonably well equipped for informal activities, such as internet access, games equipment and worship. Of these wings, Ash House was less well cared for than Beech or Gorse House, with dirty and untidy communal areas and uncovered bins, but none of these buildings was in sufficiently good condition. Bed bugs were mentioned, and evidenced, by many detainees and staff as a recurrent problem. Toilets in the newer units had no seats.
- 2.3** The older buildings (Cedar House and Dove House), with more freedom of movement, had a number of showers, bathrooms and toilets in poor condition, although some had been refurbished. There was a desolate air about these units owing to the number of rooms that were not in use or barely furnished. The toilets in many cases had worn flooring, and many had no brushes so that detainees could not keep them clean, and baths had damaged surfaces. Some toilets had no toilet paper and no soap, one shower could not be locked from the inside and many detainees complained about scalding water. In general, no one seemed to be maintaining this accommodation. On one corridor, there was a sign to UK Border Agency (now known as Home Office Immigration Enforcement) complaint forms, pointing to a locked door.
- 2.4** On some units, double rooms were used to house three men. They were unsuitable for more than two people, for example having only two chairs and two chests of drawers.
- 2.5** In our survey, fewer detainees than at other centres said that they could clean their clothes easily or have a daily shower, but a relatively large proportion said that it was normally quiet enough for them to sleep at night. There was a good supply of clothing, but some detainees did not have a full set of bedding, including pillows.
- 2.6** The role of wing staff was generally limited to dealing with specific requests; they did not move around the wings and speak to detainees. Consequently, the useful open staff stations in the middle of the newer wings were not used. Some detainees did not have a courtesy key to their room. Not all those with mobility problems could access an adapted shower. There was adequate access to the open air; Fir House residents now had access to a large yard for part of the day.
- 2.7** Consultative meetings had been held reasonably regularly, although this was not the case for support groups (see sections on staff–detainee relationships and equality and diversity). In

several cases, there was evidence of actions decided at one meeting being resolved before the next. Staff attendance at these meetings was limited to one or two residential managers. There was little display of information on the units in languages other than English (see recommendation 2.35).

Recommendations

- 2.8 Managers should ensure that all rooms accessible to detainees are suitably furnished and well maintained, and that staff regularly visit all areas and engage with detainees.**
- 2.9 All showers and toilets should be well ventilated, clean and in a good state of repair.** (Repeated recommendation 2.12)
- 2.10 Rooms designed for two detainees should not be used to accommodate three.** (Repeated recommendation 2.4)
- 2.11 All detainees with mobility problems should have access to adapted showers.** (Repeated recommendation 2.14)

Staff–detainee relationships

Expected outcomes:

Detainees are treated with respect by all staff, with proper regard for the uncertainty of their situation and their cultural backgrounds.

2.12 *About two-thirds of detainees in our survey said that most staff treated them with respect, which was lower than at other centres. The personal officer scheme did not work effectively.*

2.13 In our survey, 65% of detainees said that they were treated with respect by most staff, which was similar to the percentage at the time of the previous inspection but lower than the 76% comparator. We saw largely positive interactions between staff and detainees, but staff mainly stayed in their offices. Staff told us that they had limited time to engage with detainees on the units, which impacted adversely on relationships. They could not recall any specific training to help their understanding of the experiences of people seeking asylum and those detained under immigration powers.

2.14 In our survey, 56% of detainees said that they had a member of staff to turn to if they had a problem, which was similar to the percentage at the time of the previous inspection but lower than the 63% comparator. The personal officer scheme did not appear to be effective for most detainees. Although many knew that they had a personal officer, few felt that this made any difference. History sheets suggested that personal officer contact was not made until at least two weeks after detainees' arrival and sometimes later. The interval between subsequent contacts in our sample varied from a week to more than three months. Entries were shallow and commonly said little more than 'polite and compliant, no issues'.

Recommendations

- 2.15 Staff should have sufficient time to interact regularly with individual detainees, and positive engagement should be a priority.** (Repeat recommendation 2.29)

- 2.16 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (Repeated recommendation 2.24)**

Equality and diversity

Expected outcomes:

The centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. At a minimum, the distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.17** *The strategic management of equality and diversity was weak and diversity meetings poorly attended and unproductive. Training on diversity issues was poor. Some detainees were unaware of diversity officers and there was insufficient consultation with detainees on diversity issues. The process for identifying and assessing detainees with disabilities was not effective and they received insufficient help in moving around the establishment. Although there was reasonably good use of professional telephone interpreting services, we saw examples where these should have been used but were not. Provision for isolated older detainees was limited and no particular attention was paid to the needs of younger detainees. There was excellent provision for declared lesbian, gay, bisexual and transgender detainees.*

Strategic management

- 2.18** The strategic management of equality and diversity was weak. There was an equality, diversity and inclusion strategy but it was generic and not tailored to the detainee population. The diversity, equality and inclusion action plan for 2013 was inadequate and contained only five items for action, and these were of limited scope.
- 2.19** The establishment's work was overseen by a monthly diversity, equality and inclusion committee, but it was poorly attended and did not cover all protected characteristics. Little statistical information was presented to help to identify and resolve any inequalities and there was no evidence of comprehensive trend analysis of areas of potential discrimination. Very few actions were recorded in the minutes. Two actions appeared verbatim in matters arising for six consecutive meetings in 2013.
- 2.20** Staff training in diversity was poor. Records suggested that only a minority of staff had been trained, and the out-of-date e-learning training package covered race discrimination but no other diversity issues.
- 2.21** Some detainees were unaware of diversity officers, and information about them was missing from most noticeboards. There were no detainee diversity representatives. There was insufficient consultation with detainees from protected groups (see also section on staff-detainee relationships).

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.22** The diversity, equality and inclusion lead member of staff was the main conduit for processing and monitoring race relations complaints. It was unclear if and why this role was limited to race relations and no other protected characteristics. Seven issues had been recorded in the discrimination log for the previous three months, and they had all been dealt with appropriately. However, we identified two incidents of reported racial discrimination which had not been referred to the diversity, equality and inclusion lead member of staff.
- 2.23** Eight 'minority group' meetings had taken place in the first six months of 2013 – two with Afghani detainees and one each with Jamaicans, Iraqis, Ghanaians, Vietnamese and gay detainees. It was unclear from the minutes of the remaining meeting who the intended target group had been. Few people had attended any of these meetings. There was no evidence of the use of professional interpreting services or efforts to communicate with those who spoke little English at these meetings (see recommendation 2.35), and there was no indication that highlighted actions were followed up.

Recommendations

- 2.24 All staff should undertake high-quality diversity training which encompasses all protected characteristics.**
- 2.25 Weekly group meetings should be held, with the help of interpreters where necessary, to enhance communication with different groups of detainees, especially those who speak little English. The meetings should identify unmet needs, inform detainees of relevant issues and keep staff abreast of detainee concerns, and follow up issues as necessary.**

Housekeeping points

- 2.26** All relevant departments should attend the diversity, equality and inclusion committee meetings. (Repeated recommendation 4.36)
- 2.27** Information about diversity officers should be displayed on unit noticeboards.

Protected characteristics

- 2.28** In our groups, detainees were generally positive about diversity and equality. However, in our survey Muslims and, to a lesser extent, detainees with disabilities reported more negatively than others in some key areas. For example, more Muslims than non-Muslims (18% versus 8%) and more detainees with disabilities than their able-bodied counterparts (25% versus 12%) said that they had been victimised by staff.
- 2.29** There was a clear process for identifying and assessing detainees with disabilities but it was not effective. In our survey, 12% of detainees described themselves as having a disability, but the establishment had only identified five individuals, less than 1% of the population. The names of those needing assistance in the event of evacuation were published on the daily briefing sheet, but staff were not always aware of the needs of those on the wing where they were working. None of the three detainees with disabilities we spoke to knew that they had a personal evacuation plan. Two of these detainees told us that they had been handcuffed on a hospital visit (see also section on escort vehicles and transfers). There were no paid carers and some detainees with disabilities had difficulty in moving around the establishment unaided.

- 2.30** There were several multilingual staff, and the use of professional telephone interpreting services was reasonably good. However, in our survey non-English speakers reported a worse experience than English speakers across a range of issues, especially experiences of escorts, arrival and the provision of information, and we saw examples where interpreting was needed but not used. Many notices in the centre were in English only, and some important information had not been translated into an appropriate range of languages (see section on early days in detention).
- 2.31** There was excellent provision for declared lesbian, gay, bisexual and transgender (LGBT) detainees. There were a number of ways in which detainees could disclose their sexuality – at reception when they first arrived or through a confidential telephone helpline and email account – and 16 detainees being held at the time of the inspection had declared themselves to be gay. LGBT detainees were able to meet in a weekly support group, which ran alongside a legal surgery provided by the UK Lesbian and Gay Immigration Group. Staff awareness of LGBT issues was assisted by a monthly bulletin.
- 2.32** Provision for older detainees was very limited. There were no activities catering specifically for such detainees and they reported having little to do and little support. One older detainee we spoke to said that he was very lonely, and another appeared to be depressed; we were told that he could often be seen sitting on his bed crying. There was no particular attention to the needs of younger detainees.

Recommendations

- 2.33 Detainees with disabilities should be identified at the earliest stage, have their needs assessed and care plans and personal evacuation plans drawn up where appropriate. Staff and the detainees concerned should be aware of these.**
(Repeated recommendations 4.41 and 4.42)
- 2.34 There should be a mentoring/carers scheme for detainees who require additional support with daily tasks.** (Repeated recommendation 4.43)
- 2.35 A wide range of relevant information in an appropriate number of languages should be provided, and professional translation and interpreting should be used whenever required, especially when confidentiality and accuracy are essential.**
- 2.36 The specific needs of older and young adult detainees should be identified and addressed.**

Faith and religious activity

Expected outcomes:

All detainees are able to practise their religion fully and in safety. The faith team plays a full part in the life of the centre and contributes to detainees' overall care, support and release plans.

- 2.37** *There was very good faith provision and pastoral care was strong. The faith team organised foreign language worship for groups with high numbers of non-English speakers. Major religious events were celebrated and detainees spoke highly of the arrangements for Ramadan and Eid Mubarak.*

- 2.38** Provision for faith and religious activity was good. In our survey, 82% of detainees said that their religious beliefs were respected, more than the comparator (73%) and than at the time of the previous inspection (67%).
- 2.39** Facilities for communal worship were considerably better for detainees in Cedar House and Dove House, which had a reasonably large chapel, mosque and shared temple, than elsewhere, where provision was cramped. Faith rooms generally were drab and in a poor state of decoration. We were told that it was possible for separated detainees to attend communal worship, subject to risk assessment, although we saw no evidence of this having happened.
- 2.40** The chaplaincy was diverse, well staffed and suited the religious composition of the detainee population. It had good connections with faith groups in the community and was able to use its connections to satisfy specific detainee needs – for example, through the provision of Christian services in Chinese and Tamil.
- 2.41** There was an active calendar of religious festivals. Specific events were open to detainees of all faiths. Detainees spoke highly of the arrangements for Ramadan and Eid Mubarak. Pastoral support was good and the chaplaincy was involved in care planning for detainees.

Housekeeping point

- 2.42** Separated detainees should be able to attend corporate worship subject to risk assessment. (Repeated recommendation 4.59)

Complaints

Expected outcomes:

Effective complaints procedures are in place for detainees, which are easy to access and use and provide timely responses.

2.43 *The number of complaints submitted was high compared with that at other centres. Most complaints were about low-level issues. Replies were polite but did not always address all the issues raised. Most complaints were not substantiated, including some that should have been upheld.*

- 2.44** Complaint forms and most complaints boxes were accessible. On some units, foreign language forms were out of stock. A monthly complaints report recorded outcomes, the category of the complaints and the department responsible. A very brief summary of individual complaints was also collated. There was no separate system for medical complaints.
- 2.45** A total of 181 complaints had been made in the first six months of 2013, which was high compared with other centres. Complaints generally concerned low-level matters related to service delivery. In the sample of complaints we looked at, replies were written in English, were usually timely and polite, but did not always address all the issues raised.
- 2.46** Most complaints were not upheld, including some that should have been. One complaint about a broken water heater had been only partially upheld because the responding officer had said that boilers were repeatedly vandalised by other detainees. In another, a detainee complained about being given no notice of an external hospital appointment and being two hours late as a result. In the response, the lack of notice point was ignored and the second

part of the complaint was not upheld because the delay had been due to 'unforeseen operational requirements'.

Recommendations

- 2.47 Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up action should be recorded.** (Repeated recommendation 7.35)
- 2.48 Responses to complaints should be written in the same language as the complaint itself, address all the issues raised, and be upheld where appropriate.** (Repeated recommendation 7.36)

Housekeeping point

- 2.49** Complaint forms in a variety of languages should be easily accessible.

Health services

Expected outcomes:

Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

2.50 *Detainees were dissatisfied with the health care service provided. Some health services had improved but several key areas were unacceptably poor and nurses lacked skills in key areas. The management of lifelong conditions was inadequate. Medicines management was weak. Mental health services were limited but those available were good.*

Governance arrangements

- 2.51** Primecare had provided health services since July 2011 but planned to withdraw in January 2014. We were concerned that this, combined with delays in transfer to NHS commissioning, could worsen health services significantly.
- 2.52** A comprehensive external needs assessment in 2013, plus internal and external audits, informed service delivery. The regular clinical governance meetings were not attended by all key stakeholders. Adverse incidents were reported and reviewed, and learning was shared with staff. Consultation with service users was poor.
- 2.53** Most of the 34 health care complaints received in 2013 related to waits for appointments and medication issues. The centre complaints process was used, which was insufficiently confidential and generated unacceptable delays (see recommendation 2.47). The responses we sampled were courteous and addressed all the issues raised.
- 2.54** There had been three health care managers since September 2011, which had created instability. At the time of the inspection, the nurse manager had been in post for a month

and her considerable experience of working in immigration removal centres was driving improvement. Staffing levels appeared inadequate and nurses reported high stress levels. The nursing team lacked skill in key areas, including lifelong condition management (see main recommendation S44). Regular agency staff filled vacancies; however, their effectiveness was reduced by not having keys. The lack of an electronic clinical record system generated additional work and removed staff from clinical duties.

