

Report on an unannounced inspection of

Colnbrook Immigration Removal Centre

by HM Chief Inspector of Prisons

29 February – 11 March 2016

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Colnbrook is an immigration removal centre (IRC) in Harmondsworth, west London, adjacent to Heathrow Airport. It originally opened in 2004, and was managed by Serco until mid-2014, when Mitie Care and Custody won the contract to run the centre. At the time of the inspection the centre held some 340 detainees, and there is provision to detain up to 27 women.

In the period leading up to the inspection, the centre had faced some significant challenges. There had been recent escapes from custody, and management were keen to maintain a proportionate response to these events. The leadership of the IRC told me that in their view, the centre had suffered from a degree of 'contract blight' during the transition from Serco to Mitie management. This was particularly apparent in the poor state of the fabric in parts of the centre. I was assured there were plans in place to improve this, but at the time of the inspection there were some areas of the centre that were in dire need of refurbishment.

I was invited to think of Colnbrook as a large and complex ship that needed to turn around, and that the process of turning had started. Certainly, the introduction of free flow movement around the centre for detainees, achieved without compromising security, was a significant achievement. It contributed to an atmosphere within the centre that was described to me as calmer than at the time of the last inspection. It was also pleasing to note that the use of Rule 35 reports was now more effective, and better than the Inspectorate has become accustomed to seeing. There were also other examples of good practice at the centre, including an effective welfare team, a very popular 'cultural kitchen' and accommodation for women in the Sahara unit that was fit for purpose for a short stay.

However, the induction unit remains very poor. At the time of the inspection it was gloomy, bleak and in many areas unclean. The improvement plans need to be implemented as soon as possible. Healthcare was an area of particular concern. Chronic staffing shortages affected the continuity and consistency of care. Care for those with severe mental health needs was generally good, but it was concerning that people with such severe illnesses were in immigration detention at all, especially as some spent long periods in the separation unit.

Another significant concern was around the use of force and its governance. During the course of the inspection, inspectors found an incident where the evidence from the CCTV did not accord with the written record of what was supposed to have happened. If this was not concerning enough, it transpired that the management of the centre were entirely unaware of the incident. At the conclusion of the inspection this incident was being investigated.

It was pleasing to see the progress that has been made at Colnbrook, although much remains to be done. The next inspection of Colnbrook will show whether improvements have been sustained and built upon.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

May 2016

Fact page

Task of the establishment

To detain people subject to immigration control.

Location

Harmondsworth, West Drayton

Name of contractor

Care & Custody (Mitie Group)

Number held

339

Certified normal accommodation

396

Operational capacity

396

Last inspection

28 January–8 February 2013

Brief history

Colnbrook immigration removal centre opened in 2004. It was managed by Serco until 1 September 2014 when Mitie Care & Custody took over the operation of both Colnbrook and Harmondsworth.

Name of centre manager

Paul Morrison

Escort provider

Tascor

Short description of residential units

Colnbrook houses men as well as a small number of women. Men are housed in four identical residential units – A, B, C and D – each with rooms over three landings. Women are accommodated in the separate 27-bed Sahara unit. Colnbrook also has an induction and preparation for discharge unit, a health care enhanced care unit and a separation unit.

Health service commissioner and providers

NHS England (London) (commissioner)

Central and North West London NHS Foundation Trust (primary physical, mental health and substance misuse services)

Kent Community Health Foundation Trust (dental services)

Langley Medical Practice (GP services)

Learning and skills provider

Open College Network

Oxford Cambridge and RSA (part of the Cambridge University Group)

Independent Monitoring Board chair

Andrew Newell

About this inspection and report

- A1 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.
- A2 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.
- A3 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. |
- A4 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 Home Office.
- **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.
- A5 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.
- A6 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.
- A7 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
 - **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.
- A8 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.
- A9 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A10 All inspections of immigration removal centres are conducted jointly with Ofsted or Education Scotland, the Care Quality Commission and the General Pharmaceutical Council (GPhC). This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A11 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.
- A12 Details of the inspection team and the detainee population profile can be found in Appendices I and IV respectively.
- A13 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix V 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 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Detainees often arrived after exhausting night-time journeys and did not receive a private interview to assess their risks or welfare needs on arrival. The regime in the induction unit had improved, but the environment was poor and unwelcoming. Levels of violence were not high and the atmosphere in the centre was calm. Self-harm was relatively infrequent but there were some shortcomings in case management. Security was proportionate and detainees could move around the centre more freely than at the last inspection. Safeguarding processes were reasonable. The rewards scheme seemed largely irrelevant. Use of force was generally proportionate but governance and quality assurance were not sufficiently robust. Conditions in the separation unit were stark, but separation took place for appropriate reasons. There were sufficient legal advice surgeries. Too many detainees were held for unnecessarily long periods, but the number of prolonged detentions had declined. Rule 35 protection for detainees believed to be torture survivors or who were vulnerable for other reasons were much more effective than we usually see. **Outcomes for detainees were reasonably good against this healthy establishment test.***

S2 *At the last inspection in 2013 we found that outcomes for detainees in Colnbrook were reasonably good against this healthy establishment test. We made 19 recommendations about safety. At this follow-up inspection we found that nine of the recommendations had been achieved, three had been partially achieved, six had not been achieved and one was no longer relevant.*

S3 Detainees often waited too long in vans and inside reception before going to residential units, often after long journeys. Too many escort journeys took place at night for reasons of operational convenience alone, without sufficient regard to the impact on detainees. Detainees were not interviewed in private to assess fully their welfare needs or risks. The regime in the induction and last night unit had improved considerably since our previous inspection and all detainees were unlocked during the day and could attend activities. However, the unit remained poor and unwelcoming. Induction was adequate for most detainees, but not for women or those who did not speak English.

S4 The number of recorded fights and assaults on detainees was relatively low, although the number of assaults on staff was high. The atmosphere in the centre was calm. Some aspects of the anti-bullying and violence reduction policies had not been implemented in full. Mediation was used well to deal with some incidents. Safer custody meetings were not effective and attendance was poor. In our survey more than a quarter of detainees said other detainees had intimidated or victimised them.

S5 The number of detainees subject to assessment, care in detention and teamwork (ACDT) case management had nearly doubled since the previous inspection. There had been some serious recent incidents. There had been a recent death in custody, which was under investigation by the Prisons and Probation Ombudsman at the time of inspection. The actual level of self-harm was relatively low. The quality of ACDT documents varied and not enough demonstrated that detainees' needs were being met effectively. Case reviews were timely but many did not involve staff from a range of disciplines. Although detainees were placed on constant observations for appropriate reasons, the environment in which they were kept was often poor and the staff caring for them sometimes lacked sensitivity.

S6 A safeguarding vulnerable adults policy had been produced and the centre had established links with the Hillingdon adults safeguarding board. Health services staff usually identified and

- dealt with adults at risk as well as vulnerable detainees who did not meet the safeguarding threshold.
- S7 The safeguarding children policy was comprehensive and there were good links with children's services, the local safeguarding children's board and the Heathrow safeguarding children's group. Since May 2015, 12 detainees had said they were children but none were subsequently found to have had this confirmed. Centre staff responded appropriately to the individual needs of those who said they were children.
- S8 Procedural security and risk management systems were generally proportionate, and most detainees had better freedom of movement around the centre; there was no evidence that this had compromised security or safety. The practice of locking detainees behind their doors at night remained disproportionate. Handcuffing on external escorts had risen following an escape in December 2015, and some risk assessments did not have enough detail or failed to justify clearly the use of restraints. The number of security information reports submitted each month was very low. Monthly security meetings considered detailed information and led to some useful action, but they were poorly attended. The centre was responding to emerging concerns about the use of new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), but the overall strategic approach to substance misuse was underdeveloped. The rewards scheme seemed largely irrelevant.
- S9 We saw examples of very good de-escalation and generally proportionate use of force, and recordings of incidents involving force received some external oversight. However, we were concerned that managers had not identified an example of what appeared to be excessive use of force. Paperwork for the incident was incomplete and did not appear to reflect accurately what we observed on CCTV. Overall governance and quality assurance arrangements were not sufficiently robust.
- S10 Use of separation was higher than at the last inspection. However, detainees were separated for appropriate reasons and procedures for the authorisation of continued separation by Home Office staff were thorough and effective. The average length of time detainees spent in separation under rule 40 (in the interests of safety and security) was high; the figures were skewed by some challenging long-term detainees who appeared to have significant mental health problems and should not have been in immigration detention. Rooms in the separation unit were austere and some were grubby. Most detainees held under rule 40 did not have a radio or a television. Relationships between staff and detainees were reasonable and staff took a pragmatic approach to individual circumstances.
- S11 Detainees waited around four days for access to legal advice surgeries, which was reasonably good. However, some legal representatives spent very little time with detainees and during the inspection one representative saw 10 detainees in two and a half hours. Detainees could stay in contact with their lawyers through fax, phone and email, and had access to relevant legal websites and online country of origin information reports. The library stocked a reasonable range of legal text books.
- S12 Most detainees were held for short periods and there were fewer cases of prolonged detention than at our last inspection. Nevertheless, 20 detainees had been held for 12 to 24 months, three for over two years and one for more than four and a half years, all of which were unacceptably long. Detention reviews did not always show that the factors for and against detention had been considered in a balanced way. Rule 35 reports, produced by a medical practitioner to report on the case of an individual whom they believe may have been vulnerable or a torture survivor, had improved. They had led to substantially more releases than at our last inspection.

Respect

- S13 *Residential units remained stark, cleanliness was poor in some areas, and lack of ventilation remained a major problem. The induction unit was grim. Only about half of detainees said most staff treated them with respect. The management of equality and diversity remained underdeveloped, although outcomes appeared appropriate. Faith provision was reasonably good. Complaints dealt with by the centre were well managed. Serious staffing shortages in the health care department were affecting some key aspects of detainee care and some aspects of mental health support were inadequate. The enhanced care unit was not sufficiently therapeutic. The food had improved.*
Outcomes for detainees were not sufficiently good against this healthy establishment test.
- S14 *At the last inspection in 2013 we found that outcomes for detainees in Colnbrook were not sufficiently good against this healthy establishment test. We made 24 recommendations about respect. At this follow-up inspection we found that eight of the recommendations had been achieved, seven had been partially achieved and nine had not been achieved.*
- S15 Accommodation was cellular. Cells were a good size but ventilation remained a major problem and there was graffiti in many of them. Many communal areas were grubby and showers were not sufficiently screened. Some toilets were filthy and we saw blocked sinks in many rooms. Outdoor space was bleak and too limited. Arrangements for laundry, bedding and clothing were generally appropriate. Women were held in more appropriate accommodation than at the previous inspection, although it was only suitable for short stays. They were generally positive about their treatment in the women's residential unit.
- S16 We saw some very good interactions between staff and detainees, but too many staff did not interact adequately and, in a few cases, responded abruptly to reasonable requests. In our survey only just over half of respondents said that staff treated them with respect or that they had someone they could turn to if they had a problem.
- S17 The strategic management of equality and diversity remained underdeveloped. Detainees' protected characteristics were not systematically identified on arrival and monitoring was rudimentary. Investigations into the low number of discrimination complaints were fairly good but not all were dealt with promptly. There were many positive equality notices throughout the centre and more translated information than at the last inspection; interpretation was used reasonably well. However, there were few formal services and little structured support for protected groups. There were no obvious tensions between different groups and productive forums were held regularly with different nationality groups. Care planning for transgender detainees as well as for a transvestite detainee held in the centre over the previous year was good. The chaplaincy was reasonably well integrated and active in the centre. The faith rooms were small but very attractive and welcoming.
- S18 Complaint forms were available in the units in a range of languages and complaints boxes were emptied every day. Responses were generally polite, timely and addressed the issues raised. All were signed off by a senior manager.
- S19 Detainees were generally negative about their access to and the quality of health care services. Waiting times for most services including the GP and dentist were short. However, chronic staffing shortages in the nursing team and limited space in the health centre restricted the service that could be delivered. The enhanced care unit for detainees with significant health needs was not sufficiently therapeutic. Care planning was weak for detainees with complex needs. The health complaints system was confused and ineffective. Pharmacy services were satisfactory, but queues for medication administration in the units

were poorly supervised leading to crowding around the hatch and insufficient confidentiality. Some detainees had severe mental health problems and should not have been in immigration detention, and transfers under the Mental Health Act sometimes took too long. Severely ill detainees had good access to psychiatric support while in detention. Care for those with less severe needs was compromised because mental health nurses were often redeployed to cover staffing shortages in primary care. Clinical substance misuse services remained satisfactory, but psychosocial support was inadequate.

- S20 The food had improved since our previous inspection and was reasonably good. Detainees could eat three hot meals a day. Kitchens were reasonably clean but food serveries were dirty. The shop provided a good service, and consultation over the shop and food was reasonably good.

Activities

S21 *Detainees had better access to a number of planned recreational activities. The range of education was limited but teaching and learning were good. There was insufficient work for the population and only a third of detainees said they could fill their time at the centre. The library provided a generally good service. The gym was well equipped and well used. **Outcomes for detainees were reasonably good against this healthy establishment test.***

S22 *At the last inspection in 2013 we found that outcomes for detainees in Colnbrook were reasonably good against this healthy establishment test. We made four recommendations about activities. At this follow-up inspection we found that none of the recommendations had been achieved, one had been partially achieved and three had not been achieved.*

S23 Detainees had much better access to activities than at the last inspection, but in our survey, only a third said there was enough to do. While induction to education and work had improved, too few detainees had a good understanding of what was available. Women had less access to activities than men but were usually only detained for short periods.

S24 The quality of teaching and learning was generally good; skilled instructors motivated and supported detainees to develop their skills. Detainees could undertake accredited courses in information and communications technology (ICT) and English for speakers of other languages (ESOL). Men could also take part in a range of other activities, including the cultural kitchen, arts and crafts, music and media production and a wide range of one-off competitions and sporting events. The cultural kitchen, where detainees could cook their own food, was only open on weekday mornings and had a long waiting list. The resources in ICT and the cultural kitchen were outdated.

S25 Managers did not use data sufficiently well to identify strengths or areas for improvement, but listened to the views of detainees and staff to bring about improvements. Quality assurance focused too much on process and procedures rather than on the quality of teaching, learning and assessment.

S26 Some detainees were not allowed to work by the Home Office as they were considered to be uncooperative with the removal process. This policy interfered with the centre manager's ability to manage the population as it prevented him from occupying and engaging detainees, including those who may have been vulnerable.

- S27 The library was welcoming and comfortable. It offered an appropriate range of books in different languages and detainees had access to the internet. However, the book stocks were old.
- S28 Detainees had good access to a well-equipped gym, and staff were suitably qualified. Links between health care and gym staff were underdeveloped.

Preparation for removal and release

- S29 *Welfare services did good work with a large number of detainees who received good support from third sector agencies. Visits arrangements were good. Detainees could easily access communications technology. Removals for complex cases were well planned. **Outcomes for detainees were good against this healthy establishment test.***
- S30 *At the last inspection in 2013 we found that outcomes for detainees in Colnbrook were reasonably good against this healthy establishment test. We made six recommendations about preparation for removal and release. At this follow-up inspection we found that two of the recommendations had been achieved, two had been partially achieved and two had not been achieved.*

- S31 Detainees thought highly of the work of the welfare team and partner agencies. Although the drop-in service was accessible and well used, there was scope to better organise provision and we welcomed plans for the team to take over the induction process. The welfare team had a good working relationship with criminal justice charity Hibiscus in particular and other agencies such as the Jesuit Refugee Service, Detention Action and Bail for Immigration Detainees provided good additional provision.
- S32 Visits provision was very good and visitors did not have to book in advance. The visits hall was reasonably welcoming and supervision was suitably relaxed. Most visitors we spoke to said staff treated them with respect, although it took too long for visitors to be taken into the visits hall once they had arrived.
- S33 Telephone arrangements and mail facilities were good. Detainees had good access to emails but not to social networking sites or Skype. We found no other inappropriately blocked websites. Detainees had sufficient access to fax communication.
- S34 The welfare team helped detainees resolve a range of issues before removal or release, although they were not interviewed systematically on arrival. Removals, including for more complex cases, were generally well planned.