- 2.55** Health services staff were not trained in torture recognition, and some Rule 35 paperwork (requiring notification to the Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture) was poor (see section on casework).
- 2.56** The core team was in date with mandatory training, but additional training opportunities were limited and clinical supervision was not used. Staff received regular performance reviews. There was 24-hour nursing cover, although with only one qualified night nurse covering all areas, including 55% of all receptions, this appeared inadequate. Jersey Practice provided 12 general practitioner (GP) clinics a week and out-of-hours cover. The health care leaflet had been translated but was not in use and was insufficiently detailed.
- 2.57** Health services staff introduced themselves to detainees but their uniforms did not define their roles and not all staff wore clear name badges. We observed a good level of concern for the welfare of detainees and most interactions we saw were good. Professional interpreting services were used extensively, although other detainees were sometimes used to interpret, with the detainee's verbal consent. There was a comprehensive range of policies, including on information sharing and adult safeguarding, in each clinical area, but many needed review. There were several disjointed and incomplete communicable disease policies and there was no engagement with local public health services.
- 2.58** Appropriate emergency equipment was located in the pharmacy room and was all in date, although checking was inconsistent. It was not available in other key areas, including reception. Seventy-five per cent of detention staff were in date with training to manage medical emergencies.
- 2.59** The health care unit had good facilities, but was not compliant with infection control standards. There was limited health promotion, and no smoking cessation service. Condoms were available from the barber salon. There was no lead member of staff with responsibility for the care of older detainees and there were no services for this group, but there was good access to mobility and health aids. Detainees could not access age-appropriate screening, immunisation or vaccination programmes.

Recommendations

- 2.60** **The transfer of commissioning to the NHS and procurement of an appropriate health provider should be expedited to ensure safe, prompt and appropriate health services for detainees.**
- 2.61** **An effective electronic clinical record system should be introduced.**
- 2.62** **All health services staff should be trained in recognising and dealing with torture and its consequences.** (Repeated recommendation 5.12)
- 2.63** **Detainees with little or no use of English should be offered the use of professional interpreting services for all health care consultations, and a professional service should always be used when accuracy or confidentiality is essential. Detainee**

interpreters should only be used to support rather than replace professional interpretation in such situations.

- 2.64 A comprehensive communicable disease policy should be agreed with local Public Health England.**
- 2.65 The health care environment should fully comply with primary care infection control regulations.**
- 2.66 There should be active and systematic health promotion, including smoking cessation, throughout the centre.**
- 2.67 Detainees should have access to age-appropriate screening, immunisation and vaccination programmes.**
- 2.68 Appropriate life-saving equipment should be located throughout the centre, and subject to daily recorded checks, to ensure that detainees receive prompt effective emergency care.**
- 2.69 A senior nurse should have responsibility for the overall care of older detainees and ensure that all health services staff are trained to recognise the signs of mental health problems and to identify the social care needs of older detainees.**

Housekeeping points

- 2.70** Clinical governance meetings should be attended by all key stakeholders.
- 2.71** There should be regular dedicated consultation with service users about health services and effective systems to disseminate the minutes to all detainees.
- 2.72** All clinical staff should access regular, documented clinical supervision within agreed policies. (Repeated recommendation 5.17)
- 2.73** All health care information should be readily available in a range of languages relevant to the population.
- 2.74** Health services staff should wear uniform and/or identification that clearly identifies them and their role.

Delivery of care (physical health)

- 2.75** Detainees underwent a comprehensive health assessment by a nurse in reception, but it was often delayed because of competing work pressures. Consent to liaise with key services was obtained on a case-by-case basis. Those requiring follow-up saw a GP within 24 hours.
- 2.76** In our survey, fewer respondents than at other centres were satisfied with the overall quality of health services (28% versus 45%). Detainees requested health care services through custodial staff. They saw a nurse initially for assessment; however, most subsequently saw the GP as nurses lacked triage training and patient group directions (authority to administer prescription-only medicines). There were regular dental and optician clinics, with podiatry clinics arranged as needed, and waiting times were short. However, detainees were often delayed in the health centre before and after appointments. The non-attendance rate was high, at 25%. The effectiveness of out-of-hour cover was unclear as calls were not logged.

- 2.77** Detainees' paper clinical records were stored in a secure room and effectively tracked. However, when we visited the health care office one night, the clinical records room and pharmacy had been left open while the nurse was elsewhere because he did not hold keys. The standard of record keeping was poor, with many examples of inadequate or incomplete and/or illegible records.
- 2.78** The lifelong conditions register was incomplete and there were no effective systems to manage these patients. We found several instances where detainees with chronic conditions had not undergone a necessary review.
- 2.79** Systems for identifying and managing detainees on food and/or fluid refusal were good. A nurse attended the wing to complete observations, and detainees who became unwell were admitted to the inpatient unit. There were palliative and end-of-life policies.
- 2.80** The 14-bed inpatient unit was stark and lacked a therapeutic regime. A large number of inpatient beds were used for detainees who were considered so vulnerable that they needed to be constantly observed. A health care assistant ran the unit, with detention staff visiting regularly to offer exercise and a nurse attending for clinical interventions. During the inspection, there were several inpatients with complex physical needs, which necessitated increased nurse input and competed with other scheduled tasks. The daily ward round was comprehensive and effective. Individual care plans were created, but were not reviewed regularly, and daily records did not consistently reflect the problems identified.
- 2.81** Detainees were appropriately referred for external hospital appointments; few were cancelled and waiting times were reasonable. Detainees could be held at the centre for ongoing medical treatment, but there were weak systems for preventing transfers of detainees who needed to stay at the centre for medical reasons.
- 2.82** Health services staff were advised of impending transfers/deportation on the day before they occurred; sufficient medication was not always arranged in time. A copy of the detainee's file went with them. The need for immunisation or malaria prophylaxis before deportation was not considered. We saw some effective discharge planning, but this was not systematic and we had concerns that care might not be continuous after deportation.

Recommendations

- 2.83** **Nurses should have training in triage, use agreed triage algorithms and be trained to administer medication against agreed patient group directions to ensure that detainees receive prompt, appropriate and consistent treatment.**
- 2.84** **Clinical record keeping should consistently comply with Nursing and Midwifery Council and General Medical Council standards, and all records should be stored securely in accordance with Caldicott guidelines on the use and confidentiality of personal health information.**
- 2.85** **Chronic disease management should be systematic and enable appropriate follow-up, with active care planning for detainees with multiple conditions.**
- 2.86** **The inpatient unit should provide a suitable therapeutic environment for physically or mentally ill detainees. (Repeated recommendation 5.78)**
- 2.87** **There should be robust processes for identifying and keeping detainees at the centre if it is necessary to meet their treatment needs.**

- 2.88 Discharge planning should start as early as possible to ensure that detainees receive appropriate immunisation or prophylactic medication, planned continuity of care and sufficient medication before they are released, transferred or deported.**

Housekeeping points

- 2.89** The reasons for long delays before and after health care appointments should be investigated and addressed.
- 2.90** All calls to the out-of-hours general practitioner service should be logged to facilitate effective monitoring of the service.

Pharmacy

- 2.91** Routine medicines were supplied by Primecare Central Pharmacy (West Bromwich), with Village Pharmacy providing supplies of urgent and controlled drugs. A dispensing assistant attended each weekday morning, but the pharmacist did not attend regularly and there were no clinics. Most routine medicines arrived within 48 hours. The repeat prescription system was inefficient, with some detainees running out of medication, and although some urgent doses were given from stock at these times, this meant that detainees received more than the prescribed amount. Medication was routinely re-prescribed without an entry in the clinical record.
- 2.92** The prescribing formulary (list of approved medicines) was appropriate, but was not consistently followed. In-possession risk assessments were not consistently completed or reviewed when prescribing or risk changed.
- 2.93** Stock was managed by the dispensing assistant and nurses, but we found some out-of-date and inadequately labelled medicines. There was no robust system for following up uncollected in-possession medicines, causing substantial waste and concern for patients. There was no controlled drug cabinet in the inpatient unit, and the cabinet used for this purpose in the pharmacy was incorrectly secured to the wall.
- 2.94** Medicines were administered from the pharmacy in four sessions between 8.30am and 8pm. A nurse attended the inpatient unit to administer medicines as prescribed. Prescriptions were paper based and there were significant gaps in the records. There was no consistent process to manage refusals and non-attendance, creating considerable clinical risk.
- 2.95** The extensive range of policies and procedures had not been signed by staff. The regular medicines and therapeutics committee meetings did not cover all key issues such as prescribing trends, cost effectiveness or wastage.

Recommendations

- 2.96 There should be regular pharmacist attendance to ensure appropriate clinical governance, and provide medicine use reviews and support clinics.**
- 2.97 All detainees should receive prescribed medications in a timely manner and should not receive more than the total amount of a prescribed medicine.**

- 2.98** The prescriber should make an entry in the clinical record when medication is prescribed.
- 2.99** There should be complete records of administration of medicines, and detainees who fail to collect or do not comply with dosing regimes should be monitored and reviewed.

Housekeeping points

- 2.100** The formulary should be consistently followed and any deviations should be reviewed at the medicine and therapeutics committee.
- 2.101** In-possession risk assessments for each drug and patient should be consistently documented, including reasons for the determination recorded, and undergo appropriate review when the risk or prescribing changes.
- 2.102** All medications should be properly packaged and in date.
- 2.103** Medicine wastage should be audited, reasons identified and remedial action taken.
- 2.104** A controlled drug cabinet should be installed in the inpatient medicines room, and all controlled drug cabinets should be bolted to the wall using the appropriate rag bolts.
- 2.105** There should be a full range of policies and standard operating procedures that are in date and signed by all staff.

Dentistry

- 2.106** A Smile Dental Clinic provided one dental clinic weekly. Waiting times were reasonable, at four to six weeks. Dental treatment was equivalent to that in the NHS and there was adequate emergency provision. The dental consultations we saw were good and all dental records were included in the core clinical record. The dental suite had no telephone, which limited access to interpreting services.
- 2.107** Detainees were given verbal advice on oral health care, but available written information was in English only (see housekeeping point 2.73). The dental suite was large, but required some refurbishment to be compliant with best practice. All dental equipment was appropriately maintained and dental waste received professional disposal.

Recommendation

- 2.108** The dental surgery should comply with decontamination standards as outlined in dental guidance HTMI-05.

Delivery of care (mental health)

- 2.109** Detention staff received brief electronic mental health awareness training, but it was insufficiently detailed to identify and support detainees with mental health problems. Detention staff reported good relationships with health services staff.

- 2.110** Two full-time registered mental health nurses provided support for 85 detainees, including eight with complex needs. Around 50 referrals were received monthly through the open referral system. Urgent referrals were assessed within 48 hours and routine referrals within 14 days. Patients with complex needs had detailed care-plans. There was appropriate liaison with community services.
- 2.111** Registered mental health nurses attended the ward round and separation unit daily to provide support. There was no access to psychological therapies or groups. There was fortnightly psychiatrist input and a counsellor saw six English-speaking clients weekly. Self-help materials were available only in English (see housekeeping point 2.73).
- 2.112** Since December 2012, three detainees had been transferred to external mental health hospitals and a further three had been released with a package of community care under section 117 of the Mental Health Act 1983. Transfer and release had been delayed in some cases owing to commissioning issues or bed availability.

Recommendations

- 2.113 All custodial staff should receive mental health awareness training to enable them to recognise mental health problems and work effectively with health services staff.**
- 2.114 Detainees should have access to a full range of timely support for mental health problems, including clinical psychology, group therapies and counselling for non-English speakers.**
- 2.115 Patients assessed as requiring secure mental health beds in the community should be transferred promptly.**

Substance misuse

Expected outcomes:

Detainees with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their detention.

2.116 *The clinical management of substance misuse was unsafe and there was no psychosocial support. Initial assessments were too superficial to inform appropriate prescribing for drug- and alcohol-dependent detainees. There was no monitoring during the stabilisation period of opiate substitution treatment to identify over- or under-medication. There were no groups or individual sessions to support detainees in their recovery. Discharge planning was not sufficiently proactive. Strategic management of substance misuse was poor.*

- 2.117** The substance misuse policies were evidence based but were not followed, and required review. First night treatment for drug- and alcohol-dependent detainees was available but initial assessments were too superficial to inform appropriate prescribing. Although opiate substitution treatment was started at appropriately low doses following a positive drug screen, there was no monitoring during the stabilisation period to identify over- or under-medication, which was unsafe. The basic requirements of safe prescribing, including comprehensive assessments, formal reviews, treatment plans agreed with the patient and continuation of prescribing after release or deportation, were not completed.

- 2.118** Detainees requiring alcohol detoxification were appropriately admitted to the inpatient unit for observation. Most of the 13 detainees on opiate substitution treatment during the inspection appeared to be reducing very slowly. There were no groups or individual sessions to support detainees in their recovery, which was poor practice. Mental health support was provided by the registered mental health nurses as needed. One doctor had completed the Royal College of General Practitioners certificate in substance misuse, but no other staff had received appropriate specialist training. There was no monitoring of the numbers receiving treatment.
- 2.119** We saw community prescribing being arranged for two detainees being released in the UK, but were not assured that discharge planning was sufficiently proactive for all. No general harm minimisation advice was given before release. There was no drug strategy, no needs assessment, no action plan and no overarching strategic drug and alcohol strategy committee.

Recommendations

- 2.120** Detainees should receive clinical substance misuse services from appropriately trained and skilled staff within an evidence-based policy that ensures that detainees receive comprehensive assessments, safe prescribing, effective monitoring and care planning, regular multidisciplinary review which includes the detainee, and discharge planning which considers the treatment available in the country of origin.
- 2.121** The centre should establish a comprehensive drug and alcohol strategy under the oversight of a committee chaired by a senior manager, with representatives from all relevant departments. (Repeated recommendation 5.90)

Services

Expected outcomes:

Detainees are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations. Detainees can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.122 *The food provided was adequate for most, although some detainees had been very critical of the variety. Kitchen hygiene levels were inadequate. Plans to open a cultural kitchen had not been implemented. The shop had a reasonable range of products but detainees did not have access to a catalogue ordering service.*

- 2.123** In our survey, only 29% of detainees said that the food provided was good or very good, although those in our groups were more positive. In the week before the inspection, 95 detainees, mostly of Indian or Pakistani origin, had signed a petition in protest about the quality of the food and lack of variety in the menu. There was little consultation with detainees about the catering. Long-standing plans to open a cultural kitchen, where detainees could prepare food of their choice and to their taste, had not been acted on.
- 2.124** The menu had been reviewed since the previous inspection and was due for review again in September 2013. Different diets were catered for and there was enough fresh fruit and

vegetables. Detainees were only offered a cold dinner on Sundays. During the inspection, the food we sampled was adequate.

- 2.125** Although kitchen staff were appropriately clothed, there had been several complaints about hairs being found in food, and we found that food trolleys were left extremely dirty overnight. Detainees were employed in menial kitchen duties but not to cook food, so they were unable to gain useful catering experience and qualifications.
- 2.126** The shop was well stocked and prices were reasonable. However, there was no facility for detainees to purchase approved goods from a catalogue.

Recommendations

- 2.127 A cultural kitchen and culturally themed days, with detainees preparing food from their country of origin, should be introduced.** (Repeated recommendation 8.2)
- 2.128 Detainees employed in the kitchen should be allowed to cook and gain industry standard qualifications** (Repeated recommendation 8.5)
- 2.129 A catalogue system should be introduced so that detainees can purchase approved items not stocked in the shop.**

Housekeeping points

- 2.130** Detainees should be effectively consulted about the menus.
- 2.131** All kitchen equipment should be thoroughly cleaned after use.

Section 3. Activities

Expected outcomes:

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

3.1 *The centre offered a reasonable range of recreational activity for the population. Substantially more detainees than at the time of the previous inspection said that they had enough to do to fill their time. More paid work places were offered than at the time of the previous inspection, but most were routine and mundane jobs. Education places were underused and affected by the restricted activity periods. Quality assurance of education provision was underdeveloped. The library provision was adequate, with access in the evenings and at weekends. Reasonably good use was made of the available outdoor space and indoor fitness areas for sports and physical activities.*

3.2 The centre offered a reasonably wide range of recreational activities, which met the needs of most detainees. In our survey, substantially more detainees than at the time of the previous inspection (47% versus 33%), and similar to the comparator, said that there was enough to do to fill their time. Recreational amenities were adequate and catered well for detainees staying in the centre for a short time. Residential units were generally suitably equipped for recreation activities, and bingo and quizzes also took place. Detainees attended these in large numbers and enjoyed the sessions. The centre had improved the games room and a cinema offered regular film screenings. There was also a well-equipped music room.

3.3 There was sufficient learning and skills and work for about 40–50% of the population, but education places were often underused. Classes were offered in the evenings and at weekends, including music, yoga and meditation, in addition to daytime sessions. However, the regime severely limited access to learning and skills. Units were allowed access at specific times and this was limited to three hours per session for most and to just over an hour for detainees held in Fir House. During these sessions, detainees were also expected to make use of the gym, shop, barber salon and association (see section on security and recommendation 1.55). During the inspection, we often saw empty rooms, particularly those offering arts and crafts and English for speakers of other languages (ESOL). The computer rooms were generally better occupied, especially in the evenings and at weekends. A few detainees were following accredited information and communications technology (ICT) courses; most used the facilities for access to emails and websites. Rooms providing computer access on the units were fully utilised, despite limited space.

3.4 There was insufficient promotion of education and work activities. Information on what was on offer was included in the induction booklet; it was available in several languages, but was sparse and did not provide a clear picture of the provision. Posters advertising education classes and work lacked detail to enable detainees to make choices.

3.5 Detainees in Cedar House and Dove House were not locked in rooms although they were locked onto units at night. Detainees on the other units were able to spend approximately 14.75 hours out of their rooms each day. However, it was not clear why they should have been locked in rooms at all, given the generally low risk profile of the whole population (see also security section). Learning and skills classrooms were open each day from 9am but there was an expectation that many detainees would not attend learning and skills before 11am. The centre kept records of detainees who attended sessions but did not record start and finish times or analyse the data sufficiently to set targets for improvement.

Recommendations

- 3.6 Detainees should not be locked into rooms.**
- 3.7 Attendance and participation should be better recorded and analysed and the data used to establish targets for improvement.**

Housekeeping point

- 3.8 Learning and skills should be better promoted to ensure that detainees are able to make an informed choice.**

Learning and skills

- 3.9** In our survey, the number of detainees taking part in education was lower than at comparator establishments (7% versus 27%), particularly for non-English-speaking detainees, although centre data suggested that the participation rate was around 17%. Regime restrictions (see paragraph 3.3 and recommendation 1.55) resulted in poor attendance and punctuality. There was no systematic initial assessment of literacy, numeracy and language support needs at induction.
- 3.10** Education programmes included English assessments, ESOL, ICT, and arts and crafts, but no numeracy provision. The centre was in the process of changing awarding bodies for ESOL accreditation and there had been few achievements. The arts and crafts sessions provided detainees with a wide range of activities, and several detainees had received Koestler awards for their creative work.
- 3.11** A recently introduced programme, in partnership with a local football club foundation, was proving popular and provided coaching skills, personal skills development and support for release – for example, in writing CVs and job applications.
- 3.12** Arrangements to assure and improve the quality of learning and skills were underdeveloped. There was an over-reliance on meeting awarding body standards. Self-assessment and action planning for improvement was not systematically carried out. A large amount of data was collected but insufficiently analysed or used to set targets for improvement.

Recommendations

- 3.13 All detainees should be assessed for literacy, numeracy and language support needs during induction, and the information used to structure learning to meet individual needs.**
- 3.14 Quality assurance and improvement arrangements should be further developed in education and activities** (Repeated recommendation 6.11)

Paid work

- 3.15** All of the paid work places were filled and waiting lists were short. The centre offered an improved and reasonable choice of work, with 160 places, compared with 110 at the time of the previous inspection. Approximately 120 places were as kitchen and serverly workers

(recruited primarily from Cedar House and Dove House). The remainder were as orderlies, 'buddies' and painters. Most of the work was classed as full time but in effect offered between three and five hours per day. Detainees could earn between £1 and £1.25 per hour in addition to the daily allowance of 71 pence which was paid to all detainees, including those classified as unemployed or attending education. In our survey, 57% of detainees said that they were able to work if they wanted to, which was similar to the comparator and higher than at the time of the previous inspection (45%). Recruitment processes enabled the Home Office to veto individual applications for work for reasons of non-compliance, which amounted to inappropriate interference in the centre's ability to manage the population.

- 3.16** Detainees were given a brief induction into their work roles as part of a recently introduced 'introduction to employment' session. The provision of employability skills and training was extremely limited. Basic food hygiene qualifications were offered to detainees working in the kitchen or on the serveries, and detainees in the barbering salon were given training, which at the time of the inspection was not formally accredited. Detainees working in the kitchens were able to work shifts to cover a seven-day rota.

Recommendation

- 3.17** **Detainees' cooperation or failure to cooperate with the Home Office should not affect their ability to work.**

Library

- 3.18** Library provision was adequate. The library was managed by a trained librarian, with the help of a dedicated assistant. The extensive stock of around 8,000 titles offered a wide range of books in the 13 languages identified as the most appropriate for the centre population, with a more limited stock in a further eight languages. Detainees were able to borrow DVDs. Music CDs could be listened to in the library. A suitable range of daily newspapers in English and other languages was provided, supplemented by periodicals. The library was open to detainees during the day and in the evening, seven days a week. It had adequate arrangements and processes to monitor loans, returns and stock loss. Regime restrictions (see paragraph 3.3 and recommendation 1.55) severely limited access to the library, and in our survey only 47% of detainees said that it was easy to get to the library, which was far worse than the 76% comparator.

Sport and physical activity

- 3.19** The provision of sport and physical activity was reasonably good. Each unit had access to an outdoor courtyard, where activity staff frequently organised and supervised team games such as volleyball, cricket and five-a-side football. In the event of inclement weather, detainees used the centre's reasonably sized sports hall for team and racquet sports and circuit training. A member of activity staff routinely supervised the gym in the main area, which detainees generally used well. However, several items of gym equipment were in a poor state of repair. Each unit had its own fitness equipment, although some equipment rooms were dirty and cluttered. This equipment was also in a poor state of repair, and parts were often used for items in the main gym. Unit fitness suites were less well used and unsupervised. Detainees received a safety induction before they started using fitness equipment in the main gym but not the unit suites.
- 3.20** Links between health services and sports and fitness staff were weak, and insufficient information about detainees' health and fitness to engage in physical activity was shared.

Information on attendance and participation was collated and used to ensure that it was fair and equitable. In our survey, fewer detainees than at comparator centres and than at the time of the previous inspection said that it was easy to go to the gym (51% versus 70% and 59%, respectively) as a result of regime restrictions (see paragraph 3.3 and recommendation I.55).

Recommendation

- 3.21 Health services and sports and physical activity staff should ensure that information about detainees' fitness to participate in sports and physical activity is shared before they undertake such activities.**

Housekeeping points

- 3.22** All fitness equipment in the main gym and on the units should be checked regularly and arrangements made to repair or replace equipment as necessary. Current malfunctioning equipment should be repaired.
- 3.23** All detainees should be given an induction into fitness equipment on the units.

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

Detainees are supported by welfare services during their time in detention and prepared for release, transfer or removal before leaving detention.

4.1 *Dedicated welfare staff provided a daily service, supporting detainees with a wide range of issues. Most detainees were seen before discharge. Welfare officers went out to the wings to conduct pre-discharge work, and were accessible to detainees. The provision of information packs on destination countries for those being removed was limited. External organisations were based at the centre to provide a range of useful support services.*

4.2 A dedicated welfare service provided a service from 9am to 8.30pm every day. It was well used by detainees, with an average of 605 contacts a month in the previous six months. Welfare staff supported detainees across a wide range of issues, the most common being retrieval of property from previous establishments, accessing solicitors and contact with family or friends. They also provided legal forms, assisted with closing down financial affairs and booked the appointments for legal surgeries. Welfare contacts were recorded on a database in broad categories, which enabled the centre to identify the number and type of contacts.

4.3 The work of the welfare team was explained to detainees during induction by staff in Fir House, but there was no proactive and systematic intervention from welfare staff to identify detainee needs at this time. In our survey, 77% of detainees said that they had had problems on arrival at the centre, which was higher than the comparator (66%), and only 24% said that they had received help or support with these problems from a member of staff within their first 24 hours at the centre, lower than the 37% comparator. Detainees were free to access the welfare service during the timetabled slot for their respective units, and welfare officers also visited the health care unit and Elm House to talk to detainees there. The office operated on a drop-in basis, which detainees valued, but because of the high demand, queues outside the office were often very long and we saw some detainees leaving the queue before seeing someone.

4.4 Almost all detainees (an average of 478 per month over the previous six months) were seen before discharge, including those being released or transferred to other centres, for a check on last-minute practical issues that needed to be dealt with. Welfare officers went out to the wings to conduct this pre-discharge work, so they were visible and accessible to detainees, many of whom took the opportunity to discuss concerns with the officers informally. The short notice period of some transfers, and staff capacity, prevented the team from seeing all those being discharged. A random selection of five detainees per day who were being discharged were asked to complete an exit survey. However, this information was simply stored in a file and not used to inform service delivery.

4.5 The provision of information packs on destination countries for those being removed was limited to a helpful booklet about Pakistan, provided by the Weldo organisation, representatives from which also visited the centre around three times a year. The community group Hibiscus was based at the centre four days a week, with one worker

providing welfare support, although this organisation was not promoted during induction. The Hibiscus worker acted as a link between detainees and the Home Office, solicitors and other charities, and also helped with more complex needs, such as organising couriers to retrieve property from home addresses and the provision of small sums of money to those without funds before removal. However, the worker's availability was limited during the inspection; there was a sign on his office door stating when he would next be at the centre, which often simply said 'to be confirmed', which was unhelpful to detainees. In part, this was because he was temporarily providing cover at a neighbouring immigration removal centre. Refugee Action also attended the centre to provide a weekly Assisted Voluntary Return surgery; Detention Action ran workshops every six weeks, where they saw around 50 detainees; and the Jesuit Refugee service regularly visited the centre.

Recommendation

- 4.6 Information packs on destination countries should be developed, and given to detainees being removed.**

Housekeeping points

- 4.7** Exit interviews should be collated and the information used to inform service delivery.
- 4.8** The opening times of support services, including those delivered by external organisations, should be clear to detainees and the work they do promoted in induction.

Visits

Expected outcomes:

Detainees can easily maintain contact with the outside world. Visits take place in a clean, respectful and safe environment.

4.9 *Fewer detainees than at other centres had received a visit from their family or friends since arriving at the centre. Visiting times were good and some flexibility was applied. The visitors centre was small and uninviting, with grubby furniture and no children's play facilities. The visits hall was large and reasonably welcoming, but the children's play area was poorly stocked with play equipment. There was little information displayed and no visitor information booklet. A volunteer visitor group attended the centre. The Home Office had used visitor information to work on cases without making visitors aware of this.*

- 4.10** In our survey, fewer detainees than at comparator centres and than at the time of the previous inspection said that they had received a visit from their family or friends since arriving at the centre (39% versus 46% and 51%, respectively). Of those who had received a visit, 66% said that they had been treated well by visits staff, against a comparator of 72%.
- 4.11** The visitors centre was a small and uninviting building with grubby furniture. A small room that had previously been used as a children's play area had a large amount of graffiti on the walls and was no longer in use. No replacement provision had been made, so there were no play facilities for children. There were often long queues of visitors waiting to be booked in. Visitors told us that the lockers were often broken, or keys unavailable.

- 4.12** Visiting times were good, taking place every day from 2pm until 9pm, and booking was not required. Some flexibility was applied to visiting times; during the inspection, a newly arrived detainee, who was still in reception, was permitted to have a visit with his mother after 9pm as he was being removed the next day. Although detainees in our groups reported delays in visits start times, those we observed all started punctually.
- 4.13** The visits hall was large and reasonably welcoming, but the large play area for children was poorly stocked with play equipment. There was no longer a shop selling refreshments, and visitors told us that the vending machines, containing drinks and chocolate snacks, frequently broke down. A telephone number was prominently displayed around the visits hall for confidential reporting of concerns by visitors, but there was little other information displayed and no visitor information booklet. Detainees and their visitors were permitted to have reasonable physical contact, and detainees were able to get up and use the vending machines, but some rules in the visits hall were disproportionate; for example, children were not allowed to remain with detainees when their visitors went to the toilet.
- 4.14** A volunteer visitor group was run by Detention Action, which visited around 30–35 detainees. We were told about a visitor from Detention Action who had been written to by the Home Office following a visit to the centre, requesting information about her connection to the detainee. This raised the concern that the Home Office was using visitor information to work on cases without making visitors aware of this.

Recommendations

- 4.15** **The visitors centre should be kept clean, free from graffiti, and provide play facilities for children. Lockers should be kept in a good state of repair.**
- 4.16** **A range of refreshments, including healthy options, should always be available to visitors.** (Repeated recommendation 9.15)
- 4.17** **Information for visitors should be available in different languages.** (Repeated recommendation 9.17)
- 4.18** **Rules applied in the visits hall should be proportionate to risk.** (Repeated recommendation 9.20)
- 4.19** **The Home Office should proactively ensure that visitors are made aware that their information may be used to work on cases, and secure their consent to do so.**

Housekeeping point

- 4.20** The play area in the visits hall should be kept well stocked with play equipment.