Main concerns and recommendations

- S35 Concern: The standard of repair and hygiene in the residential units was inadequate. Ventilation remained a major problem and showers were not sufficiently screened. Some toilets were filthy and a number of sinks were blocked. The induction unit was a particularly bleak environment in which to hold people during their first days in detention.

Recommendation: All rooms and communal areas in residential units should be in good repair and well ventilated, with adequately screened showers. The very poor living conditions in the induction accommodation should be improved as a matter of priority.

S36 Concern: Detainees were negative about their access to and the quality of health care. Chronic staffing shortages in the nursing team and limited space in the health centre restricted the service that could be delivered.

Recommendation: There should be enough permanent health care staff to ensure continuity and consistency of care and effective involvement in ACDT processes and other key local service meetings.

S37 Concern: Some detainees had severe mental health problems and should not have been in immigration detention. Transfers under the Mental Health Act sometimes took too long. Care for those with less severe needs was compromised because mental health nurses were often redeployed to cover staffing shortages in primary care.

Recommendation: Detainees with severe mental illnesses should not be in immigration detention. Transfers under the Mental Health Act should take place promptly. Detainees with less severe primary and secondary mental health problems should have prompt access to an appropriate range of services.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

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

- I.1 Detainees we spoke to said escort staff treated them well and we observed staff providing good care to a woman who arrived feeling suicidal. However, many journeys were too long and 30% of detainees responding to our survey said they spent more than four hours in the escort van. The transfer time could be increased by long waits in vehicles outside the reception, sometimes in the early hours of the morning.
- I.2 Twenty-two per cent of detainees arrived at night, usually for reasons of administrative convenience. This was disorientating and exhausting for detainees. While only 4% of detainees arrived overnight from other immigration removal centres (IRCs), we saw cases where detainees were picked up in London and taken on late night journeys lasting four to five hours as vehicles stopped at several police stations on the way.
- I.3 Relationships between escort and reception staff were good and information about detainees was shared appropriately. Most, but not all, escort records contained relevant information on risk factors.

Recommendation

- I.4 **Detainees should not be subjected to unnecessarily long or overnight transfers between places of detention.**

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.

- I.5 The main reception waiting area was large and pleasantly furnished with sofas and chairs, which created an informal atmosphere. However, during the inspection a distressed woman subject to assessment, care in detention and teamwork (ACDT) case management was held for over three hours in a separate waiting area, which was bleak and had fixed steel wall benches but no other furniture. All detainees were offered hot food and drinks. Although warm clothing was available, it was not offered to all detainees who needed it. All waiting areas were cold.
- I.6 Detainees were interviewed at open counters in the busy reception area. The lack of privacy prevented a proper assessment of their welfare needs and risks from taking place. Detainees were given a prompt health screening but we were not confident that relevant information, for example about disability, was always passed on to the staff who needed it. A small amount of information was displayed on the walls in reception in different languages and an induction DVD was played on a loop. Peer supporters attended in the afternoons and evenings, but not in the mornings. The booking-in process took too long and some detainees were in reception for over two hours.

- 1.7** All new detainees were initially accommodated on the second and third floors of the induction unit; the centre aimed to move them on after three days, but they were often held there for over a week. Staff saw detainees in groups and gave them a brief explanation of practical matters and a 'first night information' note translated into various languages. There were no private interviews and we saw little evidence of staff being focused on detainee welfare or on keeping them safe at night. There were no first night peer workers in the induction unit.
- 1.8** The regime in the induction unit had improved considerably since our previous inspection and all detainees were unlocked during the day and could attend activities. However, conditions remained bleak and had deteriorated since our last inspection. Rooms throughout the unit were cold, dirty and dilapidated. Ventilation was poor and some sinks and showers were unusable because outlets drained too slowly and caused flooding (see main recommendation S35).
- 1.9** Induction took place on the day after arrival. It included a 10-minute PowerPoint presentation on a computer available in 13 different languages; a brief information sheet was also translated into common languages. Detainees were given a verbal presentation and then taken on a tour of the centre. The tour we observed was adequate for English speakers, but not for others as there was no effective interpretation. Induction for women consisted of the PowerPoint presentation only, which was an inadequate introduction to the centre (see paragraph 2.10).

Recommendations

- 1.10** **Arrival procedures, including a private interview, should ensure that detainees' individual needs are identified and addressed and that they feel safe and well supported on their first night.**
- 1.11** **All detainees, including women and those who speak little English, should receive an effective induction to the centre.**

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.

- 1.12** Overall levels of violence were not high and the number of reported fights and assaults on detainees was relatively low. The atmosphere in the centre was reasonably calm. In the six months before the inspection, there had been 15 assaults on detainees, a rate of four per 100 of the population, which was similar to what we found during the last inspection. The number of reported fights, four in the previous six months, was lower than at the previous inspection.
- 1.13** Although most incidents were minor, the number of assaults on staff was high. There had been 21 recorded incidents in the same six-month period, representing a rate of about six per 100 of the population. Most incidents occurred during detainee removals and over half took place in the separation unit (see paragraph 1.46).
- 1.14** Anti-bullying and violence reduction policies were in place and were primarily based on an analysis of observed patterns of violence in the centre. Mediation was used to good effect

following fights and other antisocial behaviour. However, other aspects of each policy had not been implemented in full and many officers were unfamiliar with them. For example, peer support workers (buddies) who were supposed to have been used as anti-bullying representatives were not in place, alleged bullies were not sufficiently monitored and investigations into alleged incidents were not followed through thoroughly.

- I.15** Safer custody meetings were not effective because of poor attendance and we were not assured that all relevant issues were communicated sufficiently to all staff. Security managers, health care representatives and residential managers were usually absent from meetings and attendance by Home Office representatives was inconsistent. In the meeting we observed, more than half of those invited did not attend.
- I.16** Staff were not sufficiently visible in residential units and we were not assured that all incidents would be identified (see paragraph 2.14). In our survey, nearly half of respondents said they felt unsafe and about a quarter said other detainees had intimidated or victimised them.

Recommendation

- I.17 All relevant staff should attend safer custody meetings and detainee custody officers should understand and apply the centre's violence reduction and anti-bullying policies.**

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.18** A detainee had died at the centre in February 2016, just before the inspection. The cause of death had not yet been announced and reports from the coroner and Prisons and Probation Ombudsman had not been concluded at the time of our inspection.
- I.19** In our survey, nearly half of respondents (48%) said they had problems with feeling depressed or suicidal when they first arrived, and the number of detainees subject to ACDT procedures had nearly doubled in the six months before the inspection; 296 were opened compared to 156 over a similar period at the last inspection. However, the number of actual self-harm incidents was comparatively low. There had been 20 incidents of self-harm in the previous six months (six per 100 of the population), although detainees involved in two very serious incidents had required hospital treatment.
- I.20** Detainees who did not collect meals, but bought items from the shop were appropriately monitored. The centre took the matter of refusing to eat seriously and the overall management of people refusing food was appropriate.
- I.21** The quality of ACDT documents varied. Although some demonstrated a dynamic response to meeting detainees' needs and reflected a detailed level of observation, too many entries were generic and repetitive, and did not show evidence of good quality interactions or active planning. Case reviews were timely but people who knew the detainee did not attend them consistently and care mapping often did not reflect how staff actually dealt with identified needs. Input from health care professionals was rare, even where there were clear

indications of a mental health issue. In the enhanced care unit (see paragraph 2.58) a detainee in crisis was virtually confined to the small unit without access to activities and staff's interactions with him were distant.

- I.22** The number of detainees on constant observations was also high. The reasons for this level of observation appeared appropriate, but the environment in which detainees were kept was often poor, particularly in the induction unit, and we saw instances where staff caring for them showed a lack of sensitivity.

Recommendation

- I.23** **The care of detainees in crisis, including those on an ACDT and those under constant observation, should be consistent, effective, and sensitive to the detainee's state of well-being.**

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.²

- I.24** Formal links with Hillingdon adult safeguarding board had been established and a safeguarding vulnerable adults policy published. Training had not yet been delivered and many staff we spoke to said they not were aware of protocols, but most focused on relevant issues and were generally aware of their personal responsibility to protect people at risk. Screening procedures were in place. Assessments of risks carried out during detainees' first few days were reasonable and included room-sharing risk assessments, and health care interviews.
- I.25** The health care department had a good up-to-date safeguarding adults policy and staff understood their responsibilities. Health care staff usually identified and dealt with adults at risk and vulnerable prisoners who did not meet the safeguarding threshold. Health staff referred several detainees who were at risk to the local adult safeguarding board. In one of these instances, we were concerned that the detainee had been held in detention too long because there had been a delay in diagnosing his condition; at the time of inspection, staff were working diligently with Hillingdon's social services department to find him a specialist care package in the community.
- I.26** The needs of at risk detainees were discussed at a multidisciplinary complex cases meeting, attended by centre managers, a Home Office representative, health services staff and a senior psychiatrist. The meeting was an effective way of ensuring that the needs of detainees considered to be at risk were identified and addressed.

² 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).

Safeguarding children

Expected outcomes:

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

- I.27** The centre had a comprehensive, up-to-date safeguarding children's policy, which had been agreed with Hillingdon council's social services department. A manager attended quarterly meetings of the Heathrow safeguarding children's group. Links with the local safeguarding children's group were good. The Disclosure and Barring Service, which ensures people are suitable for working with vulnerable groups, checked the backgrounds of detainee custody officers (DCOs) and managers to ensure they were fit to work with children. The centre could only confirm that 44 members of staff had completed safeguarding children training.
- I.28** Since May 2015, 12 detainees had said they were under 18, none of whom were subsequently found to be children. Centre staff responded swiftly and appropriately to safeguard these young people and meet their needs. Individual welfare plans documented good care. Referrals to children and young persons' departments were generally prompt but social services sometimes took too long to respond and there were delays in two such cases. Another detainee was held on the strength of a chief immigration officer's age assessment rather than a social worker's, and a Merton-compliant age assessment was not carried out. This was inappropriate because the officer was not sufficiently independent or qualified for this role.
- I.29** The centre took steps to protect children who visited the centre. DCOs checked computer records to ensure detainees in the visits hall were not a risk to children. However, we found one DCO who was unaware of this safety check. CCTV equipment covering the children's area of the visit hall was not working during our inspection. DCOs were encouraged to increase their patrols of the area until the equipment was repaired.

Recommendations

- I.30 All staff who have contact with detainees should have up-to-date safeguarding children training.**
- I.31 Social services should carry out a prompt Merton-compliant age assessment for all detainees who say they are children.**

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- I.32** Two detainees had escaped from the centre in late December 2015, which had been investigated internally and by the Home Office professional standards unit. An action plan was implemented as a result. Physical security and monitoring systems were reviewed and action taken where required. Around a quarter of staff completed additional security awareness training.
- I.33** Procedural security and risk management systems were generally proportionate. Strip-searching was undertaken on the basis of intelligence only and the reasons for each search were appropriately documented; since the beginning of 2015 to the year up to the inspection, 22 strip-searches had been conducted during which three phones, some razor

blades and three drug wraps were found. Managers had opened up the centre and most detainees could now access all areas freely, including the units where they could visit other detainees. There was no evidence that security or safety had been compromised. Detainees were locked in their units (rather than in their rooms) during roll counts; most were also still locked behind their doors at night from 9pm until 8am, which remained disproportionate.

- I.34** Handcuffing during external escorts had risen from around 30% to 55%, following a detainee's escape from neighbouring Harmondsworth IRC in December 2015. A risk assessment informed decisions to handcuff detainees, but some we looked at did not have enough detail or justify clearly the use of restraints.
- I.35** Some elements of dynamic security were weak; staff did not interact sufficiently with detainees, which meant they were unlikely to obtain useful information (see paragraph 2.14). The number of security information reports (SIRs) submitted each month was very low with a total of 293 submitted in the last six months. Some reports lacked key details such as dates or times. Security intelligence was reasonably well managed; it was communicated across the centre and reports were usually processed quickly. However, staffing arrangements occasionally resulted in a backlog of around a week. Managers received a daily briefing sheet containing security information.
- I.36** Monthly security meetings considered some detailed information and led to some useful action, but minutes indicated they were poorly attended.
- I.37** There was some evidence of an increase in the availability and use of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). The centre was responding to these concerns, but the overall strategic approach to substance misuse was underdeveloped (see paragraph 2.78).
- I.38** Managers did not consider extremism or radicalisation a major issue. Five SIRs relating to extremism and/or radicalisation had been submitted in the previous six months, which were passed on to counter-terrorism police. A programme of training on extremism and radicalisation was in the process of being rolled out to staff, 14% of whom had completed it at the time of inspection.

Recommendations

- I.39 Detainees should not be locked in rooms overnight.**
- I.40 Risk assessments for handcuffing detainees on escorts should be detailed and the justification for a decision to cuff should be clear and defensible.**
- I.41 Managers should ensure that all staff are aware of the SIR system and encourage them to submit relevant intelligence reports.**

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.42** Detainees arriving at the establishment were placed on the enhanced level of a two-tier rewards scheme. Distinctions between these levels were minimal and at the time of the inspection all but seven detainees were on the enhanced level. There was a policy that set out how the scheme operated but much of it had not been implemented. There was little evidence in case notes that staff were using the scheme and most staff and detainees we spoke to seemed unaware of it. The scheme seemed largely irrelevant.

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.43** Force had been used 70 times in the previous six months, slightly less often than at the last inspection. In 14 of these incidents handcuffs had been used. Paperwork justifying use of force suggested that it was used proportionately and as a last resort. Relevant staff were up to date with control and restraint training. Planned interventions were filmed using body-worn cameras, although only one member of the first response team had a camera so if they were unable to attend an incident for any reason, filming could not always take place. Video footage of incidents showed some examples of very good de-escalation; in some cases this resulted in no force being required.
- I.44** Monthly use of force meetings were held to discuss and review the paperwork for incidents taking place within the previous month. Information, including the nature of the incident, its location, and the nationality of the detainee, was collated each month, and analysis had identified that a significant proportion of incidents took place either in the induction unit or in the separation unit and were related to removal (see paragraph I.13).
- I.45** An external company reviewed video footage of eight incidents of use of force per month. However, overall governance and quality assurance arrangements were not sufficiently robust and we were concerned to find an example of what appeared to be excessive use of force against a detainee in the separation unit. The detainee had informed inspectors of the issue, and staff had reported it to the police at the detainee's request, but managers were not aware of the incident until we raised it. Paperwork that officers had submitted relating to the incident was incomplete and did not reflect accurately what we observed through CCTV footage.
- I.46** Use of separation was relatively high and higher than at the last inspection – it was used 175 times in the previous six months. Over 90% of these cases were detainees separated under detention centre rule 40 (in the interests of safety and security), a significant proportion due to poor behaviour related to their impending removal. Rule 42 (separation for violent and refractory detainees) had been used 12 times in the same period. The average length of time spent in separation under rule 40 was high at just over 58 hours, but the figures were skewed by some challenging long-term detainees who appeared to have significant mental health problems and should not have been in immigration detention.