Communications

Expected outcomes:

Detainees can regularly maintain contact with the outside world using a full range of communications media.

4.21 *In general, detainees could communicate easily with the outside world, but they did not have access to social networking sites or Skype. They could open email attachments but any documents they wished to print off had to be sent to staff to print on their behalf, which compromised the confidentiality of legal documents.*

4.22 Access to telephones was good. Detainees could retain their own mobile telephone if it did not have an integral camera or internet access, and all others were provided with one from a plentiful stock held by the centre. Some detainees reported problems with the mobile telephone signal in parts of the centre; this may have explained why, in our survey, only 63% of respondents, lower than the comparator of 68%, said that it was easy to use the telephone. However, we saw staff being flexible in allowing detainees to use office telephones. Telephone cards offering discounted rates for international calls were not stocked in the centre shop.

4.23 There was reasonably good access to computers, in a number of computer rooms. Detainees could access the internet and email, but access to social networking and Skype was not permitted. They could open email attachments but if they wished to print them off they were required to send the document to a central email address for staff to print off for them, which compromised the confidentiality of legal documents. Most useful websites were available, although some were inappropriately blocked (see housekeeping point 1.76).

4.24 There was a fax machine on each unit, to which detainees had free access. There was a clear system for accessing incoming faxes and letters but, as at the time of the previous inspection, detainees consistently reported problems with receiving them in a timely manner.

Recommendations

4.25 **Detainees should have access to social networking and Skype, subject to individual risk assessment.**

4.26 **Reasons for the delay in detainees receiving mail and faxes should be investigated and resolved.**

Housekeeping points

4.27 Telephone cards offering discounted rates for international calls should be stocked in the centre shop.

4.28 Detainees should be able to maintain confidentiality when printing legal documents.

Removal and release

Expected outcomes:

Detainees leaving detention are prepared for their release, transfer, or removal.

Detainees are treated sensitively and humanely and are able to retain or recover their property.

4.29 *Overseas escorts appeared to be well managed, although the handover from centre health services staff was poor. The removals area used for detainees being removed on charter flights was too small. Overseas escort staff were generally polite and respectful to detainees but used light-touch restraint, which exacerbated already tense situations. Multidisciplinary meetings were held for some complex removals of vulnerable and high-risk detainees.*

4.30 An overseas escort to Nigeria and Ghana that we observed was generally well managed. Two medical escorts from Taylormade (a private security company) came to the centre well in advance in order to go through each detainee's notes. However, the handover from centre health services staff was poor; for example, they had not made the medical escorts aware that one detainee used a wheelchair; one detainee had been listed as being on medication, which he did not have; and another had been given medication to keep in his possession, which was not listed on his notes. The medical escorts identified that a detainee had previously been assessed as unfit for detention but had not undergone an assessment for his fitness to fly, and rightly refused to accept him until his fitness had been confirmed by a doctor. Confirmation was subsequently provided but this caused an unnecessary delay.

4.31 Overseas escort staff were generally polite and respectful to detainees, and were particularly caring towards a young detainee who was extremely distressed. However, they insisted on employing light-touch restraint by holding the arms of detainees as they walked to the coach, even though the area was secure and there was no resistance by the detainee. This caused one already tense situation to escalate, resulting in the detainee concerned being handcuffed. We also heard unprofessional language (swearing) from one member of GEO staff within earshot of detainees. All the detainees spoke good English and none required professional interpreting services.

4.32 The removals area used for detainees being removed on charter flights was too small; at one point there were seven escorts plus two medical escorts in the room, resulting in detainees being surrounded in a cramped environment, which unnecessarily exacerbated tensions (see recommendation 1.11). The unacceptable system of reserves was still being used; this involved some detainees being taken to the airport without knowing if they were to be removed that day. They only flew if another detainee was taken off the flight at the last minute – for example, by obtaining an injunction against removal.

4.33 Multidisciplinary meetings were held for some complex removals of vulnerable and high-risk detainees. The minutes of these meetings that we saw demonstrated that both welfare and security concerns were addressed, and that an appropriate range of staff attended. However, it was not Home Office policy to delay removals to facilitate a police investigation when allegations of assault against detainees during a removal attempt were made.

Recommendations

4.34 **The handover by centre health services staff to escort medics should be accurate, highlight any additional needs that detainees may have, and incorporate all pertinent issues.**

- 4.35 Light-touch restraint should not be used on compliant detainees by escorts in secure areas.**
- 4.36 The practice of taking reserve detainees for overseas escort charter flights should cease.** (Repeated recommendation HE51)
- 4.37 Removals should be delayed to facilitate a police investigation in any instances where allegations of assault against a detainee are made during a removal attempt.**

Housekeeping point

- 4.38 All staff should behave professionally around detainees at all times.**

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendation To the Home Office, centre manager and escort contractor

- 5.1** Detainees should not be routinely handcuffed during escorts or during hospital appointments. Restraints should be applied only if a risk assessment indicates a specific risk of escape or to the safety of the public or staff. (S41)

Main recommendations To the centre manager

- 5.2** Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. Case owner replies should be timely and address all relevant factors. (S42)
- 5.3** Strategic planning for diversity should consider the specific needs of the population at Harmondsworth, set objectives and clearly set out how these will be achieved. Monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics. (S43)
- 5.4** Health care services, staffing levels, skill mix and training should meet the care needs of detainees, informed by the health needs assessment. (S44)

Recommendations To the Home Office

Safeguarding children

- 5.5** Home Office staff should treat all age dispute cases with urgency, and liaise with local social services to ensure that all detainees whose age is in dispute are assessed at the earliest opportunity. (1.48, repeated recommendation 4.28)

Casework

- 5.6** There should be sufficient on-site immigration staff to induct and respond to detainees' queries within 24 hours. Non-fast-track induction interviews should inform detainees of voluntary return and re-entry bans and they should be given this information in writing, along with a bail application form. (1.87)

- 5.7** All casework should be progressed promptly. The Home Office should take proactive action when detainees cannot be removed because of their failure to comply with re-documentation, either prosecuting them or releasing them if there is no realistic prospect of removal within a reasonable timeframe. (1.88)
- 5.8** Detention reviews and bail summaries should demonstrate a balanced consideration of factors for and against detention and contain all relevant material facts. (1.89)
- 5.9** Monthly review letters to detainees should be timely, consider all factors relevant to continuing detention and state the reasons for any lack of progress since the last letter. (1.90, repeated recommendation 3.17)
- 5.10** For non-fast-track detainees, bail summaries should be sent via the on-site immigration team and there should be a system to monitor their receipt and timeliness. (1.91)
- 5.11** When a doctor declares a detainee unfit for detention, the detainee should be released unless there are very exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor. (1.92)

Visits

- 5.12** The Home Office should proactively ensure that visitors are made aware that their information may be used to work on cases, and secure their consent to do so. (4.19)

Removal and release

- 5.13** The practice of taking reserve detainees for overseas escort charter flights should cease. (4.36, repeated recommendation HE51)
- 5.14** Removals should be delayed to facilitate a police investigation in any instances where allegations of assault against a detainee are made during a removal attempt. (4.37)

Recommendation **To the Home Office and escort contractor**

Escort vehicles and transfers

- 5.15** Detainees should be given adequate notice of any transfer, and should not be transferred between centres overnight. (1.6, repeated recommendations 1.1 and 1.6)

Recommendation **To the centre manager and escort contractor**

Removal and release

- 5.16** The handover by centre health services staff to escort medics should be accurate, highlight any additional needs that detainees may have, and incorporate all pertinent issues. (4.34)

Recommendations

To the escort contractor

Escort vehicles and transfers

- 5.17** Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying. (1.5, repeated recommendation 1.5)

Removal and release

- 5.18** Light-touch restraint should not be used on compliant detainees by escorts in secure areas. (4.35)

Recommendations

To the Home Office and centre manager

Early days in detention

- 5.19** Detainees should not be accepted into the centre without an authority to detain (IS91) document. (1.12)

Self-harm and suicide prevention

- 5.20** Assessment, care in detention and teamwork (ACDT) case management documentation should be completed to a high standard and case reviews should be multidisciplinary. When Home Office Immigration Enforcement staff do not attend reviews, an immigration update should be obtained and recorded. (1.34)

Complaints

- 5.21** Responses to complaints should be written in the same language as the complaint itself, address all the issues raised, and be upheld where appropriate. (2.48, repeated recommendation 7.36)

Welfare

- 5.22** Information packs on destination countries should be developed, and given to detainees being removed. (4.6)

Recommendations

To centre manager

Escort vehicles and transfers

- 5.23** Vans arriving with detainees should be admitted to the centre without delay. (1.4, repeated recommendation 1.10)

Early days in detention

- 5.24** The reception area should be adequately staffed and large enough to manage the throughput of detainees efficiently, with minimal delay. (1.11)

- 5.25** Reception interviews should be private and include a thorough risk assessment which takes account of all documentation arriving with detainees, including prison records. (1.13, repeated recommendation 1.31)
- 5.26** Buddies should meet and reassure all new arrivals in reception. (1.14, repeated recommendation 1.32)
- 5.27** Induction should be delivered in a dedicated room with no external distraction and should include a tour of the facilities available off the unit. (1.15)

Bullying and violence reduction

- 5.28** A safety survey should be conducted, the results of which should be analysed and the findings used to inform policy and practice. (1.24)

Self-harm and suicide prevention

- 5.29** The frequency of monitoring of detainees refusing food and fluid should be determined solely by their care needs. (1.35)
- 5.30** There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support. (1.36, repeated recommendation 4.13)
- 5.31** All staff should receive regular training on the prevention of suicide and self-harm. (1.37, repeated recommendation 4.18)

Safeguarding (protection of adults at risk)

- 5.32** A centre-wide safeguarding adults policy should be published, detailing how at-risk adults will be protected. (1.42)
- 5.33** Formal arrangements for safeguarding adults should be developed in partnership with the local authority. (1.43)

Safeguarding children

- 5.34** The child protection and age dispute policies should be regularly reviewed in consultation with the local safeguarding children board. (1.49, repeated recommendation 4.26)

Security

- 5.35** The need for a risk-based division into restricted, part-restricted and unrestricted areas should be reviewed, with a view to creating a more open regime and increasing participation in activities. (1.55)

The use of force and single separation

- 5.36** Detainees should be separated only on the basis of risk of harm, and only for as long as that risk continues. In particular, temporary confinement should be used only while the detainee is violent or refractory. (1.66)
- 5.37** Care plans should specify practical support which staff can provide to the detainee, especially when his needs are complex. (1.67)

- 5.38** Separation should only be authorised following a full examination of the facts of the case by the authorising Home Office manager. (1.68)

Legal rights

- 5.39** Detainees should have timely access to high-quality legal advice and representation, and the centre should seek peer review of the advice surgery providers, in consultation with the Legal Advice Agency. (1.74)
- 5.40** The legal visits holding room should be kept in a good state of repair, and detainees should not be unnecessarily locked into them. (1.75)

Residential units

- 5.41** Managers should ensure that all rooms accessible to detainees are suitably furnished and well maintained, and that staff regularly visit all areas and engage with detainees. (2.8)
- 5.42** All showers and toilets should be well ventilated, clean and in a good state of repair. (2.9, repeated recommendation 2.12)
- 5.43** Rooms designed for two detainees should not be used to accommodate three. (2.10, repeated recommendation 2.4)
- 5.44** All detainees with mobility problems should have access to adapted showers. (2.11, repeated recommendation 2.14)

Staff–detainee relationships

- 5.45** Staff should have sufficient time to interact regularly with individual detainees, and positive engagement should be a priority. (2.15, repeat recommendation 2.29)
- 5.46** Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.16, repeated recommendation 2.24)

Equality and diversity

- 5.47** All staff should undertake high-quality diversity training which encompasses all protected characteristics. (2.24)
- 5.48** Weekly group meetings should be held, with the help of interpreters where necessary, to enhance communication with different groups of detainees, especially those who speak little English. The meetings should identify unmet needs, inform detainees of relevant issues and keep staff abreast of detainee concerns, and follow up issues as necessary. (2.25)
- 5.49** Detainees with disabilities should be identified at the earliest stage, have their needs assessed and care plans and personal evacuation plans drawn up where appropriate. Staff and the detainees concerned should be aware of these. (2.33, repeated recommendations 4.41 and 4.43)
- 5.50** There should be a mentoring/carers scheme for detainees who require additional support with daily tasks. (2.34, repeated recommendation 4.43)

5.51 A wide range of relevant information in an appropriate number of languages should be provided, and professional translation and interpreting should be used whenever required, especially when confidentiality and accuracy are essential. (2.35)

5.52 The specific needs of older and young adult detainees should be identified and addressed. (2.36)

Complaints

5.53 Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up action should be recorded. (2.47, repeated recommendation 7.35)

Health services

5.54 The transfer of commissioning to the NHS and procurement of an appropriate health provider should be expedited to ensure safe, prompt and appropriate health services for detainees. (2.60)

5.55 An effective electronic clinical record system should be introduced. (2.61)

5.56 All health services staff should be trained in recognising and dealing with torture and its consequences. (2.62, repeated recommendation 5.12)

5.57 Detainees with little or no use of English should be offered the use of professional interpreting services for all health care consultations, and a professional service should always be used when accuracy or confidentiality is essential. Detainee interpreters should only be used to support rather than replace professional interpretation in such situations. (2.63)

5.58 A comprehensive communicable disease policy should be agreed with local Public Health England. (2.64)

5.59 The health care environment should fully comply with primary care infection control regulations. (2.65)

5.60 There should be active and systematic health promotion, including smoking cessation, throughout the centre. (2.66)

5.61 Detainees should have access to age-appropriate screening, immunisation and vaccination programmes. (2.67)

5.62 Appropriate life-saving equipment should be located throughout the centre, and subject to daily recorded checks, to ensure that detainees receive prompt effective emergency care. (2.68)

5.63 A senior nurse should have responsibility for the overall care of older detainees and ensure that all health services staff are trained to recognise the signs of mental health problems and to identify the social care needs of older detainees. (2.69)

5.64 Nurses should have training in triage, use agreed triage algorithms and be trained to administer medication against agreed patient group directions to ensure that detainees receive prompt, appropriate and consistent treatment. (2.83)