- I.47** Paperwork demonstrated the reasons for separation were appropriate. Procedures for the authorisation of continued separation by Home Office staff were thorough and effective and staff visited the unit every day and spoke to detainees at length to assess their welfare and answer questions.
- I.48** Rooms in the separation unit were austere, some were grubby and there was no material difference between the rooms for detainees held under rule 40 and those held under rule 42. Only one detainee held under rule 40 had a radio or a television. Relationships between staff and detainees were reasonable and staff took a pragmatic approach to individual circumstances by, for example, leaving room doors open and allowing certain detainees access to other parts of the centre.

Recommendations

- I.49 Governance and quality assurance of use of force should be robust and effective.**
- I.50 Subject to risk assessment, detainees separated under rule 40 should be allowed a radio and/or television in their room.**

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.51** The Legal Aid Agency paid for three firms of solicitors to run advice surgeries three days a week. Detainees waited around four days for access to the surgeries, which was reasonably good. Legal advisors should have provided each detainee with half an hour's advice. DCOs said that some legal representatives did this regularly. However, during our inspection one legal advisor saw 10 detainees in two and a half hours. The representative failed to provide proper advice to one young female detainee in the Sahara unit.
- I.52** Eligible detainees could receive legal aid for bail and asylum matters but not general immigration issues. This meant many detainees paid privately for legal representation. In our survey, 64% of detainees said they had a lawyer, similar to our last inspection. In the three months before our inspection, only 27 detainees were released on bail. Additional interview rooms had been made available since our last inspection and there was now sufficient space for private legal consultations.
- I.53** Detainees could keep in touch with their lawyers by email, phone and fax. Websites that could help detainees with their immigration cases were not blocked. Procedures for unblocking sites were effective. The library stocked a reasonable range of legal text books. Detainees had access to online country of origin reports and legal forms through the welfare office.
- I.54** Since our last inspection the detained fast track asylum process had been suspended following a legal challenge. Caseworkers in the detained asylum casework team now considered detainees' asylum cases, of which there were 61.
- I.55** Staff from support organisations Bail for Immigration Detainees (BID) and Detention Action regularly attended the centre. BID helped detainees make bail applications.

Recommendation

- I.56 All detainees at the detention advice surgeries should be given enough time to explain their circumstances and receive appropriate advice over the full allocated half-hour interview.**

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.

- I.57** On one day during our inspection 322 detainees were held, many for short periods. Fewer detainees than at our last inspection were held for prolonged periods but the numbers were still too high: 32 detainees had been held between six and 12 months; 20 between 12 and 24 months; and three for more than two years. These figures did not include detainees who had been released and re-detained. For example, we found one detainee who had been detained for more than three years over four separate periods.³ The longest period of continuous detention was four years and eight months and had been exacerbated by casework inefficiencies and administrative delays.
- I.58** Some detention reviews did not consider factors for and against detention in a balanced way. For example, in two cases links with detainees' families were not sufficiently documented.
- I.59** We doubted that some cases could be concluded within a reasonable period of time. For example, an undocumented, homeless Iranian had claimed asylum and could only be returned to Iran if he agreed to go voluntarily. His detention review noted it would take more than six months to obtain a travel document. His lack of a travel document, the asylum claim and problems removing him to Iran meant the case could not be resolved for some time.
- I.60** In the previous six months, 121 rule 35 reports (which require medical practitioners to report on the case of a vulnerable individual or those whom they believe might have been a torture survivor) had been submitted. Twenty-seven per cent of these reports had led to the detainee being released, a higher percentage than is usual. We reviewed 10 rule 35 reports and their replies. All reports concerned torture, were typed and contained body maps. Three reports had led to the detainees' release. The reports had improved and were better than we normally see. All replies from the Home Office were timely apart from one which took two weeks. In five cases, the Home Office accepted that the reports constituted independent evidence of torture. In two of them detention continued, yet the very exceptional circumstances required to detain a torture survivor was only documented in one reply. In one report the doctor recorded the detainee's scarring and his low mood during the examination but the reply from Home Office staff incorrectly stated that the report was solely based on the detainee's version of events. (See also paragraphs 2.43 and 2.56.)
- I.61** The onsite Home Office contact management team met newly arrived detainees who had not been transferred from other centres. Contact management officers were polite and used telephone interpretation but the quality of their advice was inadequate. The team ran a drop-in session once a week in the welfare office but it was not private and the officer did not

³ Following our inspection and a court injunction preventing removal, the detainee was released on Secretary of State bail.

have immediate access to Home Office computer records. The team chased outstanding monthly progress reports effectively; only three reports were outstanding.

Recommendation

- I.62 There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition.**

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** Living conditions had changed little since the last inspection. The four main residential units were still not sufficiently clean and some areas near the wing serveries and the upper floor landings were particularly dirty. We again saw open bins full of rubbish on the ground floors of all residential units and, despite a smoking ban, there were spent cigarette ends on landing floors. Walls remained stained and there was ground-in dirt on stairwells. Galleried landings provided staff with good sight lines for observation but units looked and felt like a prison. There was security netting between the open landings and the rooms where most detainees were accommodated. Communal showers on all landings were working but were not screened sufficiently (see main recommendation S35).
- 2.2** Many cells were dirty, poorly furnished and had graffiti drawn on walls and scratched into plastic windows. Some in-room toilets were filthy and too many sinks were blocked. Ventilation systems had not been improved since the last inspection and remained poor. Observation panels in room doors were clear and there was evidence that an offensive displays policy was enforced. Records showed that call bells were usually answered within five minutes. Access to outside space was too limited. Although exercise yards were adjacent to each of the four wings, they were too small and completely enclosed, which made them feel cage-like (see main recommendation S35).
- 2.3** The ground floor of all units had tables and chairs, but many were broken and there was not enough space for all detainees to eat together so many ate in their rooms. As at the previous inspection, no modifications had been made to reduce noise levels and in our survey, just under half of respondents (48%) – fewer than the comparator – said that it was quiet enough to sleep at night (see main recommendation S35).
- 2.4** There were well equipped laundry rooms in all residential units where detainees could wash their clothes; there was also a reasonable supply of clean bedding and detainees could receive clean sheets every week. Detainees had access to necessary supplies of their own personal hygiene items and general cleaning materials were available.
- 2.5** Monthly consultation meetings were held with detainees to discuss the environment and facilities. Most meetings were well attended and some issues discussed were followed up.

Recommendation

- 2.6 The centre should ensure that exercise yards offer a welcoming environment.**

Sahara women's unit

- 2.7** The Sahara unit, which was self-contained, held up to 27 women. It was full during the first week of inspection as detainees could not be transferred to Yarl's Wood immigration removal centre (IRC), which was under quarantine following an outbreak of illness. In the second week of the inspection between 10 and 12 women were held in the unit. Although

most were there a short time, some had been at the centre for three to four weeks, which was too long given the small size of the unit and its limited facilities (see paragraph 3.3). We were assured that this was unusual and brought about by the problems at Yarl's Wood.

- 2.8** The unit was pleasant and clean but there was little natural light and bedroom windows did not open. Women could not spend enough time away from the unit or outside in the open air. If staff levels permitted, they could ask to go outside for a few minutes to a smoking hut, but there was no access to a full exercise yard. They were also allowed to visit the shop at lunchtime when the men were locked up, although this involved walking past the wings where men were held, which could have been intimidating for some women. Despite this, women were generally positive about their treatment in the unit.
- 2.9** Women had access to washing machines and a kitchen where they could make toast and hot drinks. Fresh fruit was available. The bedrooms did not have washing facilities but women could use the bathrooms at night time. A small, attractive multi-faith room provided a much needed quiet area on the wing. Staff had a reasonable awareness of the needs of women in the unit but did not interact sufficiently with detainees in their care. (See also paragraphs 2.14 and 3.4.)
- 2.10** Women were given a limited induction when they arrived at the unit (see paragraph 1.9), and staff did not check they understood the information provided. Some women we spoke to were not aware of their entitlements to a change of clothes or a free legal advice session. (See recommendation 1.11.)

Recommendation

- 2.11 Women should have access to sufficient and suitable activities, and be able to spend at least an hour in the open air every day.**

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** We saw officers who engaged positively with detainees and appeared to have an appropriate interest in their welfare. We also observed staff respond to demanding behaviour in a measured way, without overreacting, and residential officers deal with difficult situations patiently, calmly and maturely. However, a number of officers spoke to detainees dismissively and were slow to respond to simple requests. Some staff did not interact enough with detainees and in a few cases, we saw staff respond abruptly to reasonable requests. Staff were not visible enough in the units. (See also paragraphs 1.16 and 1.35.)
- 2.13** Although detainees had an allocated personal officer, most of those we spoke to did not know who they were. Despite a clear policy, the scheme appeared largely ineffective. With a few exceptions, entries in detainee records did not indicate that personal officers were involved in supporting detainees or knew much about their personal circumstances. In our survey, only just over half of respondents said that staff treated them with respect (54%) or had someone they could turn to if they had a problem (56%), which was lower than at other IRCs.

Recommendation

- 2.14 Officers should be visible in units and interact regularly and positively with individual detainees to help support them appropriately during their detention.**

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 characteristic⁴ 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.

Strategic management

- 2.15** The strategic management of equality and diversity was underdeveloped. A senior manager was responsible for equality and diversity but a detainee custody manager had day-to-day oversight. A number of detainee custody officers (DCOs) acted as protected characteristic liaison officers but in practice they provided little support. The equality, diversity and inclusion policy dated May 2015 was comprehensive.
- 2.16** The centre had commissioned an outside provider to produce a one-day training package, which had been delivered twice; it did not focus on the specific experiences and problems detainees faced.
- 2.17** The centre's identification of detainees' protected characteristics was weak. Health care staff identified some but not all detainees with disabilities. Detainees could refer themselves to the equality manager by submitting a confidential form (available in different languages) but not all detainees were routinely asked to complete one on arrival.
- 2.18** Data on protected characteristics was collated for the quarterly equality and diversity meeting. Data monitoring was rudimentary and not detailed enough to assure us that protected groups were not disadvantaged.
- 2.19** The centre had received four complaints in the previous six months relating to discrimination. In three cases investigations were reasonably good. In the fourth, a detainee accused staff of homophobia; three months later the case had not been fully investigated. There were mitigating factors for some, but not all of the delay. Notices displayed around the centre promoted equality and diversity.

Recommendations

- 2.20 All detainees' protected characteristics should be systematically identified on arrival.**

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.21 Diversity monitoring should be meaningful and presented so that potential disadvantages are obvious. The analysis and investigation of any imbalances identified should be recorded.** (Repeated recommendation 2.25)

Protected characteristics

- 2.22** The centre provided few formal services and little structured support for protected groups. However, the use of interpretation and translation had improved since our last inspection. In our survey, 76% of non-English speakers said they had a member of staff they could turn to if they needed help with a problem, more than English speakers (51%). There were no overt tensions between different ethnic groups or nationalities in the centre.
- 2.23** Forums were held with different nationality groups to understand their experiences and to share information. Culturally relevant topics such as food and religious activities were discussed. Actions were recorded in an action plan and had led to meaningful change. Four officials from the Nigerian embassy in London attended a Nigerian nationality meeting in January 2016 to explain their role in supporting detainees and the returns process. Detainees said the meeting was productive.
- 2.24** In our survey, 21% of respondents said they had a disability, which equated to about 71 detainees, but the centre had only identified nine disabled detainees. This group had support and personal emergency and evacuation plans where necessary. The centre stocked a range of disability aids. We spoke to a number of the identified disabled detainees and they confirmed their needs were generally met. In our survey, disabled detainees responded negatively in relation to a number of questions, and the centre needed to undertake more work to understand and respond to these perceptions.
- 2.25** Two transgender detainees had been held at the centre since the beginning of 2015. Individual welfare plans had been created with the detainees' input to support them. One was held in the Sahara unit after special arrangements were made to ensure her safety and that of the other women in the unit. A transvestite detainee was held in February 2016; a welfare support plan was created with input from the detainee.
- 2.26** Good support was available for individual gay and bisexual detainees who identified themselves to the LGBT liaison officer. As there was no systematic identification of all protected characteristics, we were not confident all gay or bisexual detainees received the support they needed.
- 2.27** The centre held 22 detainees between the ages of 18 and 21 and 34 over the age of 50. Despite these numbers there was no targeted provision for these groups. Older detainees we spoke with confirmed that their needs in detention were met.
- 2.28** The needs of women remaining in the centre for short periods were generally met reasonably well (see section on the Sahara women's unit).

Recommendation

- 2.29 Detainees should be able to raise issues on any aspect of equality through regular consultation meetings and surveys. These issues should be recorded in an action plan 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.

- 2.30** Thirty-seven per cent of the population were Muslim, 35% Christian and 9% Sikh. There were 13 paid staff in the chaplaincy, which covered both Colnbrook and Harmondsworth IRCs; four were full time and nine part time. The chaplaincy had enough full-time and sessional staff to cater for the wide range of religious needs in the centre. The team provided a variety of services and classes throughout the week. Notices promoting them were displayed throughout the centre. Detainees could also congregate for informal services, which they could lead themselves.
- 2.31** The centre contained four small but attractive faith spaces in the central activity corridor: a chapel, a mosque, a Buddhist temple and a Gurdwara/Hindu temple. In addition, there was a small meeting room which was sometimes used as a classroom.
- 2.32** The chaplaincy attended a wide range of meetings throughout the centre, visited the health care and separation units every day and attended assessment, care in detention and teamwork (ACDT) case management reviews, when required.
- 2.33** Detainees we spoke to individually and in our groups were positive about chaplaincy staff. However, in our survey, only 65% of detainees said their religious beliefs were respected, fewer than the comparator (80%). Likewise, only 34% of detainees said they could speak to a religious leader of their own faith if they wanted to, fewer than the comparator (58%) and compared with our last inspection (47%). The reasons for these poor perceptions were unclear and required investigation.

Recommendation

- 2.34 The reasons for detainees' poor perceptions of religious activity should be investigated and the findings acted on.**

Complaints

Expected outcomes:

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

- 2.35** Complaint forms were available in a wide range of languages in all residential units. The Home Office emptied complaints boxes every day and sent all complaints to detention services, a central department within the Home Office, to be filtered and directed to the correct place for a response.
- 2.36** There had been 108 complaints in the previous six months: 69 were not substantiated; 10 were partly substantiated; five were substantiated; 20 were withdrawn; and four were still being dealt with. In our survey 30% of detainees said they had submitted a complaint since being at the centre, 16% of whom felt the complaint had been sorted out fairly, all comparable with other centres.

- 2.37** Responses we saw from centre staff were generally polite, timely and addressed the issues raised, although they followed a standard template, which made it difficult for replies to seem personal. All responses were taken to the daily morning meeting to be signed off by a senior manager as a quality assurance measure, before being passed on to the detainee. Responses were still in English only, even when the complaint had been submitted in another language.

Recommendation

- 2.38** Responses to complaints should be written in the same language as the complaint itself.

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.