- 5.65** Clinical record keeping should consistently comply with Nursing and Midwifery Council and General Medical Council standards, and all records should be stored securely in accordance with Caldicott guidelines on the use and confidentiality of personal health information. (2.84)
- 5.66** Chronic disease management should be systematic and enable appropriate follow-up, with active care planning for detainees with multiple conditions. (2.85)
- 5.67** The inpatient unit should provide a suitable therapeutic environment for physically or mentally ill detainees. (2.86, repeated recommendation 5.78)
- 5.68** There should be robust processes for identifying and keeping detainees at the centre if it is necessary to meet their treatment needs. (2.87)
- 5.69** Discharge planning should start as early as possible to ensure that detainees receive appropriate immunisation or prophylactic medication, planned continuity of care and sufficient medication before they are released, transferred or deported. (2.88)
- 5.70** There should be regular pharmacist attendance to ensure appropriate clinical governance, and provide medicine use reviews and support clinics. (2.96)
- 5.71** All detainees should receive prescribed medications in a timely manner and should not receive more than the total amount of a prescribed medicine. (2.97)
- 5.72** The prescriber should make an entry in the clinical record when medication is prescribed. (2.98)
- 5.73** There should be complete records of administration of medicines, and detainees who fail to collect or do not comply with dosing regimes should be monitored and reviewed. (2.99)
- 5.74** The dental surgery should comply with decontamination standards as outlined in dental guidance HTMI-05 (2.108)
- 5.75** All custodial staff should receive mental health awareness training to enable them to recognise mental health problems and work effectively with health services staff. (2.113)
- 5.76** Detainees should have access to a full range of timely support for mental health problems, including clinical psychology, group therapies and counselling for non-English speakers. (2.114)
- 5.77** Patients assessed as requiring secure mental health beds in the community should be transferred promptly. (2.115)

Substance misuse

- 5.78** Detainees should receive clinical substance misuse services from appropriately trained and skilled staff within an evidence-based policy that ensures that detainees receive comprehensive assessments, safe prescribing, effective monitoring and care planning, regular multidisciplinary review which includes the detainee, and discharge planning which considers the treatment available in the country of origin. (2.120)
- 5.79** The centre should establish a comprehensive drug and alcohol strategy under the oversight of a committee chaired by a senior manager, with representatives from all relevant departments. (2.121, repeated recommendation 5.90)

Services

- 5.80** A cultural kitchen and culturally themed days, with detainees preparing food from their country of origin, should be introduced. (2.127, repeated recommendation 8.2)
- 5.81** Detainees employed in the kitchen should be allowed to cook and gain industry standard qualifications (2.128, repeated recommendation 8.5)
- 5.82** A catalogue system should be introduced so that detainees can purchase approved items not stocked in the shop. (2.129)

Activities

- 5.83** Detainees should not be locked into rooms. (3.6)
- 5.84** Attendance and participation should be better recorded and analysed and the data used to establish targets for improvement. (3.7)
- 5.85** All detainees should be assessed for literacy, numeracy and language support needs during induction, and the information used to structure learning to meet individual needs. (3.13)
- 5.86** Quality assurance and improvement arrangements should be further developed in education and activities (3.14, repeated recommendation 6.11)
- 5.87** Detainees' cooperation or failure to cooperate with the Home Office should not affect their ability to work. (3.17)
- 5.88** Health services and sports and physical activity staff should ensure that information about detainees' fitness to participate in sports and physical activity is shared before they undertake such activities. (3.21)

Visits

- 5.89** The visitors centre should be kept clean, free from graffiti, and provide play facilities for children. Lockers should be kept in a good state of repair. (4.15)
- 5.90** A range of refreshments, including healthy options, should always be available to visitors. (4.16, repeated recommendation 9.15)
- 5.91** Information for visitors should be available in different languages. (4.17, repeated recommendation 9.17)
- 5.92** Rules applied in the visits hall should be proportionate to risk. (4.18, repeated recommendation 9.20)

Communications

- 5.93** Detainees should have access to social networking and Skype, subject to individual risk assessment. (4.25)
- 5.94** Reasons for the delay in detainees receiving mail and faxes should be investigated and resolved. (4.26)

Housekeeping points

To the Home Office

Casework

- 5.95** Detained fast-track officers should not routinely ask for consent to access detainees' medical records. (1.93)
- 5.96** The immigration team should be able readily to access figures for all detainees' accumulated length of detention. (1.94)

Housekeeping point

To the centre manager and escort contractor

Removal and release

- 5.97** All staff should behave professionally around detainees at all times. (4.38)

Housekeeping points

To the centre manager

Early days in detention

- 5.98** The reception area should be kept clean and tidy. (1.16)
- 5.99** All detainees should be offered a free telephone call on arrival and this should be documented. (1.17, repeated recommendation 1.15)
- 5.100** Staff in Fir House should be made aware of detainees in reception at the earliest opportunity, in order to prepare for their arrival on the unit. (1.18)

Bullying and violence reduction

- 5.101** All relevant departments should attend the safer detention group meetings. (1.25, repeated recommendation 4.14)
- 5.102** All staff should receive the violence reduction training package. (1.26)
- 5.103** Detainee individual support plans should contain meaningful actions tailored to individual needs. (1.27)

Self-harm and suicide prevention

- 5.104** When a detainee is transferred in on an open ACDT or assessment, care in custody and teamwork (ACCT) case management document, the existing booklet should be used rather than creating a new booklet. (1.38)

Safeguarding children

- 5.105** All staff should complete the child protection training. (1.50)

Legal rights

5.106 Detainees should be able to access the Detention Action website. (1.76)

Equality and diversity

5.107 All relevant departments should attend the diversity, equality and inclusion committee meetings. (2.26, repeated recommendation 4.36)

5.108 Information about diversity officers should be displayed on unit noticeboards. (2.27)

Faith and religious activity

5.109 Separated detainees should be able to attend corporate worship subject to risk assessment. (2.42, repeated recommendation 4.59)

Complaints

5.110 Complaint forms in a variety of languages should be easily accessible. (2.49)

Health services

5.111 Clinical governance meetings should be attended by all key stakeholders. (2.70)

5.112 There should be regular dedicated consultation with service users about health services and effective systems to disseminate the minutes to all detainees. (2.71)

5.113 All clinical staff should access regular, documented clinical supervision within agreed policies. (2.72, repeated recommendation 5.17)

5.114 All health care information should be readily available in a range of languages relevant to the population. (2.73)

5.115 Health services staff should wear uniform and/or identification that clearly identifies them and their role. (2.74)

5.116 The reasons for long delays before and after health care appointments should be investigated and addressed. (2.89)

5.117 All calls to the out-of-hours general practitioner service should be logged to facilitate effective monitoring of the service. (2.90)

5.118 The formulary should be consistently followed and any deviations should be reviewed at the medicine and therapeutics committee. (2.100)

5.119 In-possession risk assessments for each drug and patient should be consistently documented, including reasons for the determination recorded, and undergo appropriate review when the risk or prescribing changes. (2.101)

5.120 All medications should be properly packaged and in date. (2.102)

5.121 Medicine wastage should be audited, reasons identified and remedial action taken. (2.103)

- 5.122** A controlled drug cabinet should be installed in the inpatient medicines room, and all controlled drug cabinets should be bolted to the wall using the appropriate rag bolts. (2.104)
- 5.123** There should be a full range of policies and standard operating procedures that are in date and signed by all staff. (2.105)

Services

- 5.124** Detainees should be effectively consulted on the menus. (2.130)
- 5.125** All kitchen equipment should be thoroughly cleaned after use. (2.131)

Activities

- 5.126** Learning and skills should be better promoted to ensure that detainees are able to make an informed choice. (3.8)
- 5.127** All fitness equipment in the main gym and on the units should be checked regularly and arrangements made to repair or replace equipment as necessary. Current malfunctioning equipment should be repaired. (3.22)
- 5.128** All detainees should be given an induction into fitness equipment on the units. (3.23)

Welfare

- 5.129** Exit interviews should be collated and the information used to inform service delivery. (4.7)
- 5.130** The opening times of support services, including those delivered by external organisations, should be clear to detainees and the work they do promoted in induction. (4.8)

Visits

- 5.131** The play area in the visits hall should be kept well stocked with play equipment. (4.20)

Communications

- 5.132** Telephone cards offering discounted rates for international calls should be stocked in the centre shop. (4.27)
- 5.133** Detainees should be able to maintain confidentiality when printing legal documents. (4.28)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Martin Kettle	Inspector
Bev Alden	Inspector
Deri Hughes Roberts	Inspector
Kellie Reeve	Inspector
Majella Pearce	Health services inspector
Eilean Robson	Pharmacy inspector
Tim Brackpool	CQC inspector
Rachel Murray	Researcher
Bob Cowdrey	Ofsted inspector
Alissa Redmond	Researcher
Helen Ranns	Researcher
Lucy Higgins	Researcher

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy establishment. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Detainees are held in safety and with due regard to the insecurity of their position.

At the last inspection in 2011 escort vehicles were clean but the routine handcuffing of detainees attending outside appointments was disproportionate. Reception staff were reasonably efficient, but risk assessment interviews were not confidential. First night arrangements and induction were adequate. The detainee buddies were effective. Security was well managed. Use of force had reduced proportionately and governance was now good. Detainees were not generally separated for long periods. Those at risk of self-harm were generally well managed. The number of violent incidents was not excessive given the size of the population, but many detainees reported negatively on feelings of safety. Strategic management of violence reduction work was not sufficiently robust. Legal visits arrangements were not working effectively and there were not enough legal advice surgeries. The centre held a complex mix of detainees including more long-term detained and fast-track detainees, sometimes for very long periods. The quality of Detention Centre Rule 35 letters was poor. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendations

Detainees should have timely access to good quality legal advice and representation. (HE47)

Partially achieved

Only in exceptional circumstances should mentally ill people be detained and their needs should be fully assessed and met during any such detention. Medical evidence that a detainee's mental health is being adversely affected by continued detention should trigger a prompt review of detention by the UKBA caseworker. (HE48)

Achieved

Recommendations

Copies of police custody records should be attached to the IS91 authority to detain notification when a detainee is transferred from police custody. (1.2)

Not achieved

Detainees should be given as much notice as possible of any transfer. (1.6)

Not achieved (recommendation repeated, 1.6)

Detainees being transferred should be given written information about the centre they are going to. (1.7)

Achieved

Detainees should only be handcuffed during an escort if a risk assessment indicates a specific increased risk of escape or to the safety of the public or staff. (1.8)

Not achieved (recommendation repeated as a main recommendation, S41)

Detainees should not be transferred between centres overnight. (1.1)

Not achieved (recommendation repeated, 1.6)

Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying. (1.5)

Not achieved (recommendation repeated, 1.5)

Vans arriving with detainees should be admitted to the centre without delay. (1.10)

Not achieved (recommendation repeated, 1.4)

All detainees should be offered a free telephone call on arrival and this should be documented. (1.15)

Not achieved (recommendation repeated as a housekeeping point, 1.17)

Staff on the first night unit should interview detainees individually in private to identify any concerns and complete an assessment of risk, including of self-harm and suicide. (1.17)

Not achieved

Reception staff should complete a formal risk assessment covering new arrivals' risk to themselves and others, which takes account of all documentation arriving with detainees, including prison records. (1.29)

Partially achieved

Negative detainee perceptions of reception should be investigated by managers and appropriate action taken if necessary. (1.30)

Not achieved

Reception interviews should be private and include thorough risk assessment. (1.31)

Not achieved (recommendation repeated, 1.13)

Buddies should meet and reassure all new arrivals in reception. (1.32)

Not achieved (recommendation repeated, 1.14)

New arrivals in Fir House should be provided with adequate clothing and bedding. (1.33)

Achieved

The safer detention group meeting should analyse relevant data for trends. (4.1)

Achieved

Responses to the safety survey should be analysed and the findings used to inform policy and practice. (4.3)

Not achieved

There should be a clear strategy for reducing violence, supported by a working group with membership across all relevant departments and staff with enough allocated time for the work. The strategy should be communicated to all staff through the training programme. (4.11)

Partially achieved

There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support. (4.13)

Partially achieved (recommendation repeated, 1.36)

All relevant departments should attend the safer detention group meetings. (4.14)

Not achieved (recommendation repeated as a housekeeping point, 1.25)

The safer detention group meeting should monitor incidents of self-harm, analyse and respond to any emerging trends, and reflect on any lessons that can be learned from serious incidents of self-harm. (4.15)

Achieved

All staff should receive regular refresher training on the prevention of suicide and self-harm.

(4.18)

Not achieved (recommendation repeated, 1.37)

Where appropriate, family and friends should be engaged in case reviews. (4.19)

Partially achieved

Professional interpreters should be used to interpret during case reviews. (4.20)

Not achieved

The quality of ACDTs and enhanced observation booklets should be checked regularly by a manager and comments reported back. (4.24)

Achieved

UKBA should liaise with local social services to ensure that all detainees whose age is in dispute are assessed at the earliest opportunity. Removals should not take place until the assessment is completed and the detainee has been assessed as an adult. (4.28)

Partially achieved (part of recommendation repeated, 1.48)

The age dispute policy should be regularly reviewed in consultation with the local safeguarding children board. (4.26)

Not achieved (recommendation repeated, 1.49)

The centre should develop mechanisms such as staff training and briefings to increase the volume and quality of intelligence reported to the security department. (7.5)

Achieved

The need for drug dogs should be kept constantly under review and be proportionate to the assessed risk of drug use in the centre. (7.7)

Achieved

Risk assessments carried out by the security department should be considered when determining security measures such as escort arrangements and accommodation allocation. (7.13).

Partially achieved

If a rewards scheme is reintroduced, it should focus more on incentive and reward than on penalising non-compliance. (7.14)

No longer relevant

Care planning should be developed to ensure that appropriate interventions and activities are put in place for longer-term detainees and those with mental health issues. (7.31)

Partially achieved

The UK Border Agency (UKBA) should consult with the Legal Services Commission about meeting the legal needs of unrepresented detainees passing through the detained fast track (DFT) system.