Governance arrangements

- 2.39** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC, which have been detailed within Appendix III of this report.
- 2.40** Central and North West London NHS Foundation Trust (CNWL) had provided physical and mental health services at Colnbrook and Harmondsworth IRCs since September 2014. A new health needs assessment was underway. Joint working between the Home Office, the centre, CNWL and the commissioner was good. Regular well-attended performance management meetings addressed all essential areas. Detainee feedback and lessons learned from adverse incidents and audits informed service improvement.
- 2.41** An experienced manager supported by senior nurses provided clinical leadership, but service development was still severely undermined by chronic staff recruitment issues, particularly in primary care. The mental health team and regular agency staff filled gaps but several areas, including mental health provision, the management of long-term conditions and care planning, were adversely affected (see paragraphs 2.57, 2.58, 2.74 and 2.75). We were told that staffing shortages also restricted health staff's effective involvement in ACDT reviews and significant local centre meetings, such as safer custody and multidisciplinary discharge reviews (see main recommendation S36). Nurses were on site at all times. A local GP practice provided daily clinics and good continuity of care.
- 2.42** In our survey, fewer detainees than the comparator and compared with the last inspection said the overall quality of health care in the centre was good (17% against 44% and 30%

⁵ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

respectively). Most detainees we spoke to were negative about their access to and the quality of health provision.

- 2.43** Health staff had good access to clinical training, appraisals and relevant policies, including safeguarding and communicable diseases. However, too few permanent staff received managerial or clinical supervision. All GPs and some nurses had completed training on the signs of trauma and torture as well as on rule 35, which was reflected in the improved quality of rule 35 reports (see paragraph 1.60).
- 2.44** The health interactions we observed were good. The introduction of SystmOne (electronic clinical records) since our last inspection had improved continuity of care. Most clinical records we examined were satisfactory, although we observed instances where detainees' medical information was not kept sufficiently confidential. Clinical records did not consistently indicate if professional interpretation was required or used and CNWL could not be confident it was being used appropriately.
- 2.45** Lack of space in the health department severely restricted the number of clinics provided and all rooms needed refurbishment. The centre was creating additional space, including an X-ray room. Regular infection control audits were completed and areas of concern were being addressed.
- 2.46** Health staff had access to appropriate emergency equipment, including automated external defibrillators and oxygen; however, we found some expired items despite daily recorded checks. Two-thirds of operational staff were trained in first aid. Ambulances had been called promptly for medical emergencies.
- 2.47** Written information on health services was only available in English. A senior nurse led the management of older detainees, but the recorded caseload of older service users was not up to-date and we were not confident that all those who were eligible, received age-appropriate screening or care. Access to age-sensitive screening and mobility and health aids was satisfactory.
- 2.48** The health complaint system was confused and ineffective. We were informed that detainees could complain directly to CNWL, but the process was not advertised and forms were not easily accessible. Complaints about health services submitted through the centre system were forwarded to NHS England to investigate, but there was no agreed information-sharing protocol or process. Some complaints had not been answered for months because of delays in obtaining consent from detainees to release medical information. We found that complaints NHS England forwarded to the CNWL for a response in the previous few months had not been addressed at all due to an administrative error. A nurse manager sampled responses monthly, which led to improvements, and the completed complaint responses we examined were generally appropriate.
- 2.49** A health promotion strategy was being developed and detainees had contributed to a health improvement plan. Relevant health promotion information was displayed in the health department, but only in English. It was not updated regularly. An identified nurse was due to lead on health promotion in the future. We were advised that some information could be provided in other languages. Smoking cessation support was easily available but barrier protection was not. Access to relevant immunisations and support for blood borne viruses was satisfactory.

Recommendations

- 2.50 Health staff should have regular recorded clinical and managerial supervision.**

- 2.51** Detainee's clinical records and related health information should be kept confidential at all times in accordance with national information governance standards.
- 2.52** Detainees who do not speak or read English well should have easy access to professional interpretation in health care and translated material, including information about health services and health promotion.
- 2.53** Detainees should be able to complain about health services using an effective well-advertised confidential health complaints system; they should receive replies promptly.

Delivery of care (physical health)

- 2.54** Detainees' health was promptly assessed by a nurse on arrival. However, we observed that key health information, such as the potential impact of diabetes or visual impairment, was not effectively communicated to induction staff. Appropriate onward referrals were made and all new arrivals saw a GP within 24 hours. Pregnant women were normally transferred within four days to another centre that offered antenatal care.
- 2.55** Detainees had easy access to an appropriate and improved range of primary care services. Unit officers submitted applications for health services on behalf of detainees to assist those with poor literacy, but this risked breaching their medical confidentiality. However, unit staff told us and we observed that services could be requested without giving a reason for the request.
- 2.56** Waiting times for primary care clinics, including the GP, were short and non-attendance was followed up promptly. However, detainees waited up to three weeks for a rule 35 assessment, which was too long. Support was available from the community GP out-of-hours' service after 6pm.
- 2.57** Most permanent primary care nurses had been trained in patient triage. However, due to staffing shortages the service relied on agency and mental health nurses, many of whom lacked relevant training and experience in physical conditions, including lifelong conditions and wound care. Consequently there were few nurse-led primary care clinics and detainees with long-term conditions were mainly managed by GPs. Care planning for significant needs, including long-term conditions and wound care, was underdeveloped. Detainees with complex needs were discussed at a weekly multidisciplinary meeting, attended by senior nurses. Detainees refusing food and fluids were well supported and monitored.
- 2.58** The enhanced care unit offered a quiet environment for six men with varied physical, mental health, substance misuse and social care needs, but it was not sufficiently therapeutic. One officer staffed the unit continuously, supported by daily GP and nurse visits. The unit did not offer adequate formal care planning, sufficient multidisciplinary reviews or a consistent officer staff group who had received specialist training. As a result, the service provided and detainees' outcomes were too variable.
- 2.59** Planned, urgent external health appointments were managed well, resulting in few cancellations for operational reasons. However, information relating to external medical appointments, such as contact with the hospital or cancellations, was not routinely recorded in clinical records, which could have compromised continuity of care. Detainees were held at the centre to complete clinical treatment when required.

Recommendations

- 2.60** Nurses completing reception screening should communicate significant health information to centre staff with detainees' consent to ensure that their needs are met.
- 2.61** Rule 35 assessments should be completed promptly.
- 2.62** Appropriately trained nursing staff should carry out assessments and reviews for detainees with lifelong conditions and significant health needs, which should lead to a clear care plan drawn up with the detainee's involvement.
- 2.63** Detainees in the enhanced care unit should have a clear regularly reviewed multidisciplinary care plan and receive support from a consistent group of specially trained officers.

Pharmacy

- 2.64** An external pharmacy provided medication promptly and access to essential medicines out of hours was appropriate. All medication was delivered to the pharmacy room in the health department, where it was checked. Stock medicines were generally stored appropriately and date checking occurred weekly but was not recorded. The controlled drugs cabinets and medicines trolley were not adequately secured in the main pharmacy. Room and refrigerator temperatures were monitored. Errors, near misses, alerts and interactions were managed appropriately. A full range of appropriate procedures were being ratified and implemented.
- 2.65** Controlled drugs were generally managed well, although controlled drug prescriptions did not comply with regulations. Opiate medication and antibiotics were audited regularly. A full-time pharmacist covering Colnbrook and Harmondsworth IRCs provided effective governance and was available to see detainees if required. The well-attended bimonthly medicines management committee addressed all relevant issues.
- 2.66** Nurses administered general medicines four times a day. Both medication administration rooms in the main residential units were unsuitable, but most detainees were soon to attend the main pharmacy. In the induction unit, medication was administered from a laundry room, which was unsanitary and inappropriate. The medication administration we observed was safe. Officers did not consistently supervise medication administration queues and crowding around the medication hatches meant detainees had insufficient privacy. Controlled drugs were administered from the pharmacy room in the health care department and queues there were generally well managed.
- 2.67** Paper prescription charts were used, although an imminent move to electronic prescribing was planned. Around 25% of detainees on medication received it in possession and could store it securely. Most supervised medication was still supplied from stock to ensure continuity of care. Named patient medications were not sufficiently separated from each other, which could have contributed to drug administration errors. Medication administration records were not complete and we were not confident that staff consistently followed up those who failed to attend administration sessions.
- 2.68** Nurses could only administer simple painkillers and immunisations without a GP prescription, although a wider range of medicines was being introduced. Paracetamol was only available from health staff, but they did not consistently have access to previous paracetamol administration records at the time of administration, which meant they might have been unaware of detainees who used the drug frequently. Access to medication on

discharge or removal was satisfactory. We were told that detainees who required medication to prevent malaria after their removal could ask for it; however, this service was not promoted.

Recommendations

- 2.69 Prescriptions for controlled drugs should comply fully with all legal requirements.**
- 2.70 Medication should be administered from an appropriate clinical environment and custodial staff should provide adequate supervision during medicines administration to ensure confidentiality and prevent diversion and bullying.**
- 2.71 All medication administration records should be complete; staff should follow up detainees who fail to attend medication administration sessions and record non-attendance on clinical records.**

Dentistry

- 2.72** Detainees had timely access to appropriate dental treatment. Those detained for more than one year received a range of treatments, equivalent to what was available in the community. Waiting times were short and detainees who did not attend were followed up. Urgent treatment was provided by GPs and the local hospital. A consistent dental team provided weekly treatment sessions. Decontamination arrangements had been improved to meet national standards and the environment was now good. The dental service and equipment were monitored to ensure quality and safety. Staff who spoke a range of languages routinely offered oral health promotion.

Delivery of care (mental health)

- 2.73** CNWL provided staff with weekly awareness training in mental health and new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects); a third of operational staff had attended in the previous year.
- 2.74** An integrated mental health team provided primary and secondary mental health support within a clear mental health pathway for Colnbrook and Harmondsworth IRCs. Two psychiatrists and a clinical psychologist provided weekly sessions. One nurse primarily provided psychological interventions for trauma and severe anxiety, but it was limited to those who could speak English and take-up was relatively low. Staff were being recruited to provide more services for primary mental health issues from April 2016. Another nurse mainly supported the primary health team, which affected mental health provision. New referrals and existing cases were discussed at a well-attended weekly meeting.
- 2.75** Detainees received an initial mental health screening during reception. They could refer themselves to mental health services or be referred by a staff member. Staff did not monitor referrals, outcomes or waiting times for assessment, which meant we could not judge if the service was meeting detainees' needs. Staff reported that urgent referrals were generally seen within 24 hours. The service aimed to see routine referrals within three days, but 10 days was more usual due to staffing issues. During the inspection the team was supporting 15 detainees with varying levels of need, which seemed low given the mental ill-health and emotional distress reported by detainees (see main recommendation S37). We were

concerned that mental health staff were not sufficiently involved in ACDT or constant watch reviews of detainees in their care (see paragraph 1.21).

- 2.76** Some detainees had severe mental illnesses and should not have been held in detention. However, those that were received prompt access to a psychiatrist and generally had good levels of support. CNWL commissioned two beds in a local acute psychiatric unit for both immigration centres. Most of the nine Colnbrook detainees transferred under the Mental Health Act since September 2014 had been transferred within two weeks; however, pressure on beds meant that since September 2015, detainees had waited two to four weeks, which was too long (see main recommendation S37). Mental health staff attended detainees' reviews at the hospital, which was good.
- 2.77** Discharge and release arrangements were considered as part of detainees' mental health management plans. Prescribing decisions were appropriately informed by the medication available in the destination country. Liaison with community services in the UK was good and efforts were made to work with relevant services in destination countries for those being removed.

Substance misuse

Expected outcomes:

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

- 2.78** A joint drug and alcohol strategy between the centre and the health care department was being finalised. However, there was no clear action plan to drive the strategy or forum where these issues were systematically discussed. Links between the health care and security departments remained weak. The use of synthetic cannabis (a man-made drug that mimics the effects of cannabis but is much stronger with no discernible odour and cannot be detected by drug tests) had caused problems, such as medical emergencies and behavioural issues; however, finds, intelligence and reports from staff and detainees indicated it was an emerging, but not a major, issue (see paragraph 1.37).
- 2.79** Detainees' drug and alcohol dependence issues were identified effectively in reception. Detainees with severe withdrawal symptoms were admitted to the enhanced care unit for closer observation. A consultant psychiatrist had developed appropriate clinical prescribing protocols and pathways and ran a weekly review clinic. All GPs had completed specialist substance misuse training. Those who arrived with an opiate dependence problem received opiate substitution treatment (OST); it was assumed they would become abstinent prior to removal; however, regimes were flexible and maintenance was occasionally provided based on clinical needs. During the inspection all 11 detainees on OST were on reducing regimes.
- 2.80** Two mental health nurses provided clinical substance misuse support and specialist support for those with mental health and addiction issues across Colnbrook and Harmondsworth IRCs. However, this support was severely restricted as both nurses regularly filled gaps in primary care; there were also not enough rooms in which to conduct reviews (see paragraph 2.45). Reviews were based on the prison integrated drug treatment system model; they did not take place frequently enough to support detainees who were reducing their doses over four to eight weeks and care plans were mostly poor. There were no psychosocial interventions, although two staff members were being recruited to cover this area.

Recommendations

- 2.81** The centre should have a robust substance use strategy, underpinned by a clear action plan and forums where substance use is systematically discussed.
- 2.82** Detainees who require clinical treatment for drug and alcohol dependence should have clear care plans, regular reviews and psychosocial support that meets their needs.

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.

- 2.83** The food had improved since our last inspection. In our survey 29% of detainees said it was good or very good, more than at our last inspection (13%). The food we tasted was reasonably good. Detainees could eat three hot meals a day. Food was prepared in a clean central kitchen and transported short distances to the residential units where it was served hot. Food serveries were dirty. Menus always contained halal and vegetarian choices. Eight detainees worked in the kitchen.
- 2.84** Detainees could cook meals with their fellow nationals in the popular cultural kitchen (see paragraph 3.6). There were not enough tables and chairs in the residential units for all detainees, which meant some ate in their rooms next to partially screened toilets. Detainees used their own cutlery and plate, which were issued on arrival, cleaning them in small sinks in their rooms.
- 2.85** Detainees could buy a wide range of items from the shop. Profits went to the detainee welfare fund. The shop assistant scanned detainees' identity cards and product barcodes but detainees did not get a receipt.
- 2.86** The food and shop were standing agendas items at the detainee consultative committee which met fortnightly. Minutes and the meeting we attended demonstrated that consultation was meaningful and effective.

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 reasonably broad range of activities that most detainees could attend for eight hours during the day and evenings as well as at weekends. Detainees were unlocked from their cells for approximately 13 hours a day. Our survey showed only 36% of detainees thought there was enough to do to fill their time. However, attendance data showed a good proportion attended activities each day.
- 3.2** Managers analysed attendance data for participation by different ethnicity and had amended the programme to ensure the needs of different groups of detainees were met. For example, data indicated that particular ethnic groups did not attend activities in the gym so managers introduced a training session specifically designed to meet these detainees' cultural needs.
- 3.3** Most detainees received an induction and tour of the centre, which included work and activities. Essential information was translated into the most common languages. In addition detainees were kept informed about activities through posters and display boards in the activities block. However, information on activities was not promoted well enough in the units.
- 3.4** Managers had not sufficiently considered the needs of women detainees, for whom access to activities was severely restricted, although they were usually only detained for short periods. The women could watch television or use the computers and exercise machines in the main room in the Sahara unit but there were few group activities. In our survey, only 14% of women said it was easy to use the gym compared with 69% of men. The books and games in the unit were not adequate, particularly for people with little or no English and no work or education was available. Managers had introduced specific activities for women, including beauty therapy sessions and yoga, but more needed to be done (see section on the Sahara women's unit and recommendation 2.11).

Learning and skills

- 3.5** In our survey, the number of detainees participating in education was lower than the comparator (13% compared to 22%). Formal qualifications were limited to English for speakers of other languages (ESOL) and information and communications technology (ICT) and there were no opportunities to take accredited qualifications in vocational subjects, such as cleaning or catering.
- 3.6** The quality of teaching and learning in ESOL and ICT was good; it was also good in other sessions. Well-qualified, supportive staff prepared interesting lessons and activities that met learners' needs and interests well. Staff had developed activities and programmes that worked well as part of the drop-in activities provision. Support for detainees in classes and activities was good. Detainees made good progress, developed new skills and increased their confidence.
- 3.7** Detainees enjoyed a wide range of non-accredited activities, including the use of a cultural kitchen, where they could prepare their own food, although its opening hours were overly restricted to weekday mornings and there was a long waiting list. Arts and crafts activities allowed detainees to explore their creativity through a range of media, music and digital

activities; detainees' work was celebrated through national awards and artwork was on display throughout the centre. Detainees could also attend first-aid training and participate in sports events, such as football and cricket, which were frequently organised.

- 3.8** Rooms were of a suitable size and accommodated 10-15 learners. Resources in the gym, as well as in barbering and art and media were good. However, the cultural kitchen and resources in ICT were outdated: the cultural kitchen had inadequate ventilation and ICT software was too old and no longer met industry standards. In addition, photocopied resources across all activities were poor.
- 3.9** Managers listened to detainees' and staff's views to inform improvements in activities. However, quality assurance, including the evaluation of teaching and learning, focused too little on the learners' experience in the classroom and too much on process and procedures. Managers did not use data sufficiently well to identify strengths or areas for improvement.

Recommendations

- 3.10** **Outdated computers and software and old equipment and resources in the cultural kitchen should all be updated to meet detainees' needs.**
- 3.11** **Monitoring of teaching, learning and assessment should incorporate a greater focus on learners' experiences and be informed by data, which should be used effectively to improve the provision.**

Paid work

- 3.12** Detainees had too few opportunities to participate in paid work. Efforts had been made to increase the number of spaces but waiting lists for jobs were too long. Paid work was only available for 23% of the population. Most of it was part time and included jobs such as cleaning, catering and supporting new arrivals. All jobs had a job description, which outlined clear expectations and standards. However, managers did not adequately monitor detainees' work and the cleaning work carried out was substandard.
- 3.13** Detainees were paid £1 per hour, in line with the Home Office contract. The application process for paid work was quick and most applications were processed within three days. Induction and training consisted of shadowing arrangements, but failed to give detainees a sufficiently detailed understanding of the standards expected.
- 3.14** All access to paid work was subject to detainees being compliant with Home Office requests. This policy interfered with the ability of detention staff to manage the population and keep detainees engaged and occupied, including those who may have been vulnerable. No figures were available to show how many detainees were denied work.

Recommendations

- 3.15** **All detainees should have the opportunity to undertake paid work and receive an induction and/or training that helps them do the work effectively.**
- 3.16** **The Home Office should not prevent detainees from working.**

Library

- 3.17** The library was well organised, welcoming and comfortable. Library opening times matched those of the activity regime. Women could visit it at times when men were not using it.
- 3.18** The library stocked around 3000 books of an appropriate, if dated, range, although it included up-to-date reference books on immigration law. Detainees also had access to a computer and the internet to aid research and immigration applications. The library contained a reasonable selection of books in the top 16 key languages spoken by detainees. However, there was an insufficient range of new titles and much of the stock was battered and in poor condition.
- 3.19** In addition to books, detainees had access to a good selection of daily newspapers and weekly magazines, including magazines for women. Detainees had insufficient access to 'easy read' books; those available were not displayed prominently and many were aimed at a young age group.
- 3.20** Library duties were shared among detainee custody officers (DCOs) and there was no permanent librarian. DCOs used a basic tracking system to monitor book withdrawals; however, staff analysis of book usage was underdeveloped.

Recommendation

- 3.21** **The range of reading material for detainees should be updated and include well displayed, suitable reading material for readers of all abilities and ages.**

Sport and physical activity

- 3.22** Sport and physical activity provision was good for men but less so for women (see recommendation 2.11). Detainees had good access to the gym and sporting activities, which included weights, a cardiovascular room, and an adequately sized sports hall. In addition, each wing had access to a small outside hard surface area and outdoor gym. A team of qualified instructors regularly ran a wide range of sports activities including cricket, football and badminton.
- 3.23** The gym resources were good and had a good mix of weight training and cardiovascular equipment that was well maintained. All new arrivals received a basic induction to the gym, which included basic health, safety and hygiene guidance. However, induction material and guidance did not cater sufficiently for speakers of other languages to ensure the equipment was used safely and appropriately.
- 3.24** Health care staff were informed of the individual needs of detainees following their health assessment, and training plans were devised accordingly. However, monitoring of training plans was inconsistent and they were not reviewed frequently enough.
- 3.25** Attendance at the gym was recorded across all gym activities but analysis was limited to use by ethnic groups. Staff kept accurate records of accidents and injuries, which they acted on as appropriate.

Recommendation

3.26 Gym induction material should be available in a range of languages.

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 All detainees we spoke to were aware of the welfare team and the support it provided. The welfare office was open seven days a week and had a comfortable waiting area where detainees could meet and share their problems. A private room was also available if detainees needed to speak in confidence.
- 4.2 At least two welfare staff were on duty every day. Support was provided on a range of issues, including help with access to solicitors and immigration officers, referrals to support organisations and assistance with voluntary return and property issues. Although welfare staff had not received any specific training for the role, they were knowledgeable and detainees we spoke to thought highly of the work they did.
- 4.3 Over 4,000 interviews had been conducted in the three months before the inspection, suggesting that most, if not all, detainees visited the team at least once. However, much of the work was in response to problems, as welfare staff did not see every new arrival. We were told the team tried to see all detainees before removal or release. However, in February only around half of detainees were removed, and very few of those released, were interviewed by welfare staff. We welcomed plans for the team to take over the induction of new detainees and implement new procedures to identify detainees' welfare needs on arrival.
- 4.4 Some detainees were released late in the day and at short notice, which meant the welfare team did not have much time to assist with practical problems. In one case the team went out of its way to support a detainee with disabilities on release, including booking a hotel at the centre's expense and driving the detainee to his 'temporary admission' accommodation the next day.
- 4.5 Staff from the charity Hibiscus attended four days a week; they worked well with those in the welfare team, providing practical assistance, which included recovering property and helping to link those being removed to agencies in their home country to aid their resettlement. They also helped detainees make contact with family members. Regular visits from both Detention Action and Bail for Immigration Detainees provided valuable support, as did weekly surgeries run by the Jesuit Refugee Service. Hibiscus had produced information packs on the nine countries to which most detainees were removed.

Visits

Expected outcomes:

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

- 4.6 In our survey, more detainees than the comparator said they had had a visit from friends or family since being at the centre (51% against 41%). Visitors could attend the centre every day from 2pm until 9pm; there was no restriction in the length of the visit. They were required

to book in at the visitors' centre outside. It was clean and had comfortable seating, a play area for children, lockers for personal property and vending machines for refreshments.

- 4.7** First-time visitors had their photographs and other personal details taken and their fingerprints scanned. The stated purpose was so details could be recalled automatically when they next visited. Photographs and fingerprints were deleted after six months, but personal details were retained permanently. The Home Office owned the data and we were told they used it to assess the strength of detainees' family ties for their immigration cases. Notices in the visits hall said 'information' would be held in accordance with data protection legislation, but they were confusing and unclear.
- 4.8** The visits hall was reasonably welcoming; it had soft moveable furniture and a play area equipped with toys and a television for young children. However, the play area was unsupervised and it was untidy and dirty. There were vending machines, and a small kiosk selling hot drinks and baguettes had recently opened, with plans to further develop this provision.
- 4.9** A ticketing system meant that visitors did not have to wait in a long queue to be booked in when it was busy. However, visitors told us it could then take over an hour to get into the visits hall, which was too long. Supervision was suitably relaxed and most visitors said staff treated them with respect, although the husband of a detainee complained that staff had not allowed him to take in a bunch of flowers for his wife. Of those detainees who had received visits, only 65% said they felt staff treated them well in the visits area compared with 76% in the comparator.
- 4.10** During our inspection, two visitors were banned from entering the centre and one detainee was on closed visits. Detainees and visitors were informed in writing of these restrictions, which in these cases were appropriate; they were reviewed at security meetings but there was no internal appeals process to challenge decisions. The system for identifying detainees who presented safeguarding concerns had changed and staff were not fully conversant with it (see paragraph 1.29).
- 4.11** Detention Action and the Jesuit Refugee Service had attended some useful stakeholder meetings organised by centre management.

Recommendations

- 4.12** Visitors should be given a clear explanation of what personal data is held by the centre and the Home Office, for how long and for what purpose.
- 4.13** Visitors should be brought to the visits hall promptly.

Communications

Expected outcomes:

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

- 4.14** Phone access through fixed lines or mobile phones was good. In our survey, more detainees (70%) than at the last inspection (59%) said it was easy to use the phone. Detainees could retain their own mobile phones if they had no cameras or recording equipment and were allowed a free five-minute phone call on their arrival. All residential units had fixed phones

for incoming calls, all in working order. Detainees could also borrow from an adequate stock of mobiles.

- 4.15** Access to personal email and the internet in the information technology (IT) room was good. The IT room had 13 fully operational terminals and the booking system allowing detainees access was fair and effective. Attachments could be downloaded and printed easily. Detainees could ask for certain locked internet sites to be unblocked, usually foreign national news websites, so they could carry out legitimate research. Activities staff could unblock sites following a risk assessment; unblocking appeared to be applied consistently. However, detainees had no access to social networking sites or Skype, which were excessive restrictions.
- 4.16** Arrangements for sending and receiving mail appeared good. There were post boxes in each unit and a collection and delivery every day. We saw that mail received at the centre was delivered to the residential units on the day of its arrival. Despite this, in our survey, more detainees than the comparator said they had problems sending or receiving mail.
- 4.17** Detainees could easily access the fax machines, which were available between the main residential units and in the induction unit. They could be used to send international and domestic faxes. Detainees we spoke to were satisfied with the fax service.

Recommendation

- 4.18 Detainees should have access to Skype and social networking sites unless an individual risk assessment determines that this is inappropriate.**

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.

- 4.19** In the six months prior to the inspection 2504 detainees had been removed, 1244 were transferred to other centres and 705 were released. The proportion of detainees released reflected the use of Colnbrook as one of the last stages in the detention estate for removal.
- 4.20** Staff in the welfare team worked hard to help detainees resolve a range of issues before release, although there was no systematic release planning (see paragraph 4.3). Detainees who were to be removed generally stayed on the ground floor of the induction unit for their last night, but retained access to their phones and could attend the welfare department if they needed help contacting solicitors. They had full access to the regime until shortly before their departure.
- 4.21** Planning meetings were held for removals considered to be complex due to their anticipated level of resistance. Risk assessments and plans appeared appropriate in all cases. Only a small number of detainees were transferred to the separation unit before removal (see paragraphs 1.46 and 1.47). All detainees were released with a letter providing details of any medical conditions or ongoing treatment.
- 4.22** A number of 'reserves' were identified for each charter flight; these were detainees who were not on the flight list but were taken to the airport in case a vacant seat arose, usually because of a last-minute court judgement preventing the removal of a booked detainee.

Detainees were told they were on the reserve list. This practice could cause detainees and their British partners distress, and it was unacceptable that children did not know when they would become permanently separated from a parent.

- 4.23** Ex-prisoners who were being released were reminded of their licence conditions and welfare staff ensured they were put in touch with their offender managers. They liaised with probation staff to ensure that any proposed release accommodation was suitable. No information was available about other immigration removal centres to which detainees were transferred.

Recommendation

- 4.24 Only detainees volunteering for removal should be placed on a reserve list for a charter flight.**

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 and centre manager

- 5.1** All rooms and communal areas in residential units should be in good repair and well ventilated, with adequately screened showers. The very poor living conditions in the induction accommodation should be improved as a matter of priority. (S35)

Main recommendations To the Home Office

- 5.2** There should be enough permanent health care staff to ensure continuity and consistency of care and effective involvement in ACDT processes and other key local service meetings. (S36)
- 5.3** Detainees with severe mental illnesses should not be in immigration detention. Transfers under the Mental Health Act should take place promptly. Detainees with less severe primary and secondary mental health problems should have prompt access to an appropriate range of services. (S37)

Recommendation To the Home Office

Safeguarding children

- 5.4** Social services should carry out a prompt Merton-compliant age assessment for all detainees who say they are children. (I.31)

Legal rights

- 5.5** All detainees at the detention advice surgeries should be given enough time to explain their circumstances and receive appropriate advice over the full allocated half-hour interview. (I.56)

Casework

- 5.6** There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition. (I.62)

Activities

- 5.7** The Home Office should not prevent detainees from working. (3.I6)

Communications

- 5.8** Detainees should have access to Skype and social networking sites unless an individual risk assessment determines that this is inappropriate. (4.18)

Removal and release

- 5.9** Only detainees volunteering for removal should be placed on a reserve list for a charter flight. (4.24)

Recommendations To the Home Office and escort contractors

Escort vehicles and transfers

- 5.10** Detainees should not be subjected to unnecessarily long or overnight transfers between places of detention. (1.4)

Recommendations To the Home Office and the centre manager

Substance misuse

- 5.11** The centre should have a robust substance use strategy, underpinned by a clear action plan and forums where substance use is systematically discussed. (2.81)

Recommendations To the centre manager

Early days in detention

- 5.12** Arrival procedures, including a private interview, should ensure that detainees' individual needs are identified and addressed and that they feel safe and well supported on their first night. (1.10)
- 5.13** All detainees, including women and those who speak little English, should receive an effective induction to the centre. (1.11)

Bullying and violence reduction

- 5.14** All relevant staff should attend safer custody meetings and detainee custody officers should understand and apply the centre's violence reduction and anti-bullying policies. (1.17)

Self-harm and suicide prevention

- 5.15** The care of detainees in crisis, including those on an ACDT and those under constant observation, should be consistent, effective, and sensitive to the detainee's state of well-being. (1.23)

Safeguarding children

- 5.16** All staff who have contact with detainees should have up-to-date safeguarding children training. (1.30)

Security

- 5.17** Detainees should not be locked in rooms overnight. (1.39)
- 5.18** Risk assessments for handcuffing detainees on escorts should be detailed and the justification for a decision to cuff should be clear and defensible. (1.40)
- 5.19** Managers should ensure that all staff are aware of the SIR system and encourage them to submit relevant intelligence reports. (1.41)

The use of force and single separation

- 5.20** Governance and quality assurance of use of force should be robust and effective. (1.49)
- 5.21** Subject to risk assessment, detainees separated under rule 40 should be allowed a radio and/or television in their room. (1.50)

Residential units

- 5.22** The centre should ensure that exercise yards offer a welcoming environment. (2.6)
- 5.23** Women should have access to sufficient and suitable activities, and be able to spend at least an hour in the open air every day. (2.11)

Staff–detainee relationships

- 5.24** Officers should be visible in units and interact regularly and positively with individual detainees to help support them appropriately during their detention. (2.14)

Equality and diversity

- 5.25** All detainees' protected characteristics should be systematically identified on arrival. (2.20)
- 5.26** Diversity monitoring should be meaningful and presented so that potential disadvantages are obvious. The analysis and investigation of any imbalances identified should be recorded. (2.21, repeated recommendation 2.25)
- 5.27** Detainees should be able to raise issues on any aspect of equality through regular consultation meetings and surveys. These issues should be recorded in an action plan and addressed. (2.29)