(3.6)

Not achieved

DFT asylum interviews involving unrepresented detainees should be tape recorded and a copy made available to the detainee. (3.8)

Not achieved

Information about legal rights, including prominent posters and leaflets about legal advice organisations in the centre, should be available to detainees in a range of languages. (3.1)

Partially achieved

The library should stock up-to-date legal reference materials, the Bail for Immigration Detainees handbook and country of origin reports in a variety of languages. These should be easily accessible to detainees. (3.3)

Achieved

A trained member of staff should be available daily to assist detainees completing legal forms. (3.4)

Not achieved

The latest Office of the Immigration Services Commissioner and Legal Complaints Service posters, leaflets and complaints should be prominently displayed and available in a range of languages. (3.5)

Partially achieved

The centre should, in consultation with the Legal Services Commission, seek peer review of the current DDAS providers. (3.12)

Not achieved (recommendation repeated, 1.73)

Monthly review letters should be timely and reflect a balanced consideration of all factors relevant to continuing detention. In particular, the review letter should state the reasons for any lack of progress since the last letter. (3.17)

Not achieved (recommendation repeated, 1.89)

UKBA should adopt a national policy that bail summaries are issued by caseworkers to all detainees, whether they are legally represented or not, at least one day before the hearing. For non-fast track detainees, bail summaries should be sent via the on-site immigration team with a system to monitor their receipt and timeliness. (3.18)

Partially achieved

Where there is no prospect of a detainee being removed, the UKBA caseworker should specifically address any continued detention in these circumstances as a matter of law and fact. (3.19)

Not achieved

Telephone interpretation should be used by UKBA contact management officers to induct non-English speaking detainees, and all detainees should be advised of their bail rights and given a bail application form. (3.29)

Partially achieved

UKBA staff should attend the residential units to meet detainees face to face when responding to requests for case updates. (3.31)

Partially achieved

The detained fast track information advice office should be promoted around the centre, and detainees should be informed of the office during their induction interviews. DFT officers should have hands-on access to detainees' electronic casework files. (3.30)

No longer relevant

If an allegation of torture is made, health care staff should document any scarring, wherever possible providing a professional opinion on the consistency between any scarring and the alleged method of torture, and recording any objective signs of trauma. (3.23)

Not achieved

Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

At the last inspection in 2011 the new prison style accommodation provided a harsh environment and the toilets and showers in the older units were in very poor condition. Staff-detainee relationships were reasonable, though the personal officer scheme was of variable effectiveness. Many detainees were unhappy with the food and there was no cultural kitchen. Diversity arrangements were improving and the chaplaincy provided a generally good service. The management of complaints had improved. The health care unit was the single biggest source of detainee complaint. There had been recent welcome improvements, but the approach and attitude of some staff and the overall standard of care were unacceptable. Mental health needs were under identified and there were no substance use nurses. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

The improvements in health care delivery and management should be accelerated to ensure that health care staff deliver respectful, safe, prompt and appropriate services at all times. Service delivery should be on the basis of a full needs analysis. (HE49)

Partially achieved

Recommendations

Rooms designed for two detainees should not be used to accommodate three. (2.4)

Not achieved (recommendation repeated, 2.10)

Detainees in Fir House should have access to a reasonably sized exercise yard. (2.18)

Achieved

Communal living areas should be less institutional and fitted with comfortable furniture. (2.2)

Partially achieved

Staff should be fully aware of the needs of detainees needing assistance during an evacuation. (2.8)

Not achieved

Detainee consultation meetings should be better promoted. Action points should be followed up and reported against at subsequent meetings. (2.9)

Partially achieved

A wide range of relevant information in different languages should be displayed. (2.10)

Not achieved

All showers and toilets should be well ventilated, clean and in a good state of repair. (2.12)

Not achieved (recommendation repeated, 2.9)

All detainees with mobility problems should have access to adapted showers. (2.14)

Not achieved (recommendation repeated, 2.11)

Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.24)

Not achieved (recommendation repeated, 2.16)

Staff should communicate and consult with detainees through regular group meetings using professional interpretation wherever necessary. (2.25)

Partially achieved

History sheet entries should be regular and substantial, building a meaningful picture of detainees. (2.26)

Not achieved

Staff should have sufficient time to interact regularly with individual detainees, and positive engagement should be a priority. (2.29)

Not achieved (recommendation repeated, 2.15)

There should be diversity impact assessments of local policies. (4.33)

Not achieved

All relevant departments should attend the race and diversity meetings. (4.36)

Not achieved (recommendation repeated as a housekeeping point, 2.26)

Detainees should have access to a range of accurately translated information about the centre. (4.38)

Partially achieved

Detainees should be consulted on race, nationality and religious matters. (4.39)

Partially achieved

Detainees with disabilities should be identified at the earliest stage and included in regime monitoring. (4.41)

Not achieved (recommendation repeated, 2.33)

All detainees with disabilities should have their needs assessed and care plans and personal emergency evacuation plans should be drawn up where appropriate. Staff should be aware of these. (4.42)

Not achieved (recommendation repeated, 2.33)

There should be a mentoring/carers scheme for detainees who require additional support with daily tasks. (4.43)

Not achieved (recommendation repeated, 2.34)

The equality meeting should regularly review any trends revealed by diversity monitoring, initiating research and action to resolve potential areas of discrimination. (4.50)

Not achieved

Professional interpretation should be used, by telephone or in person, for any formal interaction requiring confidentiality if a detainee has limited knowledge of English. (4.51)

Partially achieved

Separated detainees should be able to attend corporate worship subject to risk assessment. (4.59)

Not achieved (recommendation repeated as a housekeeping point, 2.42)

Members of each faith community should be able to meet together from all parts of the establishment for special religious festivals. (4.60)

Achieved

UKBA should provide the centre manager with regular comprehensive monitoring reports on complaints and on performance in responding to complaints. (7.37)

Achieved

Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up actions should be recorded. (7.35)

Not achieved (recommendation repeated, 2.47)

Responses to complaints should be written in the same language as the complaint itself. (7.36)

Not achieved (recommendation repeated, 2.48)

All detainees on formal 'medical hold' should stay at the centre pending a clinical decision on their condition. (5.14)

Partially achieved

Therapeutic day care should be available for detainees. (5.50)

Not achieved

A health development plan should be produced which includes health promotion. (5.1)

Partially achieved

Detainees with no acute suicide/self-harm needs or identified clinical needs should be returned to the care of detention. (5.3)

Achieved

Detainees with little or no use of English should be offered the use of interpreting services for all health care consultations, and other detainees should only be used to interpret for other detainees with clear consent. (5.5)

Partially achieved

An infection control audit should be conducted of all health care areas. (5.7)

Achieved

Chronic disease clinics should be set up to ensure effective monitoring of the health of detainees and audit of their care. (5.8)

Not achieved

A policy on the management of blood-borne viruses with clear indications for testing should be produced. (5.9)

Partially achieved

Information on health services for detainees should enable those with literacy as well as language difficulties to understand when and how to access services. (5.11)

Partially achieved

All health services staff should be trained in recognising and dealing with torture and its consequences. (5.12)

Not achieved (recommendation repeated, 2.62)

Rule 35 health care reports should clearly identify whether injuries are likely to have resulted from torture. (5.13)

Not achieved

Clinical supervision should be available and encouraged for all nursing staff. (5.17)

Partially achieved (recommendation repeated as a housekeeping point, 2.72)

There should be a current training needs analysis for nursing staff. (5.18)

Partially achieved

There should be a formal agreement with the local authority/primary care trust for the loan of occupational therapy equipment. (5.20)

Achieved

Appropriate functional assessments should be made by a trained member of staff for all detainees requiring mobility/daily living equipment. (5.22)

Achieved

Clinical records should be appropriately and safely managed, with specific reference to their day-to-day storage and a tracking system to ensure fast locating of records for clinical consultations. (5.23)

Partially achieved

All duplicate or additional clinical records for the same detainee should be co-located and fastened securely together. (5.24)

Not achieved

Entries in clinical records should be complete, legible and the entry author identifiable by name and designation. (5.25)

Not achieved

There should be a consultation mechanism for detainees to raise health care issues. (5.28)

Partially achieved

Links should be developed with the local health and social care community in respect of flu pandemic arrangements. (5.29)

Not achieved

Routine screening for blood-borne viruses should be offered on or soon after arrival. (5.30)

Not achieved

An audit of missed health care consultations, including those attending late, should be undertaken, to identify the reasons and improve detainees' access to health care. (5.35)

Achieved

There should be a health promotion strategy. (5.37)

Partially achieved

In-possession risk assessments should be completed fully for all detainees who are being considered for provision of medication in possession. (5.40)

Partially achieved

An audit of all missed dental appointments should be conducted to identify reasons for nonattendance and enable effective use of sessions. (5.47)

Achieved

Oral health promotion should be introduced. (5.48)

Achieved

Care plans should be reviewed regularly, reviews documented and detainees involved wherever possible. (5.49)

Partially achieved

Detainees should have access to a counselling service. (5.53)

Partially achieved

There should be mental health awareness training for all centre staff. (5.54)

Achieved

All staff handling controlled drugs should understand and comply with the standard operating procedures. (5.58)

Achieved

Detainees should receive safe and appropriate administration of medication, and the pharmacy room should provide a secure environment for medication storage and administration. (5.75)

Partially achieved

Resuscitation equipment should reflect Resuscitation Council Guidelines and all staff with direct responsibility for the care of detainees should be trained to use it. (5.76)

Achieved

Dental services should provide a safe service equivalent to NHS community service standards. (5.77)

Achieved

The inpatient unit should provide a suitable therapeutic environment for physically or mentally ill detainees. (5.78)

Not achieved (recommendation repeated, 2.86)

All health services staff dealing with and administering substance use regimes should be trained to Royal College of General Practitioner (Substance Use) level one. (5.83)

Not achieved

There should be a protocol for the care and admission to the inpatient unit of alcohol dependent detainees. (5.84)

Achieved

There should be structured support for substance use, including alcohol. (5.85)

Not achieved

There should be a dual diagnosis approach to detainees with both substance use needs and mental health problems. (5.86)

Partially achieved

The centre should establish a comprehensive drug and alcohol strategy under the oversight of a committee chaired by a senior manager, with representatives from all relevant departments. (5.90)

Not achieved (recommendation repeated, 2.121)

Menus should offer more choice and reflect a more culturally diverse range of options. (8.1)

Partially achieved

Culturally themed days, with detainees preparing food from their country of origin, should be introduced. (8.2)

Not achieved (recommendation repeated, 2.127)

Detainees employed in the kitchen should be allowed to cook and gain industry standard qualifications. (8.5)

Not achieved (recommendation repeated, 2.128)

The product range should be improved to meet the needs of a diverse population. (8.11)

Partially achieved

Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

At the last inspection in 2011 there were good recreational activities. There were more long-stay detainees than at the previous inspection and most detainees did not feel they had enough to do. Education arrangements were weak and very few detainees benefited from provision. There was insufficient work for the population and long waiting lists. Gym and library provision were good. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

There should be a sufficient range of well-promoted work and education to meet the needs of the population, including long- and short-stay detainees. (HE50)

Partially achieved

Recommendations

The centre should ensure that work induction can be understood by detainees who speak limited English. (6.5)

Achieved

The times when qualified tutors are staffing education sessions should be advertised, to promote better attendance. (6.6)

Partially achieved

Staffing in the ICT room should be sufficient to allow tutors time to coach detainees working towards ICT qualifications. (6.10)

Achieved

Quality assurance and improvement arrangements should be further developed in education and activities. (6.11)

Not achieved (recommendation repeated, 3.14)

The centre should further improve the monitoring of attendance to establish more accurately the take up of activities and education, and extend this to the library. Data on attendance should be collated and analysed to ensure access to education and activities is equitable.

(6.13)

Partially achieved

A wide range of activities should be offered at weekends. (6.15)

Achieved

The centre should ensure detainees' access to computers on the residential wings is fair and equitable. Suitable arrangements should be made for detainees needing printed copies of confidential legal material. (6.25)

Partially achieved

Timetabled education sessions should always be taught by trained tutors. (6.26)

Partially achieved

The qualifications offered in ESOL should be reviewed to ensure that they meet the differing needs of short- and long-stay detainees. Detainees seeking external accreditation should be offered ESOL speaking and literacy qualifications rather than qualifications in adult literacy.

(6.27)

Achieved

Arrangements and schedules for education, recreation and library provision in the main spine area should be clear to detainees and staff. (6.28)

Partially achieved

Effective systems to monitor book, CD and DVD issues and returns should be introduced to reduce excessive stock loss. (6.29)

Achieved

Information from the health care screening which indicates detainees' fitness to participate in physical activity should be readily available to activity staff. (6.32)

Not achieved

Collation of data on attendance at PE and fitness activity should be sufficiently detailed to establish whether identifiable groups in the centre are attracted or excluded. (6.34)

Achieved

The centre should provide an induction to detainees before they start using fitness equipment or weights to ensure that they do so safely. (6.39)

Partially achieved

The amount of time that detainees have freedom of movement to and within the centre's common recreational and educational facilities should be increased. (6.40)

Partially achieved

Resettlement

Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release transfer or removal. Detainees are able to retain or recover their property.

At the last inspection in 2011 there was some reasonable welfare work, but overall provision was underdeveloped. The visitors' centre was not a welcoming environment, but visits provision itself was generally good. There was positive engagement with community and voluntary sector organisations. Access to communications was generally good. Pre-removal and release assessments were in place to identify practical needs. The system of reserves for overseas escorts was still in use and was unacceptable. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendations

The practice of taking reserve detainees for overseas escort charter flights should cease (HE51)

Not achieved (recommendation repeated, 4.36)

Recommendations

A welfare service should be available seven days a week. (9.2)

Achieved

The outcomes of welfare team work should be monitored. (9.5)

Partially achieved

A range of refreshments, including healthy options, should always be available to visitors. (9.15)

Not achieved (recommendation repeated, 4.16)

Information for visitors should be available in different languages. (9.17)

Not achieved (recommendation repeated, 4.17)

Rules applied in the visits hall should be proportionate to risk. (9.20)

Not achieved (recommendation repeated, 4.18)

There should be a sufficient stock of mobile phones to ensure that all detainees requiring a phone receive one on arrival. (9.11)

Achieved

Professional interpretation should be used by overseas escorts when needed. (9.24)

Not possible to inspect

Appendix III: Detainee population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0
1 to 6 years	0	0	0	0
7 to 11 years	0	0	0	0
12 to 16 years	0	0	0	0
16 to 17 years	0	0	0	0
18 years to 21 years	36	0	0	6.49
22 years to 29 years	248	0	0	42.81
30 years to 39 years	191	0	0	33.68
40 years to 49 years	62	0	0	11.05
50 years to 59 years	29	0	0	5.09
60 years to 69 years	3	0	0	0.53
70 or over	1	0	0	0.35
Total	570			100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	17	0	0	2.98
Albania	14	0	0	2.46
Algeria	11	0	0	1.93
Angola	1	0	0	0.18
Bangladesh	104	0	0	18.25
Belarus	0	0	0	0
Cameroon	6	0	0	1.05
China	15	0	0	2.63
Colombia	0	0	0	0
Congo (Brazzaville)	0	0	0	0
Congo Democratic Republic (Zaire)		0	0	0.53
Ecuador	0	0	0	0
Estonia	0	0	0	0
Georgia	0	0	0	0
Ghana	19	0	0	3.33
India	79	0	0	13.86
Iran	0	0	0	0
Iraq	1	0	0	0.18
Ivory Coast	0	0	0	0
Jamaica	6	0	0	1.05
Kenya	1	0	0	0.18
Kosovo	2	0	0	0.35
Latvia	0	0	0	0
Liberia	0	0	0	0
Lithuania	3	0	0	0.53
Malaysia	2	0	0	0.35
Moldova	0	0	0	0
Nigeria	49	0	0	8.60

Pakistan	143	0	0	25.09
Russia	4	0	0	0.70
Sierra Leone	0	0	0	0
Sri Lanka	13	0	0	2.68
Trinidad and Tobago	0	0	0	0
Turkey	9	0	0	1.58
Ukraine	0	0	0	0
Vietnam	5	0	0	0.88
Yugoslavia (FRY)	0	0	0	0
Zambia	0	0	0	0
Zimbabwe	1	0	0	0.18
Other (please state)	65	0	0	10.45
Total				100

(iv) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	9	0	0	1.58
Roman Catholic	23	0	0	4.04
Orthodox	0	0	0	0
Other Christian religion	92	0	0	16.14
Hindu	27	0	0	4.74
Muslim	332	0	0	58.42
Sikh	47	0	0	8.25
Agnostic/atheist	17	0	0	2.98
Unknown	17	0	0	2.98
Other (please state what)	6	0	0	1
Total		0	0	100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	99	0	0	17.7
1 to 2 weeks	85	0	0	14.7
2 to 4 weeks	107	0	0	20.1
1 to 2 months	143	0	0	23.7
2 to 4 months	101	0	0	17.7
4 to 6 months	8	0	0	1.4
6 to 8 months	19	0	0	3.3
8 to 10 months	0	0	0	0
More than 10 months (please note the longest length of time)	8	0	0	0
Total				100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community				
Another IRC				

A short-term holding facility (e.g. at a port or reporting centre)				
Police station				
Prison				
Total				100

Appendix IV: Summary of detainee survey responses

A voluntary, confidential and anonymous survey of the detainee population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Sampling

The detainee survey was conducted on a representative sample of the population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the centre⁶. Respondents were then randomly selected from a detainee population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who don't read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 5 August 2013 the detainee population at Harmondsworth IRC was 563. Using the method described above, questionnaires were distributed to a sample of 313 detainees.

We received a total of 229 completed questionnaires, a response rate of 73%. This included two questionnaires completed via interview. Thirty-five respondents refused to complete a questionnaire, 31 questionnaires were not returned and 18 were returned blank.

Returned language	Number of completed survey returns
English	126 (55%)
Bengali	31 (14%)
Urdu	30 (13%)
Punjabi	13 (6%)
Chinese	7 (3%)

⁶ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Arabic	3 (1%)
French	3 (1%)
Russian	3 (1%)
Albanian	2 (1%)
Hindi	2 (1%)
Pashtu	2 (1%)
Tamil	2 (1%)
Turkish	2 (1%)
Vietnamese	2 (1%)
Tigrinya	1 (0%)
Total	229 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Harmondsworth IRC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁷ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Harmondsworth in 2013 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2009.
- The current survey responses from Harmondsworth in 2013 compared with the responses of detainees surveyed at Harmondsworth in 2011.
- A comparison within the 2013 survey between the responses of non English speaking detainees with English speaking detainees.
- A comparison within the 2013 survey between the responses of Muslim detainees and non-Muslim detainees.
- A comparison within the 2013 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey of responses from units C and D to units A, B and G.

⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	229 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18	1 (0%)
	18-21	14 (6%)
	22-29	97 (43%)
	30-39	74 (33%)
	40-49	27 (12%)
	50-59	9 (4%)
	60-69	2 (1%)
	70 or over	2 (1%)
Q3	What region are you from? (Please tick only one)	
	Africa	45 (20%)
	North America	1 (0%)
	South America	0 (0%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	136 (61%)
	China	8 (4%)
	Other Asia	15 (7%)
	Caribbean	2 (1%)
	Europe	10 (5%)
	Middle East	5 (2%)
Q4	Do you understand spoken English?	
	Yes	159 (71%)
	No	64 (29%)
Q5	Do you understand written English?	
	Yes	156 (75%)
	No	53 (25%)
Q6	What would you classify, if any, as your religious group?	
	None	13 (6%)
	Church of England	6 (3%)
	Catholic	22 (10%)
	Protestant	5 (2%)
	Other Christian denomination	16 (7%)
	Buddhist	5 (2%)
	Hindu	9 (4%)
	Jewish	3 (1%)
	Muslim	128 (58%)
	Sikh	14 (6%)
Q7	Do you have a disability?	
	Yes	26 (12%)
	No	192 (88%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	147 (71%)
	No	61 (29%)
Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two	96 (45%)
	Three to five	104 (49%)
	Six or more	13 (6%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	33 (15%)
	More than 1 week less than 1 month	61 (28%)
	More than 1 month less than 3 months	85 (38%)
	More than 3 months less than 6 months	29 (13%)
	More than 6 months less than 9 months	3 (1%)
	More than 9 months less than 12 months	3 (1%)
	More than 12 months	7 (3%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	83 (38%)
	No	101 (46%)
	Do not remember	34 (16%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	24 (11%)
	One to two hours	73 (33%)
	Two to four hours	61 (28%)
	More than four hours	54 (25%)
	Do not remember	7 (3%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	45 (20%)
	Well	98 (44%)
	Neither	50 (23%)
	Badly	9 (4%)
	Very badly	15 (7%)
	Do not remember	4 (2%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	188 (84%)
	No	24 (11%)
	Do not remember	12 (5%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	122 (56%)
	No	57 (26%)

	<i>Do not remember/ Not applicable</i>	38 (18%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	25 (11%)
	<i>Well</i>	90 (40%)
	<i>Neither</i>	58 (26%)
	<i>Badly</i>	22 (10%)
	<i>Very badly</i>	26 (12%)
	<i>Do not remember</i>	2 (1%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	<i>Yes</i>	63 (28%)
	<i>No</i>	126 (57%)
	<i>Do not remember</i>	33 (15%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	<i>Yes</i>	66 (30%)
	<i>No</i>	135 (61%)
	<i>Do not remember</i>	19 (9%)
Q20	Was any of this information given to you in a translated form?	
	<i>Do not need translated material</i>	51 (25%)
	<i>Yes</i>	43 (21%)
	<i>No</i>	110 (54%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	<i>Yes</i>	107 (48%)
	<i>No</i>	100 (45%)
	<i>Do not remember</i>	17 (8%)
Q22	Did you feel safe on your first night here?	
	<i>Yes</i>	113 (51%)
	<i>No</i>	91 (41%)
	<i>Do not remember</i>	18 (8%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Not had any problems</i>	46 (23%)
	<i>Loss of property</i>	15 (7%)
	<i>Contacting family</i>	46 (23%)
	<i>Access to legal advice</i>	48 (24%)
	<i>Feeling depressed or suicidal</i>	76 (38%)
	<i>Health problems</i>	70 (35%)
Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems</i>	46 (24%)
	<i>Yes</i>	35 (18%)
	<i>No</i>	111 (58%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	10 (5%)
	<i>Yes</i>	128 (60%)

	No	77 (36%)
Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	23 (11%)
	Yes	100 (48%)
	No	86 (41%)
Q28	Can you contact your lawyer easily?	
	Yes	89 (43%)
	No	32 (15%)
	<i>Do not know/ Not applicable</i>	87 (42%)
Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	87 (41%)
	Yes	70 (33%)
	No	53 (25%)
Q30	Can you get legal books in the library?	
	Yes	75 (36%)
	No	66 (32%)
	<i>Do not know/ Not applicable</i>	67 (32%)
Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	6 (3%)
	<i>Easy</i>	36 (18%)
	<i>Neither</i>	43 (21%)
	<i>Difficult</i>	37 (18%)
	<i>Very difficult</i>	57 (28%)
	<i>Not applicable</i>	26 (13%)
Q32	Can you get access to official information reports on your country?	
	Yes	50 (24%)
	No	105 (50%)
	<i>Do not know/ Not applicable</i>	54 (26%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/ have not tried</i>	52 (24%)
	<i>Very easy</i>	9 (4%)
	<i>Easy</i>	24 (11%)
	<i>Neither</i>	38 (18%)
	<i>Difficult</i>	33 (15%)
	<i>Very difficult</i>	57 (27%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	178 (79%)
	No	46 (21%)
Q36	Are you normally able to have a shower every day?	
	Yes	197 (88%)
	No	27 (12%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	154 (70%)
	No	67 (30%)

Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	87 (40%)
	No	71 (32%)
	Do not know	61 (28%)
Q39	What is the food like here?	
	Very good	14 (6%)
	Good	50 (23%)
	Neither	74 (33%)
	Bad	36 (16%)
	Very bad	48 (22%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	12 (6%)
	Yes	109 (50%)
	No	96 (44%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	178 (82%)
	No	25 (12%)
	Not applicable	14 (6%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	127 (57%)
	No	25 (11%)
	Do not know/ Not applicable	69 (31%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy	32 (15%)
	Easy	63 (29%)
	Neither	33 (15%)
	Difficult	14 (6%)
	Very difficult	12 (5%)
	Do not know	66 (30%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	45 (21%)
	No	139 (64%)
	Do not know how to	34 (16%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	10 (5%)
	No	32 (15%)
	Not made a complaint	173 (80%)

Section 7: Staff

Q47	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	119 (56%)
	No	95 (44%)
Q48	Do most staff at the centre treat you with respect?	
	Yes	140 (65%)
	No	74 (35%)

Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	17 (9%)
	No	167 (91%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	24 (13%)
	No	166 (87%)

Section 8: Safety

Q52	Do you feel unsafe in this centre?	
	Yes	62 (30%)
	No	144 (70%)
Q53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	36 (18%)
	No	159 (82%)
Q54	If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (3%)
	<i>Because of your nationality</i>	12 (6%)
	<i>Having your property taken</i>	5 (3%)
	<i>Drugs</i>	0 (0%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	8 (4%)
Q55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	26 (14%)
	No	163 (86%)
Q56	If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (1%)
	<i>Because of your nationality</i>	13 (7%)
	<i>Drugs</i>	1 (1%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	6 (3%)
Q57	If you have been victimised by detainees or staff, did you report it?	
	Yes	16 (9%)
	No	27 (15%)
	<i>Not been victimised</i>	137 (76%)
Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	15 (7%)
	No	188 (93%)
Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	22 (11%)
	No	174 (89%)

Section 9: Healthcare

Q61	Is health information available in your own language?	
	Yes	59 (27%)
	No	79 (37%)
	Do not know	77 (36%)
Q62	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know	99 (49%)
	Yes	40 (20%)
	No	62 (31%)
Q63	Are you currently taking medication?	
	Yes	73 (35%)
	No	134 (65%)
Q64	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare	48 (23%)
	Very good	16 (8%)
	Good	30 (14%)
	Neither	39 (18%)
	Bad	35 (17%)
	Very bad	44 (21%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes	15 (7%)
	No	195 (93%)
Q67	Is the education helpful?	
	Not doing any education	195 (93%)
	Yes	11 (5%)
	No	3 (1%)
Q68	Can you work here if you want to?	
	Do not want to work	50 (24%)
	Yes	116 (57%)
	No	39 (19%)
Q69	Is there enough to do here to fill your time?	
	Yes	94 (47%)
	No	104 (53%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go	33 (16%)
	Very easy	43 (21%)
	Easy	54 (26%)
	Neither	44 (21%)
	Difficult	19 (9%)
	Very difficult	15 (7%)
Q71	How easy or difficult is it to go to the gym?	
	Do not know/ Do not want to go	39 (19%)
	Very easy	45 (22%)
	Easy	60 (29%)

Neither	38 (18%)
Difficult	12 (6%)
Very difficult	14 (7%)

Section 11: Keeping in touch with family and friends

Q73 How easy or difficult is it to use the phone?

<i>Do not know/ Have not tried</i>	16 (8%)
Very easy	72 (34%)
Easy	60 (28%)
Neither	33 (16%)
Difficult	12 (6%)
Very difficult	18 (9%)

Q74 Have you had any problems with sending or receiving mail?

Yes	51 (25%)
No	90 (44%)
Do not know	63 (31%)

Q75 Have you had a visit since you have been here from your family or friends?

Yes	82 (39%)
No	127 (61%)

Q76 How did staff in the visits area treat you?

<i>Not had any visits</i>	80 (40%)
Very well	31 (16%)
Well	47 (24%)
Neither	27 (14%)
Badly	3 (2%)
Very Badly	10 (5%)

Section 12: Resettlement

Q78 Do you feel that any member of staff has helped you to prepare for your release?