Faith and religious activity

- 5.28** The reasons for detainees' poor perceptions of religious activity should be investigated and the findings acted on. (2.34)

Complaints

- 5.29** Responses to complaints should be written in the same language as the complaint itself. (2.38)

Health services

- 5.30** Health staff should have regular recorded clinical and managerial supervision. (2.50)
- 5.31** Detainee's clinical records and related health information should be kept confidential at all times in accordance with national information governance standards. (2.51)
- 5.32** Detainees who do not speak or read English well should have easy access to professional interpretation in health care and translated material, including information about health services and health promotion. (2.52)
- 5.33** Detainees should be able to complain about health services using an effective well-advertised confidential health complaints system; they should receive replies promptly. (2.53)
- 5.34** Nurses completing reception screening should communicate significant health information to centre staff with detainees' consent to ensure that their needs are met. (2.60)
- 5.35** Rule 35 assessments should be completed promptly. (2.61)
- 5.36** Appropriately trained nursing staff should carry out assessments and reviews for detainees with lifelong conditions and significant health needs, which should lead to a clear care plan drawn up with the detainee's involvement. (2.62)
- 5.37** Detainees in the enhanced care unit should have a clear regularly reviewed multidisciplinary care plan and receive support from a consistent group of specially trained officers. (2.63)
- 5.38** Prescriptions for controlled drugs should comply fully with all legal requirements. (2.69)
- 5.39** Medication should be administered from an appropriate clinical environment and custodial staff should provide adequate supervision during medicines administration to ensure confidentiality and prevent diversion and bullying. (2.70)
- 5.40** All medication administration records should be complete; staff should follow up detainees who fail to attend medication administration sessions and record non-attendance on clinical records. (2.71)

Substance misuse

- 5.41** Detainees who require clinical treatment for drug and alcohol dependence should have clear care plans, regular reviews and psychosocial support that meets their needs. (2.82)

Activities

- 5.42** Outdated computers and software and old equipment and resources in the cultural kitchen should all be updated to meet detainees' needs. (3.10)
- 5.43** Monitoring of teaching, learning and assessment should incorporate a greater focus on learners' experiences and be informed by data, which should be used effectively to improve the provision. (3.11)

- 5.44** All detainees should have the opportunity to undertake paid work and receive an induction and/or training that helps them do the work effectively. (3.15)
- 5.45** The range of reading material for detainees should be updated and include well displayed, suitable reading material for readers of all abilities and ages. (3.21)
- 5.46** Gym induction material should be available in a range of languages. (3.26)

Visits

- 5.47** Visitors should be given a clear explanation of what personal data is held by the centre and the Home Office, for how long and for what purpose. (4.12)
- 5.48** Visitors should be brought to the visits hall promptly. (4.13)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Francesca Cooney	Inspector
Gordon Riach	Inspector
Deri Hughes-Roberts	Inspector
Majella Pearce	Health services inspector
Nicola Carlisle	Pharmacist
Jan Fooks-Bale	Care Quality Commission inspector
Shane Langthorne	Ofsted inspector
Natalie-Anne Hall	Researcher
Alissa Redmond	Researcher
Catherine Shaw	Researcher
Sophie Skinner	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 2013, detainees were no longer routinely handcuffed when they attended outside appointments. The first night last night unit (FNLNU) was a poor environment in which to hold detainees who were at particularly vulnerable stages of their detention. Most detainees reported feeling insecure and unsafe, but the number of violent incidents had decreased and there was a calmer atmosphere in the centre. The number of incidents of self-harm had declined and risks were appropriately managed. Security was well managed and proportionate. The rewards scheme served little purpose. The use of force and separation had decreased and governance was adequate. There were sufficient legal advice surgeries. The centre held many vulnerable and frustrated detainees, too many of whom were held for long periods. Access to onsite UK Border Agency (UKBA) staff was limited and the rule 35 process² appeared largely ineffective. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendation

Detainees held in the FNLNU should have access to an open and full regime in a clean and properly ventilated environment (HE45)

Partially achieved

Recommendations

Detainees should not be subjected to excessive or overnight transfers around the detention estate. (I.6)

Not achieved

Full prison files should accompany detainees arriving from prison. (I.7)

Achieved

First night procedures should include systems to ensure that detainees' individual needs are identified and addressed, and that they feel supported and safe on their first night. (I.17)

Not achieved

Women detainees and those who speak little English should receive an effective induction to the centre. (I.18)

Not achieved

A survey of detainees' perceptions of safety should be completed and analysed, and findings used to inform safer detention strategies. (I.29)

Achieved

Buddies should be available to all detainees, and they should be able to attend diversity and stay safe meetings. (1.30)

Not achieved

All self-harm monitoring reviews should include staff other than unit officers. Other detainees should not replace professional interpretation but should be allowed to provide support during interviews if the detainee has given permission. (1.38)

Partially achieved

A safeguarding policy should be developed and links made with the local authority adult safeguarding board. (1.42)

Achieved

The purpose of the assessment and integration unit should be clarified and the criteria for its use adhered to. (1.43)

No longer relevant

Formal links with the local safeguarding children's board should be strengthened and used to help develop and promote child protection measures throughout the centre. (1.49)

Achieved

All staff should be shown to be up to date with Criminal Records Bureau checks. (1.50)

Achieved

A regime for the separation unit should be developed that includes purposeful activity. (1.72)

Partially achieved

Women should be routinely informed of the detention duty advice scheme and referred to it when necessary. (1.84)

Achieved

There should be a sufficient number of consultation rooms for legal visits. (1.85)

Achieved

Detainees should receive bail summaries by 2pm on the working day before their bail hearing. (1.86)

Achieved

There should be sufficient onsite immigration staff to induct and respond to detainees' queries within 24 hours. (1.99)

Not achieved

Rule 35 reports should provide clinical opinions, particularly on the consistency between scarring and alleged methods of torture. (1.100)

Achieved

The decision to detain someone should be a last resort and only taken after a thorough examination of the facts. (1.101)

Not achieved

Respect

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

At the last inspection, in 2013, the residential units, which were stark, were not being cleaned properly, and lack of ventilation remained a major problem. Staff detainee relationships were reasonably good, but the personal officer scheme was ineffective. Diversity management was weak. Detainees with disabilities were largely unidentified and facilities for women detainees were very limited. Faith provision was generally good. Complaints were well managed. Health care had been the cause of much complaint, but there had been substantial improvements. The quality of food was poor. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

Key information such as the induction booklet should be translated into prominent languages. Professional interpretation should always be used whenever sensitive matters are discussed, or when accuracy and confidentiality are important. (HE.46)

Partially achieved

There should be swift improvements in the quality, variety and cultural range of the food. Consultation should include a regular food survey, and demonstrable action should be taken in response to key findings. (HE.47)

Achieved

Recommendations

All rooms and communal areas in residential units should be kept clean, decorated, well ventilated and free from graffiti. (2.9)

Not achieved

Showers should be adequately screened. (2.10)

Not achieved

Sound proofing should be introduced in residential units. (2.11)

Not achieved

Regular group meetings should be held, with the help of interpreters where necessary, to enhance communication with detainees who speak little English. (2.17)

Achieved

The strategy to support detainee equality and diversity should be actively promoted and supported by a programme of regular consultation with detainees and detainee representatives from the different protected groups. (2.24)

Partially achieved

Diversity monitoring should be meaningful and presented so that potential disadvantages are obvious. The analysis and investigation of any imbalances identified should be recorded. (2.25)

Not achieved (recommendation repeated, 2.21)

Detainees with disabilities should be identified and assessed to ensure that their needs are met. The reasons for their more negative perceptions should be investigated and corrective action taken. (2.33)

Not achieved

Female detainees should not be held alongside male detainees in the same unit. (2.34)

Achieved

Female detainees should have equitable access to the regime and welfare services. (2.35)

Achieved

There should be strategies to support gay and bisexual detainees and young adults. (2.36)

Not achieved

More information about religious provision should be made available to detainees, both during induction and on notice boards. (2.42)

Achieved

Detainees' poor perceptions of the complaints process should be investigated and acted on. (2.47)

Not achieved

A health promotion strategy should be developed in accordance with the needs of the IRC population. (2.59)

Partially achieved

Nurses delivering triage clinics should receive appropriate training and triage algorithms should be used to ensure consistency of treatment. (2.64)

Partially achieved

Health care staff should attend training in the recognition of alleged trauma and torture. (2.65)

Partially achieved

The use of stock medicines should be reduced and a greater proportion of patients should receive their medicines in possession. (2.69)

Partially achieved

Detainees should have access to the same level of dental care as is available in the community. This applies more significantly to detainees who remain in custody for extended periods of time. (2.72)

Achieved

Effective strategies should be developed for the management of patients with drug and alcohol problems. (2.77)

Achieved

Specialist dual diagnosis services should be available for detainees with mental health and substance misuse problems. (2.78)

Partially achieved

Detainees with substance misuse problems should have access to psychological interventions that are integrated with their clinical treatment. (2.79)

Not achieved

The cultural kitchen should be expanded to enable more detainees to benefit from it more regularly. (2.86)

Not achieved

Detainees in all areas of the centre should have full shop access. (2.87)

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 2013, recreational activities were reasonable, but they needed to be developed further. Most detainees said they did not have enough to do. Detainees appreciated the education provision. There was enough work for the population, and waiting lists were not long. The gym was well equipped. The library provided a good service, but opening hours were too limited. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Arrangements to observe and monitor activity sessions should be put in place to assure the quality of teaching and learning and to share good practice. (3.8)

Not achieved

Suitable and accessible activities should be made available to meet the needs of female detainees. (3.9)

Not achieved

The promotion of paid work should be improved so that all detainees are made aware of job opportunities. (3.13)

Partially achieved

Suitable and accessible indoor and outdoor activities should be made available for female detainees. These should be well promoted to encourage women to attend. (3.20)

Not 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 2013, welfare work was appreciated but detainees were not systematically identified for support during induction and before release. The visitors' centre was welcoming and the visits provision reasonable. Detainees could generally communicate easily. Pre-removal information and support was limited. Not enough attention was given to the needs and vulnerabilities, as well as risks, of those subject to complex removal arrangements. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Detainees' welfare needs should be systematically assessed during induction and support offered throughout the detention period, including in preparation for release or removal (4.5)

Partially achieved

The centre should implement an internal appeal system for detainees on closed visits and banned visitors. (4.12)

Not achieved

The centre's processes for handling and disposing of personal data should be explained to visitors. (4.13)

Not achieved

All detainees should have access to a mobile phone and the shop and trolleys to all areas should always have an adequate supply for sale. (4.22)

Achieved

Detainees should have access to Skype and social networking sites unless individual risk assessment determines that this is inappropriate. In general, a more flexible internet firewall that more adequately suits the needs and situations of detainees should be adopted. (4.23)

Partially achieved

The planning and management of 'complex removal' cases should be based on detailed risk assessments and address individual vulnerabilities as well as risks. Draconian measures such as routine strip-searching should cease. (4.29)

Achieved

Appendix III: Care Quality Commission Requirement Notices



Requirement Notices

Provider: Central and North West London NHS Foundation Trust

Location: IRC Colnbrook

Location ID: RV3Y5

Regulated activities: Treatment of disease, disorder, or injury and Diagnostic and screening procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9 - Person centred care

We found that the registered person had not ensured that the care and treatment of service users was appropriate, that it met their needs, or reflected their preferences. This was in breach of Regulation 9(1)(a)(b)(c) (3)(b)(c)(d)(e)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

Care and treatment was not consistently supported by individualised, evidence-based care plans, effective follow-up and reviews, to ensure service users' needs were met:

- There were no care plans in place for two service users with significant wound care needs. Records showed that several nurses had provided wound care in the absence of any plan or specialist guidance. For one service user a variety of wound care products had been used with no clear supporting rationale for their use.
- Care plans were not in place for most service users with complex health needs, including those who were accommodated in the enhanced care unit.
- Service users who failed to attend to receive their medicines under staff supervision were not consistently followed up to ensure they understood the importance of their prescribed treatment.
- The recorded caseload of older service users had not been updated to ensure that all those eligible received appropriate screening and care.

Important information about service users' health was not effectively communicated to centre staff to ensure that individuals received appropriate support to maintain or improve their health:

- Following health interventions, health staff did not consistently make entries in multi-disciplinary documents, such as Assessment Care in Detention and Teamwork (ACDT) and constant watch records.
- We saw an example of key information not being shared between the reception nurse and centre staff on the induction unit in relation to a service user with significant physical health needs, who required their support.
- The health and lifestyle needs of service users, accommodated on the enhanced care unit, were not routinely communicated to the centre staff providing them with daily support. This was important because of frequent changes to the centre staff group.

Substance misuse services were not designed and delivered in a way that effectively met the needs of the centre population.

- Clinical reviews of individual service users' progress were too infrequent to effectively support completion of their treatment before they left the centre.
- There was no psycho-social support for those service users with substance misuse needs who required it.

Information was not communicated to service users in a way that ensured their understanding about health services, care and treatment:

- Interpreter services were not always used effectively during health interventions to support individuals to contribute to health assessments and to make informed decisions about their care and treatment.
- We saw examples where the service user's first language was recorded as non-English, with no further explanation about how best to communicate with them, or confirmation of when interpreter services were required or used.
- We observed health interventions where the understanding of service users, with limited English, was not checked, or supported by translated materials.
- Information about health services and health promotion displays were available only in English, which did not meet the needs of the centre population.

Regulation 16 Receiving and acting on complaints

We found that the registered person had not ensured that complaints from service users were managed effectively or that they were consistently acted upon. This was in breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The arrangements for managing complaints were complex and not clear to service users:

- The trust's guide to healthcare services, containing information for detainees about how to complain, was published only in English
- This published information offered six options for how to make a complaint, which was confusing for service users, many of whom had limited English.
- Where complaints included medical information the most frequently used option was not sufficiently confidential because such complaints were submitted to Home Office staff in the first instance.
- The trust's complaint form was not available within the location as advertised to service users. Healthcare staff were not aware of this omission, which also reduced their ability to resolve concerns or complaints at an early stage.

The arrangements to manage investigation of, and response to, complaints were ineffective:

- Most complaints about healthcare were submitted on Home Office complaints forms and sent to NHS England, before being forwarded to healthcare staff for a response. This caused delays in providing a timely response, whilst consent was sought to release medical information.
- We found a backlog of seven complaints, dating from October 2015, which had not been responded to, due to an administrative error. Trust staff had not identified or addressed this omission.
- A further sample of 18 complaints dating from August 2015 to January 2016 showed that responses had not been provided to most complainants in accordance with NHS guidance. Of these 18 complaints, three had been responded to outside the required timescale and nine complainants had not received a response. Of the nine not responded to, three of the original complaint letters could not be located.

Regulation 18 Staffing

We found that the registered person had not ensured that the skill-mix and deployment of nursing staff supported service users' needs to be fully met.

This was in breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

Ongoing difficulties with recruitment and resulting staff deployment limited continuity of care and service development, required to meet the needs of the centre population:

- This was particularly evident in relation to the development of health promotion, the delivery of smoking cessation and the management of long term conditions
- Health staff attendance at key multi-disciplinary service user review meetings, including Assessment Care in Detention and Teamwork (ACDT), discharge

and other multi-disciplinary reviews was inconsistent.

The skill-mix of nursing staff did not meet the needs of the centre population:

- Permanent and agency mental health nurses regularly provided primary care, including physical health assessment and the management of long term conditions, without the relevant qualifications and/or experience
- At times mental health nurses were primarily providing primary physical health care, which meant that reviews were delayed for service users with mental health and substance misuse needs.