Yes	23 (12%)
No	163 (88%)

Main comparator and comparator to last time



Detainee survey responses: Harmondsworth IRC 2013

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Harmondsworth IRC 2013	IRC comparator	Harmondsworth IRC 2013	Harmondsworth IRC 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		229	1255	229	146
SECTION 1: General information					
1	Are you male?	100%	88%	100%	100%
2	Are you aged under 21 years?	7%	12%	7%	7%
4	Do you understand spoken English?	71%	73%	71%	76%
5	Do you understand written English?	75%	67%	75%	70%
6	Are you Muslim?	58%	47%	58%	52%
7	Do you have a disability?	12%	14%	12%	19%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	71%	73%	71%	71%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	7%	6%	5%
10	Have you been detained in this centre for more than one month?	58%	52%	58%	65%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	38%	40%	38%	30%
12	Did you spend more than four hours in the escort van to get to this centre?	25%	25%	25%	28%
13	Were you treated well/very well by the escort staff?	65%	59%	65%	52%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	84%	87%	84%	76%
16	When you were searched in reception was this carried out in a sensitive way?	56%	69%	56%	56%
17	Were you treated well/very well by staff in reception?	52%	63%	52%	48%
18	Did you receive information about what was going to happen to you on your day of arrival?	28%	36%	28%	21%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	30%	46%	30%	27%
For those who required information in a translated form:					

Main comparator and comparator to last time

Key to tables

		Harmondsworth IRC 2013	IRC comparator	Harmondsworth IRC 2013	Harmondsworth IRC 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
20	Was any of this information provided in a translated form?	28%	32%	28%	22%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	48%	64%	48%	51%
22	Did you feel safe on your first night here?	51%	53%	51%	46%
23a	Did you have any problems when you first arrived?	77%	66%	77%	82%
23b	Did you have any problems with loss of transferred property when you first arrived?	7%	13%	7%	14%
23c	Did you have any problems contacting family when you first arrived?	23%	15%	23%	21%
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	24%	17%	24%	24%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	38%	32%	38%	42%
23f	Did you have any health problems when you first arrived?	35%	25%	35%	35%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	24%	37%	24%	28%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	60%	68%	60%	63%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	74%	75%	74%	59%
29	Have you had a visit from your lawyer?	57%	50%	57%	55%
27	Do you get free legal advice?	48%	44%	48%	40%
30	Can you get legal books in the library?	36%	45%	36%	35%
31	Is it easy/very easy for you to obtain bail information?	20%	33%	20%	28%
32	Can you get access to official information reports on your country?	24%	20%	24%	21%
33	Is it easy/very easy to see this centre's immigration staff when you want?	16%	24%	16%	20%
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	80%	84%	80%	67%
36	Are you normally able to have a shower every day?	88%	93%	88%	91%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	70%	62%	70%	59%
38	Can you normally get access to your property held by staff at the centre, if you need to?	40%	53%	40%	39%

Main comparator and comparator to last time

Key to tables

		Harmondsworth IRC 2013	IRC comparator	Harmondsworth IRC 2013	Harmondsworth IRC 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
39	Is the food good/very good?	29%	27%	29%	23%
40	Does the shop sell a wide enough range of goods to meet your needs?	50%	45%	50%	32%
41	Do you feel that your religious beliefs are respected?	82%	73%	82%	67%
42	Are you able to speak to a religious leader of your own faith if you want to?	58%	52%	58%	50%
43	Is it easy/very easy to get a complaint form?	43%	53%	43%	44%
44	Have you made a complaint since you have been at this centre?	21%	24%	21%	31%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	24%	25%	24%	19%
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	63%	56%	61%
48	Do most staff treat you with respect?	65%	76%	65%	65%
49	Have any members of staff physically restrained you in the last six months?	9%	12%	9%	17%
50	Have you spent a night in the segregation unit in the last six months?	13%	14%	13%	19%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	30%	35%	30%	44%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	19%	23%	19%	37%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	3%	5%	3%	6%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	6%	7%	6%	11%
54c	Have you ever had your property taken since you have been here? (By detainees)	3%	4%	3%	8%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	0%	2%	0%	8%
54e	Have you ever been victimised here because you have a disability? (By detainees)	0%	1%	0%	5%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	4%	5%	4%	7%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	14%	18%	14%	28%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	1%	3%	1%	8%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	7%	6%	7%	10%
56c	Have you been victimised because of drugs since you have been here? (By staff)	0%	1%	0%	3%
56d	Have you ever been victimised here because you have a disability? (By staff)	0%	2%	0%	1%

Main comparator and comparator to last time

Key to tables

		Harmondsworth IRC 2013	IRC comparator	Harmondsworth IRC 2013	Harmondsworth IRC 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	3%	4%	3%	5%
For those who have been victimised by detainees or staff:					
57	Did you report it?	37%	45%	37%	49%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	7%	15%	7%	28%
59	Have you ever felt threatened or intimidated by a member of staff in here?	11%	14%	11%	18%
SECTION 9: Health services					
61	Is health information available in your own language?	27%	40%	27%	24%
62	Is a qualified interpreter available if you need one during health care assessments?	20%	20%	20%	16%
63	Are you currently taking medication?	35%	44%	35%	41%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre is good/very good?	28%	45%	28%	27%
SECTION 10: Activities					
66	Are you doing any education here?	7%	27%	7%	10%
For those doing education here:					
67	Is the education helpful?	79%	88%	79%	64%
68	Can you work here if you want to?	57%	56%	57%	45%
69	Is there enough to do here to fill your time?	47%	50%	47%	33%
70	Is it easy/very easy to go to the library?	47%	76%	47%	45%
71	Is it easy/very easy to go to the gym?	51%	70%	51%	59%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	63%	68%	63%	57%
74	Have you had any problems with sending or receiving mail?	25%	20%	25%	41%
75	Have you had a visit since you have been in here from your family or friends?	39%	46%	39%	51%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	66%	72%	66%	65%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	12%		12%	

Diversity analysis - Religion



Key questions (religion analysis) Harmondsworth IRC 2013

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Muslim detainees	Non-Muslim detainees
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		128	93
4	Do you understand spoken English?	70%	74%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	4%	10%
10	Have you been in this centre for more than one month?	58%	56%
13	Were you treated well/very well by the escort staff?	62%	68%
15	Were you seen by a member of health care staff in reception?	83%	86%
16	When you were searched in reception was this carried out in a sensitive way?	54%	61%
17	Were you treated well/very well by staff in reception?	54%	47%
22	Did you feel safe on your first night here?	50%	50%
23	Did you have any problems when you first arrived?	80%	75%
23f	Did you have any health problems when you first arrived?	38%	30%
26	Do you have a lawyer?	56%	63%
33	Is it easy/very easy to see this centre's immigration staff when you want?	11%	22%
35	Can you clean your clothes easily?	72%	89%
36	Are you normally able to have a shower every day?	83%	96%
43	Is it easy/very easy to get a complaint form?	43%	44%
44	Have you made a complaint since you have been at this centre?	21%	22%

Diversity analysis - Religion

Key to tables

	Any percentage highlighted in green is significantly better	Muslim detainees	Non-Muslim detainees
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
47	Do you have a member of staff you can turn to for help if you have a problem?	51%	59%
48	Do most staff treat you with respect?	62%	71%
49	Have any members of staff physically restrained you in the last six months?	11%	8%
50	Have you spent a night in the segregation unit in the last six months?	16%	9%
52	Do you feel unsafe in this centre?	34%	24%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	18%	19%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	18%	8%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	10%	5%
59	Have you ever felt threatened or intimidated by a member of staff in here?	12%	11%
62	Is a qualified interpreter available if you need one during health care assessments?	17%	22%
63	Are you currently taking medication?	33%	36%
66	Are you doing any education here?	4%	10%
69	Is there enough to do here to fill your time?	51%	44%
70	Is it easy/very easy to go to the library?	46%	48%
71	Is it easy/very easy to go to the gym?	48%	57%
73	Is it easy/very easy to use the phone?	62%	65%
74	Have you had any problems with sending or receiving mail?	31%	18%
75	Have you had a visit since you have been in here from your family or friends?	41%	36%
78	Has any member of staff helped you to prepare for your release?	9%	17%



Key questions (non-English speakers) Harmondsworth IRC 2013

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		64	159
8	When being detained, were you told the reasons why in a language you could understand?	54%	78%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	5%
10	Have you been in this centre for more than one month?	67%	55%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	28%	43%
13	Were you treated well/very well by the escort staff?	46%	72%
17	Were you treated well/very well by staff in reception?	43%	55%
18	Did you receive information about what was going to happen to you on your day of arrival?	18%	34%
19	Did you receive information about what support was available to you on your day of arrival?	17%	35%
22	Did you feel safe on your first night here?	41%	55%
23	Did you have any problems when you first arrived?	77%	77%
26	Do you have a lawyer?	47%	64%
33	Is it easy/very easy to see the centre's immigration staff when you want?	11%	18%
35	Can you clean your clothes easily?	72%	82%
36	Are you normally able to have a shower every day?	82%	90%
43	Is it easy/very easy to get a complaint form?	23%	51%

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
44	Have you made a complaint since you have been at this centre?	18%	22%
47	Do you have a member of staff you can turn to for help if you have a problem?	48%	59%
48	Do most staff treat you with respect?	58%	67%
52	Do you feel unsafe in this centre?	35%	28%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	20%	18%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	15%	14%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	7%	8%
59	Have you ever felt threatened or intimidated by a member of staff in here?	9%	13%
61	Is health information available in your own language?	23%	30%
62	Is a qualified interpreter available if you need one during health care assessments?	30%	15%
66	Are you doing any education here?	1%	9%
68	Can you work here if you want to?	56%	57%
69	Is there enough to do here to fill your time?	50%	46%
70	Is it easy/very easy to go to the library?	37%	50%
71	Is it easy/very easy to go to the gym?	44%	53%
73	Is it easy/very easy to use the phone?	55%	66%
74	Have you had any problems with sending or receiving mail?	25%	25%
75	Have you had a visit since you have been in here from your family or friends?	30%	44%
78	Has any member of staff helped you to prepare for your release?	2%	16%

Diversity analysis - Disability



Key questions (Disability analysis) Harmondsworth IRC 2013

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		26	192
4	Do you understand spoken English?	42%	75%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	4%	7%
10	Have you been in this centre for more than one month?	65%	56%
13	Were you treated well/very well by the escort staff?	50%	67%
15	Were you seen by a member of health care staff in reception?	73%	86%
16	When you were searched in reception was this carried out in a sensitive way?	50%	56%
17	Were you treated well/very well by staff in reception?	53%	50%
22	Did you feel safe on your first night here?	50%	52%
23	Did you have any problems when you first arrived?	76%	77%
23f	Did you have any health problems when you first arrived?	44%	32%
26	Do you have a lawyer?	47%	60%
33	Is it easy/very easy to see this centre's immigration staff when you want?	12%	16%
35	Can you clean your clothes easily?	73%	80%
36	Are you normally able to have a shower every day?	89%	87%
43	Is it easy/very easy to get a complaint form?	32%	45%

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
44	Have you made a complaint since you have been at this centre?	24%	20%
47	Do you have a member of staff you can turn to for help if you have a problem?	48%	56%
48	Do most staff treat you with respect?	58%	66%
49	Have any members of staff physically restrained you in the last six months?	18%	8%
50	Have you spent a night in the segregation unit in the last six months?	13%	13%
52	Do you feel unsafe in this centre?	27%	31%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	24%	18%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	25%	12%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	9%	8%
59	Have you ever felt threatened or intimidated by a member of staff in here?	3%	13%
62	Is a qualified interpreter available if you need one during health care assessments?	28%	19%
63	Are you currently taking medication?	48%	33%
66	Are you doing any education here?	8%	7%
69	Is there enough to do here to fill your time?	53%	47%
70	Is it easy/very easy to go to the library?	56%	46%
71	Is it easy/very easy to go to the gym?	56%	51%
73	Is it easy/very easy to use the phone?	64%	62%
74	Have you had any problems with sending or receiving mail?	25%	25%
75	Have you had a visit since you have been in here from your family or friends?	36%	39%
78	Has any member of staff helped you to prepare for your release?	4%	12%

Residential Unit Comparator



Residential unit analysis: Harmondsworth IRC 2013

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	C and D units	A, B and G units
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		113	93
SECTION 1: General information			
1	Are you male?	100%	100%
2	Are you aged under 21 years?	8%	7%
4	Do you understand spoken English?	69%	73%
5	Do you understand written English?	78%	72%
6	Are you Muslim?	66%	46%
7	Do you have a disability?	11%	14%
SECTION 2: Immigration detention			
8	When being detained, were you told the reasons why in a language you could understand?	65%	79%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	6%
10	Have you been detained in this centre for more than one month?	59%	65%
SECTION 3: Transfers and escorts			
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	36%	42%
12	Did you spend more than four hours in the escort van to get to this centre?	27%	24%
13	Were you treated well/very well by the escort staff?	69%	61%
SECTION 4: Reception and first night			
15	Were you seen by a member of health care staff in reception?	85%	83%
16	When you were searched in reception was this carried out in a sensitive way?	60%	51%
17	Were you treated well/very well by staff in reception?	55%	48%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	C and D units	A, B and G units
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
18	Did you receive information about what was going to happen to you on your day of arrival?	35%	22%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	32%	31%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	54%	45%
22	Did you feel safe on your first night here?	50%	53%
23a	Did you have any problems when you first arrived?	80%	73%
23b	Did you have any problems with loss of transferred property when you first arrived?	3%	15%
23c	Did you have any problems contacting family when you first arrived?	27%	18%
SECTION 4: Reception and first night continued			
23d	Did you have any problems accessing legal advice when you first arrived?	26%	20%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	39%	41%
23f	Did you have any health problems when you first arrived?	35%	36%
SECTION 5: Legal rights and immigration			
26	Do you have a lawyer?	60%	58%
For those who have a lawyer:			
27	Do you get free legal advice?	49%	52%
30	Can you get legal books in the library?	31%	46%
31	Is it easy/very easy for you to obtain bail information?	21%	23%
32	Can you get access to official information reports on your country?	25%	24%
33	Is it easy/very easy to see this centre's immigration staff when you want?	15%	20%
SECTION 6: Respectful detention			
35	Can you clean your clothes easily?	80%	84%
36	Are you normally able to have a shower every day?	87%	91%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	74%	72%
38	Can you normally get access to your property held by staff at the centre, if you need to?	40%	47%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	C and D units	A, B and G units
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
39	Is the food good/very good?	37%	19%
40	Does the shop sell a wide enough range of goods to meet your needs?	50%	51%
41	Do you feel that your religious beliefs are respected?	90%	74%
42	Are you able to speak to a religious leader of your own faith if you want to?	72%	50%
43	Is it easy/very easy to get a complaint form?	37%	53%
44	Have you made a complaint since you have been at this centre?	19%	24%
SECTION 7: Staff			
47	Do you have a member of staff you can turn to for help if you have a problem?	55%	56%
48	Do most staff treat you with respect?	67%	69%
49	Have any members of staff physically restrained you in the last six months?	8%	10%
50	Have you spent a night in the segregation unit in the last six months?	15%	12%
SECTION 8: Safety			
52	Do you feel unsafe in this centre?	28%	31%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	16%	22%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	3%	3%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	7%	5%
54c	Have you ever had your property taken since you have been here? (By detainees)	1%	4%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	0%	0%
54e	Have you ever been victimised here because you have a disability? (By detainees)	1%	0%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	4%	5%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	13%	12%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	C and D units	A, B and G units
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	0%	1%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	9%	4%
56c	Have you been victimised because of drugs since you have been here? (By staff)	0%	0%
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	0%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	3%	3%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	5%	10%
59	Have you ever felt threatened or intimidated by a member of staff in here?	11%	10%
SECTION 9: Health services			
61	Is health information available in your own language?	25%	28%
62	Is a qualified interpreter available if you need one during health care assessments?	19%	21%
63	Are you currently taking medication?	32%	43%
For those who have been to health care:			
SECTION 10: Activities			
66	Are you doing any education here?	8%	7%
For those doing education here:			
68	Can you work here if you want to?	59%	59%
69	Is there enough to do here to fill your time?	58%	38%
70	Is it easy/very easy to go to the library?	44%	57%
71	Is it easy/very easy to go to the gym?	48%	59%
SECTION 11: Keeping in touch with family and friends			
73	Is it easy/very easy to use the phone?	63%	67%
74	Have you had any problems with sending or receiving mail?	26%	23%
75	Have you had a visit since you have been in here from your family or friends?	42%	35%
SECTION 12: Resettlement			
78	Has any member of staff helped you to prepare for your release?	14%	9%