Appendix IV: Detainee population profile

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

Population breakdown by:

(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	19	2	0	6
22 years to 29 years	99	7	0	31
30 years to 39 years	117	3	0	35
40 years to 49 years	51	10	0	18
50 years to 59 years	27	4	0	9
60 years to 69 years	3	0	0	1
70 or over	0	0	0	0
Total	316	26	0	100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
AFG Afghanistan	4			1.17
AGO Angola	1			0.30
ALB Albania	5	1		1.76
BGD Bangladesh	21			6.19
BGR Bulgaria	1			0.30
BLZ Belize	1			0.30
BRA Brazil	1	1		0.60
CHE Switzerland	1			0.30
CHL Chile	0	1		0.30
CHN China	11			3.24
CIV Cote D`Ivoire	1			0.30
CMR Cameroon	2			0.60
COD Congo, Democratic	1			0.30
CZE Czech Republic	1			0.30
DEU Germany	1			0.30
DZA Algeria	12			3.53
EGY Egypt	1			0.30
ERI Eritrea	3			0.60
FJI Fiji	1	1		0.60
FRA France	1			0.30
GEO Georgia	5			1.76
GHA Ghana	6	1		2.06
GMB Gambia	3			0.60
GUY Guyana	0	1		0.30
IND India	47	2		14.45
IRN Iran, Islamic Republic of	5	1		1.76
IRQ Iraq	8			2.35
JAM Jamaica	11	1		3.53

LBN Lebanon	2			0.60
LCA Saint Lucia	0	1		0.30
LKA Sri Lanka	2			0.60
LTU Lithuania	7			2.06
LVA Latvia	2			0.60
MAR Morocco	1			0.30
MLI Mali	1			0.30
MUS Mauritius	1			0.30
MYS Malaysia	1			0.30
NAM Namibia	1			0.30
NGA Nigeria	20	2		6.48
NLD Netherlands	2			0.60
NPL Nepal	2			0.60
PAK Pakistan	32	2		10.02
PHL Philippines	2			0.60
POL Poland	20	1		6.19
PRT Portugal	4			1.17
ROU Romania	9	2		3.53
RWA Rwanda	1			0.30
SAU Saudi Arabia	1			0.30
SDN Sudan	1			0.30
SLE Sierra Leone	1			0.30
SOM Somalia	14	1		4.42
SRB Serbia	1			0.30
SUR Suriname	1			0.30
SYR Syrian Arab Republic	1			0.30
THA Thailand	0	2		0.60
TTO Trinidad & Tobago	1			0.30
TUN Tunisia	3			0.30
TUR Turkey	4			1.17
UKR Ukraine	0	1		0.30
USA United States of America	2			0.60
UZB Uzbekistan	1			0.30
VNM Vietnam	11			3.24
XXX Nationality Doubtful	1			0.30
ZAF South Africa	1	1		0.60
ZWE Zimbabwe	5			1.47
Total	316	23		100

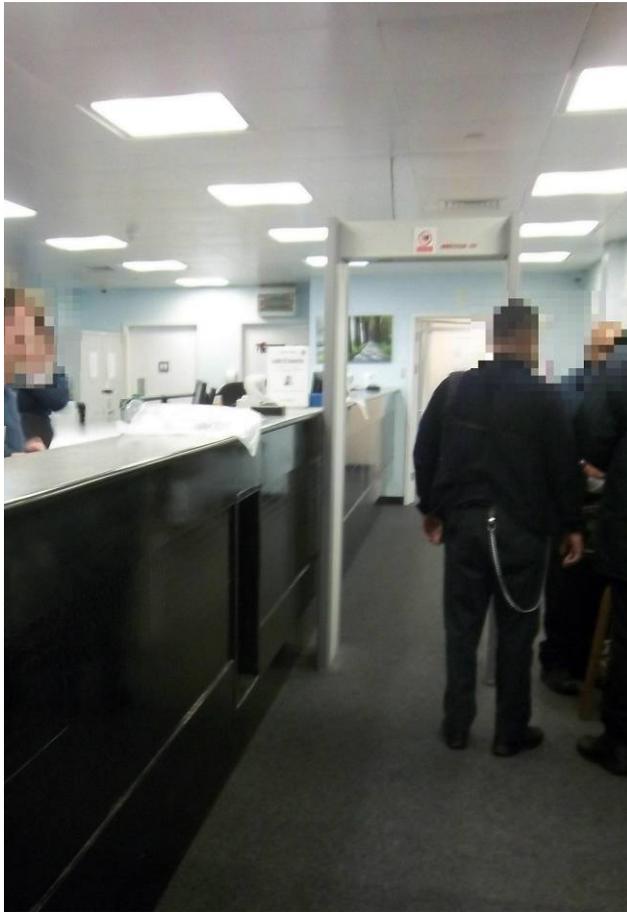
(iii) Religion/belief	No. of men	No. of women	No. of children	%
Buddhist	12	4		4.76
Roman Catholic	32	1		9.82
Orthodox	4	2		1.78
Other Christian religion	70	8		23.00
Hindu	15	2		5.05
Mormon	1			0.30
Muslim	126	1		37.46
Sikh	30			8.92
Shinto	1			0.30
Rastafarian	1			0.30
Agnostic/atheist	4			1.19
Unknown	20	5		7.44
Other (please state what)				
Total	316	23		100

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	49	15	0	18.60
1 to 2 weeks	25	10	0	10.17
2 to 4 weeks	65	1	0	19.18
1 to 2 months	80	0	0	23.25
2 to 4 months	55	0	0	15.98
4 to 6 months	30	0	0	8.72
6 to 8 months	10	0	0	2.90
8 to 10 months	2	0	0	0.60
More than 10 months (please note the longest length of time)	2 Max: 17 months	0	0	0.60
Total				100

(v) 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 V: Photographs

Reception interview desk



Women's unit room



Induction unit room



Enhanced care unit room



Sink in induction unit room



Toilet in induction unit



Appendix VI: Summary of detainee survey responses

Prisoner survey methodology

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 do not 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 29 February 2016 the detainee population at Colnbrook IRC was 333. Using the method described above, questionnaires were distributed to a sample of 255 detainees.

We received a total of 155 completed questionnaires, a response rate of 61%. Sixteen respondents refused to complete a questionnaire and eighty-four questionnaires were not returned.

⁶ 95% confidence interval with a sampling error of 7%. The formula assumes a 50% response rate and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Returned language	Number of completed survey returns
English	117 (75%)
Arabic	5 (3%)
Polish	5 (3%)
Russian	5 (3%)
Bengali	4 (3%)
Chinese	3 (2%)
Albanian	2 (1%)
Hindi	2 (1%)
Punjabi	2 (1%)
Urdu	2 (1%)
Vietnamese	2 (1%)
Farsi	1 (1%)
Kurdish Sorani	1 (1%)
Spanish	1 (1%)
Somali	1 (1%)
Tigrinya	1 (1%)
Turkish	1 (1%)
Total	155 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Colnbrook 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 detainees' 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.

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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

The following comparative analyses are presented:

- The current survey responses from Colnbrook IRC in 2016 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in ten detention centres since April 2013.
- The current survey responses from Colnbrook IRC in 2016 compared with the responses of detainees surveyed at Colnbrook IRC in 2013.
- A comparison within the 2016 survey between the responses of non English speaking detainees with English speaking detainees.
- A comparison within the 2016 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 2016 survey between the Sahara unit and the rest of the centre.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	136 (90%)
	Female.....	15 (10%)
Q2	What is your age?	
	Under 18	0 (0%)
	18-21	10 (7%)
	22-29	57 (37%)
	30-39	48 (31%)
	40-49	27 (18%)
	50-59	9 (6%)
	60-69	2 (1%)
	70 or over	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa	30 (20%)
	North America.....	2 (1%)
	South America.....	2 (1%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	58 (39%)
	China	8 (5%)
	Other Asia.....	11 (7%)
	Caribbean	6 (4%)
	Europe.....	25 (17%)
	Middle East	8 (5%)
Q4	Do you understand spoken English?	
	Yes	121 (79%)
	No.....	32 (21%)
Q5	Do you understand written English?	
	Yes	109 (74%)
	No.....	39 (26%)
Q6	What would you classify, if any, as your religious group?	
	None.....	10 (7%)
	Church of England	4 (3%)
	Catholic	19 (13%)
	Protestant.....	2 (1%)
	Other Christian denomination	18 (13%)
	Buddhist	7 (5%)
	Hindu	8 (6%)
	Jewish	0 (0%)
	Muslim	57 (40%)
	Sikh.....	16 (11%)
Q7	Do you have a disability?	
	Yes	31 (21%)
	No.....	118 (79%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	98 (69%)
	No.....	44 (31%)
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.....	83 (58%)
	Three to five	52 (37%)
	Six or more.....	7 (5%)
Q10	How long have you been detained in this centre?	
	Less than 1 week.....	15 (10%)
	More than 1 week less than 1 month	41 (27%)
	More than 1 month less than 3 months.....	55 (36%)
	More than 3 months less than 6 months	27 (18%)
	More than 6 months less than 9 months	3 (2%)
	More than 9 months less than 12 months.....	4 (3%)
	More than 12 months.....	8 (5%)

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	54 (37%)
	No.....	79 (54%)
	Do not remember	13 (9%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	13 (9%)
	One to two hours.....	41 (28%)
	Two to four hours	42 (28%)
	More than four hours.....	45 (30%)
	Do not remember	8 (5%)
Q13	How did you feel you were treated by the escort staff?	
	Very well.....	21 (14%)
	Well.....	63 (42%)
	Neither	36 (24%)
	Badly.....	12 (8%)
	Very badly.....	15 (10%)
	Do not remember	4 (3%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	119 (79%)
	No.....	27 (18%)
	Do not remember	4 (3%)

Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	81 (54%)
	No.....	48 (32%)
	Do not remember/ Not applicable	22 (15%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	20 (13%)
	Well.....	54 (36%)
	Neither.....	37 (24%)
	Badly.....	20 (13%)
	Very badly.....	18 (12%)
	Do not remember	3 (2%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	51 (34%)
	No.....	86 (57%)
	Do not remember	15 (10%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	45 (30%)
	No.....	89 (60%)
	Do not remember	15 (10%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	44 (31%)
	Yes.....	28 (20%)
	No.....	70 (49%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	80 (53%)
	No.....	66 (44%)
	Do not remember	5 (3%)
Q22	Did you feel safe on your first night here?	
	Yes	56 (37%)
	No.....	90 (59%)
	Do not remember	6 (4%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	32 (23%)
	Loss of property	27 (20%)
	Contacting family	20 (15%)
	Access to legal advice.....	17 (12%)
	Feeling depressed or suicidal.....	65 (47%)
	Health problems	55 (40%)
Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems	32 (23%)
	Yes	25 (18%)
	No.....	82 (59%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	8 (5%)
	Yes	97 (64%)
	No.....	46 (30%)
Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	14 (10%)
	Yes	59 (40%)
	No.....	74 (50%)
Q28	Can you contact your lawyer easily?	
	Yes	67 (45%)
	No.....	27 (18%)
	<i>Do not know/ Not applicable</i>	55 (37%)
Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	54 (37%)
	Yes	34 (23%)
	No.....	59 (40%)
Q30	Can you get legal books in the library?	
	Yes	50 (35%)
	No.....	34 (24%)
	<i>Do not know/ Not applicable</i>	57 (40%)
Q31	How easy or difficult is it for you to obtain bail information?	
	Very easy.....	8 (6%)
	Easy	34 (24%)
	Neither	27 (19%)
	Difficult.....	27 (19%)
	Very difficult.....	29 (21%)
	<i>Not applicable</i>	16 (11%)
Q32	Can you get access to official information reports on your country?	
	Yes	23 (16%)
	No.....	73 (51%)
	<i>Do not know/ Not applicable</i>	46 (32%)
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>	28 (19%)
	Very easy.....	9 (6%)
	Easy	19 (13%)
	Neither	24 (17%)
	Difficult.....	40 (28%)
	Very difficult.....	24 (17%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	91 (62%)
	No.....	55 (38%)

Q36	Are you normally able to have a shower every day?	
	Yes	127 (89%)
	No.....	15 (11%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	71 (48%)
	No.....	76 (52%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	59 (40%)
	No.....	54 (36%)
	Do not know	35 (24%)
Q39	What is the food like here?	
	Very good.....	8 (5%)
	Good.....	35 (23%)
	Neither	33 (22%)
	Bad	33 (22%)
	Very bad.....	41 (27%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	8 (6%)
	Yes	55 (38%)
	No.....	81 (56%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	92 (65%)
	No.....	26 (18%)
	Not applicable	23 (16%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	48 (34%)
	No.....	36 (25%)
	Do not know/ Not applicable	58 (41%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy.....	30 (21%)
	Easy	34 (24%)
	Neither	17 (12%)
	Difficult.....	5 (4%)
	Very difficult.....	14 (10%)
	Do not know	42 (30%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	42 (30%)
	No.....	86 (61%)
	Do not know how to	14 (10%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	6 (4%)
	No.....	33 (24%)
	Not made a complaint	100 (72%)

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	80 (56%)
	No.....	63 (44%)
Q48	Do most staff at the centre treat you with respect?	
	Yes	77 (54%)
	No.....	66 (46%)
Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	16 (12%)
	No.....	120 (88%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	22 (16%)
	No.....	119 (84%)

Section 8: Safety

Q52	Do you feel unsafe in this centre?	
	Yes	70 (49%)
	No.....	73 (51%)
Q53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes.....	38 (27%)
	No.....	103 (73%)
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>	10 (7%)
	<i>Because of your nationality.....</i>	10 (7%)
	<i>Having your property taken.....</i>	10 (7%)
	<i>Drugs.....</i>	10 (7%)
	<i>Because you have a disability</i>	3 (2%)
	<i>Because of your religion/religious beliefs</i>	5 (4%)
Q55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes.....	32 (23%)
	No.....	106 (77%)
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>	8 (6%)
	<i>Because of your nationality.....</i>	12 (9%)
	<i>Drugs.....</i>	4 (3%)
	<i>Because you have a disability</i>	6 (4%)
	<i>Because of your religion/religious beliefs</i>	3 (2%)
Q57	If you have been victimised by detainees or staff, did you report it?	
	Yes	14 (11%)
	No.....	31 (23%)
	Not been victimised	87 (66%)

Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	30 (22%)
	No.....	108 (78%)
Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	23 (17%)
	No.....	115 (83%)

Section 9: Healthcare

Q61	Is health information available in your own language?	
	Yes	38 (26%)
	No.....	64 (44%)
	Do not know	44 (30%)
Q62	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know	63 (45%)
	Yes	23 (17%)
	No.....	53 (38%)
Q63	Are you currently taking medication?	
	Yes	68 (47%)
	No.....	78 (53%)
Q64	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare	27 (19%)
	Very good	6 (4%)
	Good	13 (9%)
	Neither	26 (18%)
	Bad	25 (18%)
	Very bad	45 (32%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes	19 (13%)
	No.....	125 (87%)
Q67	Is the education helpful?	
	Not doing any education	125 (89%)
	Yes	15 (11%)
	No.....	1 (1%)
Q68	Can you work here if you want to?	
	Do not want to work	33 (24%)
	Yes	61 (44%)
	No.....	46 (33%)
Q69	Is there enough to do here to fill your time?	
	Yes	50 (36%)
	No.....	90 (64%)

Q70	How easy or difficult is it to go to the library?	
	<i>Do not know/ Do not want to go</i>	23 (16%)
	Very easy.....	60 (41%)
	Easy	43 (29%)
	Neither	12 (8%)
	Difficult.....	6 (4%)
	Very difficult.....	2 (1%)

Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	27 (19%)
	Very easy.....	47 (33%)
	Easy	43 (30%)
	Neither	10 (7%)
	Difficult.....	6 (4%)
	Very difficult.....	10 (7%)

Section I I: 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>	15 (11%)
	Very easy.....	44 (31%)
	Easy	54 (38%)
	Neither	16 (11%)
	Difficult.....	9 (6%)
	Very difficult.....	3 (2%)

Q74	Have you had any problems with sending or receiving mail?	
	Yes	44 (31%)
	No.....	59 (41%)
	<i>Do not know</i>	40 (28%)

Q75	Have you had a visit since you have been here from your family or friends?	
	Yes	72 (51%)
	No.....	69 (49%)

Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	52 (37%)
	Very well.....	26 (18%)
	Well.....	32 (23%)
	Neither	19 (13%)
	Badly.....	6 (4%)
	Very Badly.....	6 (4%)

Section I 2: Resettlement

Q78	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	15 (11%)
	No.....	122 (89%)

Main comparator and comparator to last time



Detainee survey responses: Colnbrook IRC 2016

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

		Colnbrook IRC 2016	IRC comparator	Colnbrook IRC 2016	Colnbrook IRC 2013
	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		155	1,451	155	194
SECTION 1: General information					
1	Are you male?	90%	90%	90%	100%
2	Are you aged under 21 years?	7%	9%	7%	11%
4	Do you understand spoken English?	79%	77%	79%	80%
5	Do you understand written English?	74%	72%	74%	74%
6	Are you Muslim?	41%	47%	41%	56%
7	Do you have a disability?	21%	12%	21%	14%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	69%	78%	69%	70%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	6%	5%	9%
10	Have you been detained in this centre for more than one month?	64%	54%	64%	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?	37%	44%	37%	38%
12	Did you spend more than four hours in the escort van to get to this centre?	30%	29%	30%	28%
13	Were you treated well/very well by the escort staff?	56%	65%	56%	55%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	79%	90%	79%	85%
16	When you were searched in reception was this carried out in a sensitive way?	54%	65%	54%	64%
17	Were you treated well/very well by staff in reception?	49%	67%	49%	52%
18	Did you receive information about what was going to happen to you on your day of arrival?	34%	37%	34%	28%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	30%	49%	30%	23%
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	28%	29%	28%	22%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	53%	64%	53%	50%

Main comparator and comparator to last time

Key to tables

		Colbrook IRC 2016	IRC comparator	Colbrook IRC 2016	Colbrook IRC 2013
	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				
22	Did you feel safe on your first night here?	37%	54%	37%	30%
23a	Did you have any problems when you first arrived?	77%	67%	77%	84%
23b	Did you have any problems with loss of transferred property when you first arrived?	20%	10%	20%	11%
23c	Did you have any problems contacting family when you first arrived?	15%	15%	15%	31%
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	13%	16%	13%	26%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	48%	34%	48%	52%
23f	Did you have any health problems when you first arrived?	40%	31%	40%	33%
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%	36%	24%	25%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	64%	67%	64%	62%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	72%	78%	72%	64%
29	Have you had a visit from your lawyer?	37%	38%	37%	49%
27	Do you get free legal advice?	40%	40%	40%	44%
30	Can you get legal books in the library?	36%	47%	36%	43%
31	Is it easy/very easy for you to obtain bail information?	30%	32%	30%	33%
32	Can you get access to official information reports on your country?	16%	22%	16%	19%
33	Is it easy/very easy to see this centre's immigration staff when you want?	19%	27%	19%	15%
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	62%	78%	62%	72%
36	Are you normally able to have a shower every day?	90%	92%	90%	85%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	48%	65%	48%	52%
38	Can you normally get access to your property held by staff at the centre, if you need to?	40%	47%	40%	44%
39	Is the food good/very good?	29%	29%	29%	13%
40	Does the shop sell a wide enough range of goods to meet your needs?	38%	45%	38%	38%
41	Do you feel that your religious beliefs are respected?	65%	80%	65%	66%
42	Are you able to speak to a religious leader of your own faith if you want to?	34%	58%	34%	47%
43	Is it easy/very easy to get a complaint form?	45%	59%	45%	52%
44	Have you made a complaint since you have been at this centre?	30%	24%	30%	33%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Colinbrook IRC 2016	IRC comparator	Colinbrook IRC 2016	Colinbrook IRC 2013
	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				
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	16%	25%	16%	18%
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	66%	56%	56%
48	Do most staff treat you with respect?	54%	78%	54%	72%
49	Have any members of staff physically restrained you in the last six months?	12%	10%	12%	11%
50	Have you spent a night in the segregation unit in the last six months?	16%	12%	16%	23%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	49%	32%	49%	52%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	27%	20%	27%	33%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	7%	4%	7%	9%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	7%	5%	7%	12%
54c	Have you ever had your property taken since you have been here? (By detainees)	7%	2%	7%	6%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	7%	1%	7%	2%
54e	Have you ever been victimised here because you have a disability? (By detainees)	2%	1%	2%	1%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	4%	3%	4%	7%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	23%	16%	23%	26%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	6%	3%	6%	4%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	9%	5%	9%	11%
56c	Have you been victimised because of drugs since you have been here? (By staff)	3%	1%	3%	1%
56d	Have you ever been victimised here because you have a disability? (By staff)	4%	1%	4%	1%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	2%	3%	2%	5%
For those who have been victimised by detainees or staff:					
57	Did you report it?	31%	40%	31%	47%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	22%	12%	22%	20%
59	Have you ever felt threatened or intimidated by a member of staff in here?	17%	12%	17%	21%
SECTION 9: Health services					
61	Is health information available in your own language?	26%	38%	26%	31%
62	Is a qualified interpreter available if you need one during health care assessments?	16%	19%	16%	20%
63	Are you currently taking medication?	47%	43%	47%	51%

Main comparator and comparator to last time

Key to tables

		Colnbrook IRC 2016	IRC comparator	Colnbrook IRC 2016	Colnbrook IRC 2013
	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				
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?	17%	44%	17%	30%
SECTION 10: Activities					
66	Are you doing any education here?	13%	22%	13%	22%
For those doing education here:					
67	Is the education helpful?	94%	95%	94%	94%
68	Can you work here if you want to?	44%	58%	44%	53%
69	Is there enough to do here to fill your time?	36%	56%	36%	34%
70	Is it easy/very easy to go to the library?	71%	76%	71%	56%
71	Is it easy/very easy to go to the gym?	63%	68%	63%	53%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	70%	65%	70%	59%
74	Have you had any problems with sending or receiving mail?	31%	22%	31%	27%
75	Have you had a visit since you have been in here from your family or friends?	51%	41%	51%	53%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	65%	76%	65%	67%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	11%	16%	11%	

Diversity analysis - Disability



Key questions (Disability analysis) Colnbrook IRC 2016

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		31	118
4	Do you understand spoken English?	81%	79%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	4%
10	Have you been in this centre for more than one month?	64%	63%
13	Were you treated well/very well by the escort staff?	53%	56%
15	Were you seen by a member of health care staff in reception?	63%	84%
16	When you were searched in reception was this carried out in a sensitive way?	70%	50%
17	Were you treated well/very well by staff in reception?	50%	47%
22	Did you feel safe on your first night here?	26%	39%
23	Did you have any problems when you first arrived?	97%	71%
23f	Did you have any health problems when you first arrived?	60%	34%
26	Do you have a lawyer?	66%	63%
33	Is it easy/very easy to see this centre's immigration staff when you want?	3%	23%
35	Can you clean your clothes easily?	53%	63%
36	Are you normally able to have a shower every day?	83%	92%
43	Is it easy/very easy to get a complaint form?	52%	44%
44	Have you made a complaint since you have been at this centre?	45%	24%
47	Do you have a member of staff you can turn to for help if you have a problem?	55%	55%
48	Do most staff treat you with respect?	62%	52%

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		
49	Have any members of staff physically restrained you in the last six months?	22%	9%
50	Have you spent a night in the segregation unit in the last six months?	24%	12%
52	Do you feel unsafe in this centre?	53%	46%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	35%	24%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	35%	19%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	28%	20%
59	Have you ever felt threatened or intimidated by a member of staff in here?	27%	13%
62	Is a qualified interpreter available if you need one during health care assessments?	15%	17%
63	Are you currently taking medication?	76%	37%
66	Are you doing any education here?	21%	11%
69	Is there enough to do here to fill your time?	39%	36%
70	Is it easy/very easy to go to the library?	77%	70%
71	Is it easy/very easy to go to the gym?	69%	61%
73	Is it easy/very easy to use the phone?	68%	70%
74	Have you had any problems with sending or receiving mail?	40%	28%
75	Have you had a visit since you have been in here from your family or friends?	65%	47%
78	Has any member of staff helped you to prepare for your release?	10%	12%



Key questions (non-English speakers) Colnbrook IRC 2016

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		32	121
8	When being detained, were you told the reasons why in a language you could understand?	71%	68%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	6%
10	Have you been in this centre for more than one month?	45%	68%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	25%	40%
13	Were you treated well/very well by the escort staff?	64%	53%
17	Were you treated well/very well by staff in reception?	50%	49%
18	Did you receive information about what was going to happen to you on your day of arrival?	45%	31%
19	Did you receive information about what support was available to you on your day of arrival?	42%	27%
22	Did you feel safe on your first night here?	49%	34%
23	Did you have any problems when you first arrived?	54%	82%
26	Do you have a lawyer?	44%	71%
33	Is it easy/very easy to see the centre's immigration staff when you want?	22%	19%
35	Can you clean your clothes easily?	74%	60%
36	Are you normally able to have a shower every day?	89%	90%
43	Is it easy/very easy to get a complaint form?	53%	43%
44	Have you made a complaint since you have been at this centre?	27%	31%
47	Do you have a member of staff you can turn to for help if you have a problem?	76%	51%
48	Do most staff treat you with respect?	59%	53%

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		
52	Do you feel unsafe in this centre?	43%	51%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	18%	30%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	24%	23%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	10%	25%
59	Have you ever felt threatened or intimidated by a member of staff in here?	10%	18%
61	Is health information available in your own language?	9%	30%
62	Is a qualified interpreter available if you need one during health care assessments?	41%	11%
66	Are you doing any education here?	24%	11%
68	Can you work here if you want to?	45%	44%
69	Is there enough to do here to fill your time?	48%	33%
70	Is it easy/very easy to go to the library?	76%	69%
71	Is it easy/very easy to go to the gym?	61%	64%
73	Is it easy/very easy to use the phone?	67%	70%
74	Have you had any problems with sending or receiving mail?	25%	33%
75	Have you had a visit since you have been in here from your family or friends?	28%	56%
78	Has any member of staff helped you to prepare for your release?	23%	9%

Residential Unit Comparator



Residential unit analysis: Colnbrook IRC 2016

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

		Sahara unit	All other units
	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		14	138
SECTION 1: General information			
1	Are you male?	0%	99%
2	Are you aged under 21 years?	0%	6%
4	Do you understand spoken English?	46%	82%
5	Do you understand written English?	42%	76%
6	Are you Muslim?	0%	43%
7	Do you have a disability?	8%	21%
SECTION 2: Immigration detention			
8	When being detained, were you told the reasons why in a language you could understand?	93%	68%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	6%
10	Have you been detained in this centre for more than one month?	0%	70%
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?	39%	37%
12	Did you spend more than four hours in the escort van to get to this centre?	32%	31%
13	Were you treated well/very well by the escort staff?	93%	53%
SECTION 4: Reception and first night			
15	Were you seen by a member of health care staff in reception?	93%	79%
16	When you were searched in reception was this carried out in a sensitive way?	79%	52%
17	Were you treated well/very well by staff in reception?	79%	47%
18	Did you receive information about what was going to happen to you on your day of arrival?	79%	30%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	54%	29%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	68%	52%
22	Did you feel safe on your first night here?	86%	32%
23a	Did you have any problems when you first arrived?	46%	80%
23b	Did you have any problems with loss of transferred property when you first arrived?	0%	21%
23c	Did you have any problems contacting family when you first arrived?	7%	14%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	Sahara unit	All other 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		
SECTION 4: Reception and first night continued			
23d	Did you have any problems accessing legal advice when you first arrived?	0%	12%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	14%	50%
23f	Did you have any health problems when you first arrived?	32%	40%
SECTION 5: Legal rights and immigration			
26	Do you have a lawyer?	39%	66%
For those who have a lawyer:			
27	Do you get free legal advice?	39%	40%
30	Can you get legal books in the library?	24%	36%
31	Is it easy/very easy for you to obtain bail information?	0%	31%
32	Can you get access to official information reports on your country?	12%	17%
33	Is it easy/very easy to see this centre's immigration staff when you want?	12%	20%
SECTION 6: Respectful detention			
35	Can you clean your clothes easily?	100%	60%
36	Are you normally able to have a shower every day?	100%	89%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	100%	44%
38	Can you normally get access to your property held by staff at the centre, if you need to?	54%	39%
39	Is the food good/very good?	61%	26%
40	Does the shop sell a wide enough range of goods to meet your needs?	54%	37%
41	Do you feel that your religious beliefs are respected?	86%	65%
42	Are you able to speak to a religious leader of your own faith if you want to?	46%	32%
43	Is it easy/very easy to get a complaint form?	54%	44%
44	Have you made a complaint since you have been at this centre?	7%	32%
SECTION 7: Staff			
47	Do you have a member of staff you can turn to for help if you have a problem?	93%	52%
48	Do most staff treat you with respect?	58%	54%
49	Have any members of staff physically restrained you in the last six months?	0%	12%
50	Have you spent a night in the segregation unit in the last six months?	0%	17%
SECTION 8: Safety			
52	Do you feel unsafe in this centre?	7%	53%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	0%	28%

Residential Unit Comparator

Key to tables

	Any percentage highlighted in green is significantly better	Sahara unit	All other 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		
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	0%	7%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	0%	6%
54c	Have you ever had your property taken since you have been here? (By detainees)	0%	6%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	0%	6%
54e	Have you ever been victimised here because you have a disability? (By detainees)	0%	2%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	0%	2%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	0%	24%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	0%	6%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	0%	8%
56c	Have you been victimised because of drugs since you have been here? (By staff)	0%	2%
56d	Have you ever been victimised here because you have a disability? (By staff)	0%	5%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	0%	1%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	0%	23%
59	Have you ever felt threatened or intimidated by a member of staff in here?	7%	16%
SECTION 9: Health services			
61	Is health information available in your own language?	21%	26%
62	Is a qualified interpreter available if you need one during health care assessments?	39%	15%
63	Are you currently taking medication?	46%	46%
SECTION 10: Activities			
66	Are you doing any education here?	0%	15%
68	Can you work here if you want to?	0%	49%
69	Is there enough to do here to fill your time?	21%	38%
70	Is it easy/very easy to go to the library?	39%	75%
71	Is it easy/very easy to go to the gym?	14%	69%
SECTION 11: Keeping in touch with family and friends			
73	Is it easy/very easy to use the phone?	32%	73%
74	Have you had any problems with sending or receiving mail?	0%	34%
75	Have you had a visit since you have been in here from your family or friends?	14%	55%
SECTION 12: Resettlement			
78	Has any member of staff helped you to prepare for your release?	50%	8%